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Experiences of Hope, Resilience and Spirituality in Kenyan Children and Adolescents

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Experiences of Hope, Resilience and Spirituality in Kenyan Children and Adolescents

by

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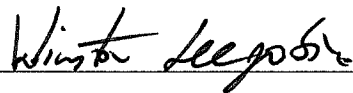
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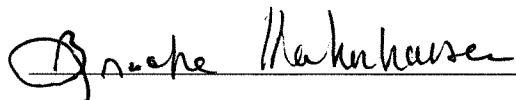
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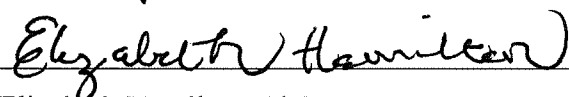
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Abstract

Resilience is a vital factor in overcoming adversity. The presence of hope and spiritual meaning have been demonstrated to contribute to resilience. Globally, there are millions of children and adolescents who have faced traumatic experiences including, but not limited to, the loss of their parents. The current study explored Kenyan children and adolescents' experiences of resilience, hope and spirituality in the environment of a group home and school in Kenya. Mixed measures were utilized. Seventy-five participants ages 10-19 years old completed the quantitative measures including the CD-RISC, SEARS-C/A, the Children's Hope scale, the Adult Hope scale, and a 1-item Spirituality measure. Out of those participants, 14 completed semi-structured interviews. Seven themes were extracted from the qualitative data including the following: adversity, meaning making of the past, community, role models, trust in something bigger than themselves, future plans, and religious coping. A series of correlations were conducted, and results found significant correlations between the children's social resilience scale and the individual resilience scale ($r(35) = .537$, $p = .001$), the total Children's hope scale and the SEARS-C total score ($r(35) = .465$, $p = .005$) and the CD-RISC and the Agency subscale of the Adult Hope scale ($r(40) = .433$, $p = .005$. This study contributes to the currently limited

research in Kenya by examining the role resilience, hope and spirituality play in the experience

of coping with loss for Kenyan children, specifically children and adolescents in a group home

environment.

Acknowledgements

Hope is always accompanied by the imagination,

the will to see what our physical environment seems to deem impossible.

- Jericho Brown

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Chapter 1

Introduction

According to the results from a 2014 national survey in Kenya, there are approximately 3.6 million children who have been orphaned or are vulnerable (Lee et al., 2014). As many as 46% of this population has become orphaned or vulnerable as a result of the AIDS and HIV epidemic. Although non-profits and government agencies have been making progress at working to solve both of these issues, these losses have left millions of Kenyan children and adolescents vulnerable to various types of trauma including physical and sexual abuse, child trafficking, and living on the streets in various slums around Nairobi. While this population faces tremendous risk in their daily lives, these risks are disproportionately not covered in the broader psychological literature on children and trauma, given the overwhelming focus on North American populations. Arnett (2008) strongly advocated for the need to broaden research focus beyond the United States, given the over-saturation of studies in this region, and commit to more of a globally inclusive lens. These two current issues in conjunction with one another form the motivation in the current study to cross not only geographical borders, but to also expand the borders of the psychological research that have been produced through the field with a largely American population. Specifically, the hope is to explore and understand the issues children and adolescents face in the wake of this epidemic and to take a closer look at how they have persevered in the face of great adversities.

Positive psychology, defined as "the study of how human beings prosper in the face of adversity" (Froh, 2004, p. 19), has kindled new areas of research since its emergence in the mid 1900s. With significant roots in humanistic and existential psychology, this perspective aims to use research to shift attention and focus to what is going well rather than placing a magnifying glass only to what is not going well. This research wave of positive psychology looks to conceptualize and further understand what well-being is by looking at various traits that contribute to one's welfare. In light of Kenya's recent events that have left millions of children and adolescents experiencing significant adversity, it is beneficial to look from the positive psychology perspective at how they are continuing to overcome great loss and maintain mental and emotional well-being. While there are many important characteristics that help those who have experienced adversity heal and continue to move forward through life, ones that have not been as thoroughly studied in Kenyan culture are resilience and hope as well as the interplay of spirituality with both of these important capacities.

Resilience

In light of the risk around the world for exposure to conflict and loss, resilience and hope become important instruments in people's lives. The American Psychiatric Association (APA, n.d.) defines resilience as the "process of adapting well in the face of adversity, trauma, tragedy and even significant sources of stress- such as family and relationship problems or workplace and financial stress." Focusing on resilience is not focusing on the stressful events themselves that an individual or an entire population has been through, but instead it captures the "capacity for recovery and maintained adaptive behavior that may follow initial retreat or incapacity upon initiating a stressful event" (Garmezy, 1991, p.417). Resilience can be further defined as the

"capacity to deal with change and continue to progress, despite their dire circumstances" (Gray, 2012, p. 1). The goals of clinical psychology research and psychotherapy are congruent with the development of resilience. Therefore, by better understanding resilience and the factors that foster that quality in people can enlighten interventions for psychotherapy as well as prevention of negative outcomes following a difficult situation (Von Eye & Schuster, 2000).

Resilience in Children and Adolescents in Communal Contexts

The current study focuses specifically on children and adolescents' experience of hope and resilience in a cultural context that is communal and collective. When using a Western lens, resilience is often viewed as an individual experience or accomplishment. On the contrary, Ungar (2011) points out that often a child's environment plays a significant role in fostering that resilience. When resilience was first beginning to be studied more internationally, it was conceptualized as an individual trait. However, Ungar (2011) further attempts to incorporate culture, environment and individual maturational processes, writing that:

> In the context of exposure to significant adversity, resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways (p. 225).

Skovdal and Andreouli (2011) identified the positive influence of social roles on resilience. They found in Western Kenya, the role the child played in their social environment contributed to their positive outlook, which built psychological resilience. The children in this study were acting as the main caregivers for ill relatives and despite suffering hardships, this role

also helped them experience resilience by keeping them engaged in the community and providing them with a purpose every day. The researchers also hypothesized that this full-time care-giving kept them away from troublesome activities that other youth become involved in.

Further study of positive social participation and its impact on resilience, is evidenced through a study where Winsor and Skovdal (2011) looked at the impact of goat ownership on children in Kenya. The findings showed positive correlation of goat ownership to hope and resilience. Learning to care for an animal not only gave the children an activity to keep them occupied instead of getting involved in negative behaviors, but also gave them feelings of hope, high self-esteem and feelings of contributing positively to their community. Having a purpose, a role and contributing to the community is a common theme found throughout the studies on resilience and hope that have been done in Kenya. The influence of community on hope and resilience in this population is relevant to the current study to be mindful of the way their community impacts them.

Hope in Children and Adolescents

Childhood and adolescence are developmental stages in life where there seem to always be new tasks to learn and by the time one is learned, there is more change (Portland State University [PSU], 2005). Bowlby (1969) wrote how critical it is during these life stages for a child to have an attachment to either a parent or main caregiver. By doing so, it helps foster different traits such as the ability to tolerate stress, experience a range of emotions and regulate emotions. Consequently, one can be vulnerable to being discouraged in childhood without healthy attachments, models or guidance. Researchers at Portland State University (2005) found that through teaching children and adolescents how to make and achieve social goals, their

ability to problem-solve and create goals further increased their hope. Teaching skills such as learning to notice their feelings and tend to what they need in terms of security and understanding the concept of a secure base can give empowerment back to children and adolescents who may have felt powerless and hopeless. Teaching prosocial skills and goal setting aligns with Snyder, Lopez, Shorey, Rand, and Feldman's (2003) theory of hope, a commonly used theoretical map. In this theory, Snyder et al. identify and categorizes hope in two aspects: pathway thinking and agency thinking. Pathway thinking refers to one's ability to make a goal and "develop the specific strategies to reach those goals" (p. 122). The agency component refers to one's motivation and ability to "initiate and sustain motivation for using those strategies" (p. 123). A child or adolescent who demonstrates pathway thinking, experiences higher levels of hope.

Resilience and Spirituality

The connection between spirituality and resilience is closely linked to the recovery pathways that trauma can activate (O'Grady, Orton, White, & Snyder, 2016). They recognize after experiencing a traumatic event, spirituality is involved in the process of resilience because it in many ways, great loss leaves no other option but to make sense of the event through creating new meaning and purpose. Leaning into the spiritual meaning making process after experiencing a trauma can further produce resilience in one by incorporating it in a new narrative.

In light of this, children and adolescents who are exposed to more spiritual or religious tendencies before a traumatic event may have a higher probability of being able to make meaning and experience resilience. Kim and Esquivel (2011) reviewed the most current theory, research and educational practices on spirituality and how it connects to resilience. The research

they reviewed recognized spirituality can serve as a protective factor for adolescents that

contributes to fostering resilience. Due to adolescent ability to developmentally begin thinking

abstractly and develop purpose and meaning out of life circumstances, spirituality can play a

positive role in providing social support, community and purpose. These aspects positively

influence one's ability to be resilient and hopeful amidst dire circumstances.

The differences between religion and spirituality can be a challenge to capture especially

with the nuanced differences between religion and spirituality. Hay, Reigh, and Utsch (2006)

briefly define religion as "an evolved system of thought, feeling, and actions shared by a group"

(p. 2). On the other hand, they discuss spirituality as as internal process "of growing the intrinsic

human capacity for self-transcendence" (p. 3). Therefore, using the simplest measure of religious

or spiritual endorsement can be beneficial to capture a broader view of spirituality and religion.

Through Gorsuch and McFarland's (1972) research on single item versus multiple item scales of

religious values, he found that a broadly defined single item allows people to project their values

onto the question. This provides a more reliable measure for a range of religiosity and

spirituality. In light of this, the demographics page for the participants will include a single item

question regarding whether or not religion or spirituality is important to them.

Hope and Spirituality

While Snyder et al. (2003) identify a theory about hope and how to measure one's goals

and motivation to achieve those goals, other research looks at hope as a system. Scioli, Ricci,

Nyugen, and Scioli (2011) propose hope to be a network of factors and define hope as the

following:

"We define hope as a future-directed, four channel emotion network, constructed from

biological, psychological, and social resources. The four constituent channels are the mastery,

attachment, survival, and spiritual systems" (p. 79). This definition begins to capture the

complexity of hope and how there are multiple layers within such a simple word. The connection

of hope and spirituality is a notable connection, specifically for this current research study since

the aspect of faith and spirituality will be addressed. Scioli et al. (2011) note that a faith system

can be referring to a religious system or a set of beliefs or values one holds without necessarily

referring to a specific religion. The "degree of investment in these centers of values" (p. 82) is

what can greatly influence hope and ultimately make one more hopeful.

Examples of how hope can result in a high correlation with spirituality can be evidenced

in a range of populations. According to Esa Jafari et al. (2010), looking at the lives of cancer

survivors, people who have been faced with an incredibly stressful life event, they found a strong

relationship between spirituality and hope. This could be speculated that when one's faith and

values system is challenged and given the opportunity to become stronger through tough life

events, it results in higher hope.

Yolanda Dreyer (2015) looked at the post-apartheid culture to see what factors facilitated

resilience within the religious community in South Africa. She looked closely at three factors

including spirituality and religiosity, community and a hermeneutical arch, which she defines as

the process of searching for truth between a phenomenon and the experience of it (p. 655). She

found religion and spirituality contributes to resilience by providing people with positive

thoughts and feelings to focus on, providing a sense of control, order and community in the midst

of hardships. She discusses the hermeneutical arch to be the existential understanding one has

towards life. Dreyer connects how having an existential view of life provides optimism and a

future-oriented attitude, which ultimately helps foster resilience. The third factor Dreyer

explored was the role of community. She hypothesized that the role of religious and spiritual

communities should be to provide external resources for support and care for individuals in light

of their ethos of care. Therefore, in the wake of adversity within a community, religious and

spiritual communities could play significant roles in fostering resilience.

The Present Study

The current study further explores resilience and hope within Kenyan culture, specifically

within a group home of children and adolescents who have been at risk prior to coming to a

residential children's home and school. The purpose of this study is to evaluate resilience and

factors that foster hope, resilience and spirituality in children and adolescents in a group home

setting in Kenya. Due to this topic being limited in the literature, a qualitative approach will be

employed. Additionally, quantitative measures such as the Conner Davidson Resilience Scale

(CD-RISC), Children's Hope Scale and the Adult Hope Scale will be utilized. The following

hypotheses were proposed:

1) There will be a positive correlation between Children's hope and resilience.

2) There will be a positive correlation between social resilience scale and resilience scale

for both children and adolescents.

3) There will be a positive correlation between hope and endorsing the importance of

one's spirituality for both children and adolescents.

4) There will be a positive correlation between Adult hope and resilience.

Chapter 2

Methods

Participants

Participants for the quantitative measures included 75 children and adolescents within the age range of 10-19 who are living at a children's home in Ngong Hills, Kenya. Children at this home are either children from the streets of Nairobi or surrounding slums, boarding for the school year or commuting and living with their parents. Fourteen interviews were conducted at the home including both male and female participants.

Instruments

The *Children's Hope Scale* (CHS; Snyder et al., 1991) measures participant's experience of hope. The two categories of questions fall within pathway questions, agency questions and filler questions. Pathway questions explore participant's ability to envision a path that leads to success (i.e., "I can think of many ways to get out of a jam"). An agency question measures the participant's level of self-motivation (i.e., "I meet the goals that I set for myself") The CHS uses a 4-point Likert scale ranging from *definitely false* to *definitely true*. The scale has an internal consistency reliability coefficient of .90-.95 (Snyder et al., 2003), and test-retest reliability coefficients of .82 (Snyder et al., 1991).

The *Adult Hope Scale (*HS; Snyder et al., 1991) measures adult participant's experience of hope. The two categories of questions fall within pathway questions, agency questions and filler questions. Pathway questions explore participant's ability to envision a path that leads to success (i.e., "There are lots of ways around any problem"). An agency question measures the

participant's level of self-motivation (i.e., "I meet the goals that I set for myself"). The Adult

Hope Scale uses an 8-point Likert scale ranging from *definitely false* to *definitely true*. The scale

has an internal consistency reliability coefficient of .90-.95 (Snyder et al., 1991).

The *CD-RISC Resilience Scale* (Conner & Davidson, 2003) measures one's ability to

cope with stress and "bounce back" after facing adversity. The 25-item scale uses a 5-point

Likert scale ranging from *absolutely false* (= 0), to *true nearly all of the time* (= 4). Scores on the

CD-RISC range from 0-100, with higher scores implying higher resilience. This scale has an

internal consistency reliability coefficient of .89 and a test-retest reliability coefficient of .87

(Connor & Davidson, 2003). There are five main factors that are found in the CD-RISC:

"personal competence," "the ability to tolerate negative affect," "acceptance of change and

secure relationships," "control" and the fifth factor is related to "spiritual influences" (Conner &

Davidson, 2003)

The *Social Emotional Assets and Resiliency Scales (*SEARS-A) focuses on measuring the

strengths of adolescents grades 7-12. The forms measure common constructs (e.g., self-

regulation, responsibility, social competence, empathy), but also include items designed to

capture the unique perspective of the rater. The self-report questionnaire contains 12 questions

that are rated on a Likert scale from 0-3 (0 = never and 3 = always). Short forms of the SEARS-

A has an internal consistency of .83.

The *Social Emotional Assets and Resiliency Scales* (SEARS-C) focuses on measuring the

strengths of children grades 3-6. The self-report questionnaire contains 12 questions that are

rated on a Likert scale from 0-3 (0 = *never*, 3 = *always*). Short forms of the SEARS-C has an

internal consistency of .85.

Procedures

  Measure administration. Quantitative measures were administered in the classroom

setting in order for proper equipment (i.e., desks, pencils) to be utilized. Participants' packets

included an informed consent that was explained with the assistance of the school master, the

Children's Hope Scale or the Adult Hope Scale, the *CD-RISC* Resilience measure as well as a

small demographics questionnaire including age, gender, the Gorsuch religion and spirituality

question and tribe. Participants' packets included numbers in order for identity to be kept

confidential. Out of the surveys, students were encouraged by teachers and the researcher to set

up a time for an interview.

  Semi-structured interviews. Fourteen participants volunteered for an interview with the

researcher. The researcher met with the participants at the home in a separate room in the school

where informed consent was obtained. Upon completion of the informed consent, the interviews

ranged from 25-45 minutes. All interviews were audio recorded and transcribed at a later time.

An example of the types of questions asked in the interview is "Tell me about your life before

coming to this home" (see appendix C for full list of questions).

  The researcher also participated in daily activities and weekend activities with the

children at the home. This included joining in on sports games, physical exercise classes, meal

and tea times as well as chapel time.

  Data analysis. The current study is utilizing a mixed methods approach using both

qualitative methods as well as quantitative scales. The qualitative data collected through

interviews will be recorded and transcribed to be analyzed for themes. A grounded theory

approach was utilized with the qualitative data collected. Correlational analysis was utilized to

analyze the quantitative data.

Chapter 3

Results

This study aimed to extend the literature on hope, resilience and the impact of spirituality specifically in Kenyan children and adolescents. Both qualitative and quantitative data was gathered and analyzed. Quantitative data was utilized to look at the relationship between the variables. Given the minimal amount of prior research with this specific population, qualitative results served to extract themes that help to understand how hope, resilience and spirituality are conceptualized by Kenyan children and adolescents. See Table 1.

Table 1

Quantitative Data

	N	*M*	*SD*
Children's Hope Scale	35	26.31	4.37
Adult Hope Scale	40	51.52	40
CD-RISC	75	69.30	13.05
SEARS-C	35	24.68	4.60
SEARS-A	40	24.10	4.74

Qualitative Data

Hypothesis 1. The first hypothesis was that there would be a positive relationship between the Children's hope and resilience scales (the CD-RISC and the SEARS-C). A Pearson correlation was computed for both scales. The results demonstrated no significant relationship with the Hope scale ($r(35) = .303$, $p = .077$) or when computed with the CD-RISC ($r(35) = .303$, $p = .077$). There was a significant positive relationship between the total Children's hope scale and the SEARS-C total score ($r(35) = .465$, $p = .005$).

Hypothesis 2. The second hypothesis was the social resilience scale would have a positive relationship with the CD-RISC. A Pearson correlation was computed to the CD-RISC and the SEARS-C. The results indicated a positive relationship exists between the children social resilience scale and the individual resilience scale ($r(35) = .537$, $p = .001$) indicating that children who are individually resilient interplays with one's ability to socially adapt. For the adolescents, the relationship between the CD-RISC and the SEARS- A was not significant ($r(40) = .025$, $p = .859$).

Hypothesis 3. The third hypothesis stated that there will be a positive correlation between hope and endorsing the importance of one's spirituality. Out of the 75 participants, 65 (86.7%) endorsed their religious and spiritual beliefs as important to them. The correlation between Children's Hope and Spirituality was not significant CH ($r(35) = .160$, $p = .259$. Similarly, the correlation between Adult Hope and Spirituality was not significant AH ($r(40) = .303$, $p = .057$), although it approached significance.

Hypothesis 4. The fourth hypothesis stated that there will be a positive correlation between Adult hope and resilience. A Pearson correlation was computed separately for the

children and adult hope scales to the CD-RISC. The results showed no significant relationship

between the children hope scale and the CD-RISC ($r(35) = .303$, $p = .077$). Similarly, the results

also demonstrated no significant relationship between the adult hope scale to the CD-RISC

($r(40) = .216$, $p = .200$). However, there was a significant and positive relationship between the

CD-RISC and the Agency subscale of the Adult Hope scale ($r(40) = .433$, $p = .005$).

Qualitative Data

After conducting individual interviews, the primary researcher transcribed all of the

interviews and researchers identified themes to develop informed conclusions. To ensure

credibility of the data, two researchers independently reviewed the data for significant statements

and themes. When asked about the stories of their lives and experiences of hope, resilience and

how their relationship with God influenced these things, the following themes were extracted.

Adversity. One theme that was present within every interview was a story involving pain

and adversity that resulted in them coming to the Children's Home. Most stories included the

loss of either both or one parent whether to death or addiction. One interviewee stated "It was

during my mom's burial when some of my dad's brothers promised to take care of us. But their

promise ended up empty." Statements with similar sentiment matter and was common

throughout the interviews. Other types of pain and trauma that was disclosed in the interview

involved the struggle of living on the streets, taking care of ill family members including parents,

being put in juvenile detention for stealing food, or moving constantly from different relatives'

homes for years.

Meaning making of the past. In many of the interviews, the participants discussed the

personal transformation they have experienced since coming to the home. There was a very clear

distinction in their mind about their past compared to their present. They discussed the "survival"

mentality they had prior to coming to the home and now being able to see that the negative

experiences in life are there for a purpose. One participant explained by saying "Everything that

happens in life has a purpose and that is why most people succeed after going through those

challenges." This type of statement was common as multiple interviewees stated "challenges are

meant to push us forward." They began to view the pain in their past as a motivation towards

something in the future. The ability to reflect and make meaning on past experiences is a luxury

as it requires a sense of safety and consistency in everyday life, something these children did not

have prior to coming to the home. Having consistent meals, caregivers and a place to sleep safely

provides mental space and capacity to reflect on the things they have experienced and then

integrate them into the narrative of their lives.

  Community. While students were able to find space and distance from their painful

experiences to make meaning of their past, the community they are surrounded in has a

significant impact on that process. In many of the interviews, participants were able to disclose

that they talked with others in the school about their pasts and specifically their challenges. They

shared with each other their pain and loss in life and most disclosed they had a few close friends

to talk with about these things. While in their lives prior to coming the home, many were the

care-takers of other siblings or even a parent, however, at the home they are able to be a child

being taken care of and released of the stresses of finding food for every meal, worrying about

school fees, where to sleep, and if someone, such as an adult, will be around to help them. The

school did not take away their agency or responsibilities and still required the children to

maintain clean bedrooms, classrooms, laundry, dishes and rotated farm chores. This balance of

responsibility allowed the children to feel secure and allowed them to use their mental capacity on school rather than anxiety and worry.

Role models. Throughout each story told, there often came a significant moment in their life where someone stepped in for a brief moment to help them. For example, one participant discussed how at one point they were accepted to the home, but did not have enough money or any adults to ask to buy supplies needed. Someone from the community who knew of their situation helped them get the supplies they needed to come to the home and start school. Other stories included estranged grandparents stepping in to take children to the hospital when they were severely ill or even the founders of the home, the Mbogo's, coming and bringing children to the home who were living alone or on the streets. At pivotal moments in these children's lives, someone interceded and as a result has changed the course of their life. Another aspect of this theme is that once at the home, participants were able to identify two or more role models and a majority of the time, a caregiver at the home was named as a role model. Often times many of the role models were distant people such as celebrities, a distant relative who has achieved success somewhere else. These seem to be role models that the children can strive to be like or become, however, they mostly serve as ideals. The home provides the children with day to day role models who provide the modeling of daily care necessary for development.

Trust in something bigger than themselves. Another theme that was extracted from the interviews was a deep trust that either "God" or "life" has a greater plan than what they can see. Multiple participants discussed having a different future circumstances than they currently have. One participant stated "One day in the future, I'll be an important person." This simple statement speaks to a number of things. Firstly, it recognizes where this person is currently, which implies

they feel insignificant, unimportant and not where they want to be. It also recognizes they

believe they have a good future ahead of them and that they want to develop more self-esteem.

Although it could be perceived this person has poor self-esteem, there is a realistic perspective

within this statement given the context of their life. Prior to coming to the Children's Home, this

participant like many others lived in severe poverty and often roamed the streets for days at a

time looking for their next meal. This, among other challenges in their life, has given many of

these children the message that they are unimportant and forgotten by the world. This theme of

trusting in something bigger than themselves captures the many statements of these participants

saying that they realistically recognize and begun grieving that they have been forgotten by the

world, but not by the bigger entities in this world such as God.

Future plans. One theme extrapolated around hope in this context suggested this

population spent significant amounts of time dreaming and thinking about the future. Many of

them had hopes of becoming lawyers, photographers, engineers, entrepreneurs, flight attendants,

and doctors. Their dreams of the future help motivate their current school work and some

teachers at the school discussed that when some children first come to the home, they were

behind because of the situations they came from, but often quickly caught up to their respective

classes. While many of the students could identify various jobs that they hope to reach in the

future, many could not identify a specific path of how to get to the goal. They could identify

common steps such as going to school, good grades, possibly attending university. However,

many identified that once they have achieved their dreams and have a job in the future, they want

to give back. Many participants stated things such as "Because when I get money, I can provide

other with money" or "Because some people sponsored me, I say, I want to give that to a

person." They are able to identify that they have been helped in some way to get out of poverty

or difficult situations and are cognizant of the fact that if they achieve things, they can also help

others. One participant stated explicitly "I was born to fight poverty".

Religious coping. The theme of relying on their religious and spiritual beliefs surface

through the interviews of all participants. They talked of their trust and hope that a Higher Being

has planned and is moving them toward a future beyond what they can currently see. They

discussed their trust in God for their past and for their future. One participant summarized this

theme by saying the following:

> Challenges are meant to push us forward. They are meant to show us that there is always
>
> hope. And with God as our helper, He is always there for us. As long as we believe in
>
> him, we will succeed.

Many other interviews had variations on this belief that God was present with them in

their previous struggles and is using those difficult times to prepare them for a future path that is

better than their past. Others sought comfort through their belief in God and heavily utilized

prayer or the Bible as a source of comfort. Many interviewees discussed the pain that still arise

from their past and turning towards the Bible or God for prayer would ease the pain.

"Sometimes, when the pain comes, I just take a bible and the verse I get just sticks with me. And

every day, I just pray. When the pain comes, I just pray."

Chapter 4

Discussion

The current study sought to build upon existing research by extending the examination of

resilience in the Western context. Given the limited research with Kenyan children and

adolescents, the current study utilized mixed methods to provide an understanding of their

experiences through an honest lens. The quantitative methods used were Children's Hope Scale,

Adult Hope Scale, Conner and Davidson Resilience Scale (CD-RISC), and the Social Emotional

Assets and Resiliency Scales for adolescents and children. It was hypothesized there would be a

positive relationship between the Children's hope and resilience scales. It was found that

children's hope and their social and emotional resilience had a positive relationship. This

demonstrates a connection between interpersonal skills, the ability to make and maintain

friendships, and optimism is connected high levels of hope for children ages 10-13. This was

further supported within this age group by the positive relationship found with individual

resilience and social resilience. Children's individual resilience is seen to foster their social

resilience and ability to be involved in a community. The themes found throughout the

interviews include experience of adversity, meaning making of the past, role models, future

planning, trust in something bigger than themselves, and religious and spiritual coping.

Reflections on Resilience

In previous studies that looked at resilience in children and adolescents in Kenya, they

found a delicate balance of social connection and responsibility fostered resilience (Skovdal,

2016; Skovdal & Andreouli, 2011). When the child's role became reversed with their parent or guardian and they had to become the caretaker, it often resulted in significant challenges in school and negatively impacted other areas of their life. In the current study, the theme of community demonstrates how when a child has balance and age appropriate responsibility, they are able to use their mental capacities for school and reflection on their past. Although many of the children prior to coming to the home had monumental responsibilities such as care-taking of their parent, finding food daily, and other basic survival concerns, when they are in a stable environment they are able to thrive in ways that are important for their future. One consequence from this theme showed that when a child has too much responsibility the child has negative outcomes, where having a healthy level of responsibility showed positive outcomes. Resilience is fostered through a delicate balance of age appropriate responsibility.

Resilience was also fostered in this population by the impact of spirituality and faith on how they make meaning of the pain in their pasts. Providing some distance from their past in a new safe environment, the participants often stated how they believed God "allowed" them to go through those challenges for a reason. As a child, making sense of horrific events can be too much or too difficult without adult support (National Child Traumatic Stress Network, n.d., para. 8). Often these participants do not have a guardian or parent to assist them in making meaning of their experiences. Exchanging God in place of a parental figure and placing the power in the hands of God most likely provides a sense of comfort that someone was looking over them and reduces the cognitive dissonance that comes with this much chaos as a child.

Quantitative results demonstrated personal resilience has a positive relationship with social resilience. Social resilience includes traits such as empathy, coping, peer relationships and

problem-solving abilities. Having a level of these traits impacts one's ability to be resilient. The culture of the home is one that fosters community between the children therefore, fostering the traits that impact social resilience.

Reflections on Hope

Snyder et al. (1997) theorizes that hope requires two things: agency and pathways. They suggest that children are goal-oriented and have hope if they are able to have agency towards a goal as well as have the ability to create a pathway towards that goal. In Western cultural environments where achievement is valued, this theory of hope is relevant to a western population. However, with respect to the cultural differences between the west and Kenya, hope looks different in the lives of children and adolescents in an African context. One aspect of Snyder's theory of hope is for children to have a goal. In many of the interviews, the participants disclosed their future goals and career aspirations demonstrating they have hope that they will achieve something in the future. However, most of the interviews went beyond a simple career goal. They talked of plans of giving back to those who fight the same hardships they have fought such as poverty, homelessness, hunger, or the loss of parents. They continue to transform the hardships they have personally experienced as future goals. This extends beyond a goal into a purpose. Living with a clear purpose that makes meaning out of the pain one has experienced can be more powerful and ignite more sustainable agency towards that purpose and in this setting, goals were often communal and contextual in nature.

Snyder's theory also discusses the role of agency and identifying a pathway in hope. They note that without agency, you cannot achieve your goals or the pathway you have established to reach that goal. Many of the participants discussed the "survival" mode they were

in prior to coming to the home. It could be argued that survival mode demonstrates Snyder's

theory of hope due to the significant agency involved finding food, a place to sleep and staying

safe every day as well as the goal and pathway oriented behavior involved with the main goal to

survive. The participants' circumstances prior to the home demonstrate Snyder's hope theory on

a very primal level and it is likely this experience will translate into other ways of finding hope

in life. Furthermore, the purpose participants have developed from their experiences is a

powerful tool towards their experience of hope for not only themselves, but others they desire to

help in the future.

Hope and Spirituality

Scioli et al. (2011) attempts to define hope and its complex nature by highlighting four

main channels including mastery, attachment, survival, and spiritual systems. The hope

demonstrated in the themes from this group of participants touches on many of these channels.

The theme seen in this research of God having control over their lives impacts how they

experience their hope for the future on an attachment and spiritual level.

The theme of believing in something bigger than themselves demonstrates a spiritual

relinquishing of control. In the immediate world around them, many of these participants have

not had adult figures to rely on therefore, turning to the spiritual world they find comfort in the

chaos of their circumstances and use the spiritual and religious beliefs around them to make

sense of their lives.

Having an attachment figure that they believe has control of their life provides hope for

them. The themes that were seen in these interviews including religious coping and future plans

demonstrating they have relinquished their own sense of control to a higher being. Often when

children are burdened from being exposed to the extreme hardships of the world without a

parental figure to rely on or make sense of these things for them results in diminished ability to

future plan or utilize their imaginations (National Child Traumatic Stress Network, n.d., para. 8).

Though more research may be needed in this area, it appears many of these participants are

utilizing God as an attachment figure to place those major life concerns and therefore regain their

sense of hope for the future.

Limitations

Another limitation of the current study is the quantitative measures have mostly been

normed on western populations. While the CD-RISC has significant resources for populations

the scale has been utilized on, the scale has not been normed for Kenyan children and

adolescents.

The children and adolescents that participated in this study were living in a Home and

attending a school that identifies as Christian where they attended daily chapel, and were

encouraged to seek out a relationship with God. Not all Homes for this population in Kenya

approach their services through this spiritual lens. Therefore, the research sampling is not

accurate to the entire population of Kenyan children and adolescents who are living in a Home.

Due to the cultural differences between the researcher and the Kenyan culture, there are

likely to have been cultural gaps in understanding and interpretation? First of all, the children at

this school are taught British English while the researcher has been taught and surrounded with

American English. Secondly, the researcher spent a total of eight weeks in Kenya, however, was

still raised in a non-African context. In the future, other researchers who share culture and

language may find important inroads in conducting and interpreting qualitative interviews.

Future Research

The difficulty of capturing the complexity of one group of people is evident in this study. Far more research is needed to further understand the nuances as to how Kenyan children and adolescents continue to survive and thrive towards their futures after experiencing negative life events. Specifically, future studies should continue to define resilience, hope and the influence of spirituality on these factors in this specific cultural context. Extensive program evaluations should be conducted to further assess resources being well utilized by children's homes and other resources that could be given more attention. Once program evaluations are conducted and necessary areas of growth are identified, further studies could be conducted implementing interventions at various age groups both in the school and group home.

Another area of research that could be investigated is the cultural differences between Kenya and the west. Often times, due to the tribal languages within these cultures, feelings often go unrecognized in communication to the extent that in certain tribal languages, there are not words for some emotions (Woods-Jaeger, Kava, Akiba, Lucid, & Dorsey, 2017). Further exploration into the experience and expression of emotions and how that impacts this population's resilience, hope and spirituality could be further explored.

Conclusion

Resilience, hope and spirituality are attributes that are impacted by individual factors, cultural context, communal and personal resources. It is important to discover what contributes to those attributes with populations that have experienced significant hardships at a young age and to expand this understanding as well as intervention to a global culturally-attuned context. The current study used a mixed methods approach to discover themes and relationships between

these three attributes. The themes uncovered were experiencing adversity, meaning making of the past, role models, future planning, trust in something bigger than themselves, and religious and spiritual coping. These themes were extracted as common things that promoted the resilience and hope within this population. Spirituality played a role by providing secure attachment figures, community, and providing language for making meaning out of the adversities experienced. This study may help inform further psychological literature on Kenyan children and adolescents.

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Appendix A

Consent Form

Assent to Act as a Participant in a Research Study

TITLE: Experiencing hope and resilience

INVESTIGATORS: Annie King

Aking15@georgefox.edu

SUPERVISOR: Dr. Winston Seegobin

Graduate Department of Clinical Psychology

414 N Meridian St,

Newberg, OR 97132

Wseegobin@georgefox.edu

DESCRIPTION: We are doing a research study about the experiences of the children and adolescents at ByGrace Children's Home. A research study is a way to learn more about people. If you decide that you want to be part of this study, on a piece of paper you will also be asked to answer some questions. Some of the questions will be written. This will take about 10 minutes to complete. Next, you may be asked to have a one on one time where you will be asked some questions by an interviewer. During the interview you will be asked questions. This will take approximately 35 minutes to complete. The interview will be audio recorded.

RISKS AND BENEFITS: Participation in this study involves little risk. Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think some of these benefits might be: 1) Helping others that come to ByGrace Home receive the best help possible. 2) Helping those who want to help better understand how to help the best they can. You don't have to answer any of the questions, and you can take a break or stop doing this study at any time. You can withdraw at any time up until the answers are analyzed.

INCENTIVE: Participants who complete the questionnaires and interview will receive candy as a token of appreciation for participation.

****

CONFIDENTIALITY: When we are finished with this study we will write a report about what was learned. This report will **not** include your name or that you were in the study.

RIGHT TO REFUSE OR END PARTICIPATION: You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your legal guardians know about the study.

VOLUNTARY ASSENT: If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

_____   _____
                (Sign your name here)   (Date)

_____
                (Print name of legal Guardian)

_____   _____
                (Signature of Legal Guardian)   (Date)

Appendix B

Test Instruments

Resilience scale CD-RISC

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 whats----------------------------	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

Children's Hope Scale CHS

Questions About Your Goals

Directions: The six sentences below describe how children think about themselves and how they do things in general. Read each sentence carefully. For each sentence, please think about how you are in most situations. Place a check inside the circle that describes YOU the best. For example, place a check (∨) in the circle (O) above "None of the time," if this describes you. Or, if you are this way "All the time," check this circle. Please answer every question by putting a check in one of the circles. There are no right or wrong answers.

1. *I think I am doing pretty well.*

2. *I can think of many ways to get the things in life that are important to me.*

3. *I am doing just as well as other kids my age.*

4. *When I have a problem, I can come up with lots of ways to solve it.*

5. *I think the things I have done in the past will help me in the future.*

6. *Even when others want to quit, I know that I can find ways to solve the problem.*

Adult Hope Scale (AHS)

Directions: Read each item carefully. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided.

1. = Definitely False

2. = Mostly False

3. = Somewhat False

4. = Slightly False

5. = Slightly True

6. = Somewhat True

7. = Mostly True

8. = Definitely True

___ 1. I can think of many ways to get out of a jam.

___ 2. I energetically pursue my goals.

___ 3. I feel tired most of the time.

___ 4. There are lots of ways around any problem.

___ 5. I am easily downed in an argument.

___ 6. I can think of many ways to get the things in life that are important to me.

___ 7. I worry about my health.

___ 8. Even when others get discouraged, I know I can find a way to solve the problem.

___ 9. My past experiences have prepared me well for my future.

___10. I've been pretty successful in life.

___11. I usually find myself worrying about something.

___12. I meet the goals that I set for myself.

Note. When administering the scale, it is called The Future Scale. The agency subscale score is derived by summing items 2, 9, 10, and 12; the pathway subscale score is derived by adding items 1, 4, 6, and 8. The total Hope Scale score is derived by summing the four agency and the four pathway items.

Appendix C

Interview Questions

Participant #___ Date:_____ Education Completed:_____ Age:____

1. What was your life like before you came to ByGrace?

2. How is your life different?

4. Name one person, it can be anyone (i.e., an actor in a movie, character in a book, or someone you know, etc.) who you look up to? Someone who you strive to be like.

    a. Why

6. Is there someone in your life you can depend on?

8. What makes you feel hopeful?

9. Has there ever been time when you have not felt hopeful?

10. Do you remember the other day in chapel when I spoke about resilience and hope? How do you feel those apply to you or your life?

Appendix D

Curriculum Vitae

Annie R. E. King
2711 N Bennett St
Tacoma, WA 98407
Aking15@georgefox.edu| (503)442-4062

EDUCATION

Doctoral Degree	Aug 2015-
Doctor of psychology, Clinical Psychology	*Expected: May 2020*
George Fox University	
Graduate Department of Clinical Psychology	
APA Accredited	
Newberg, Oregon	

Masters Degree   Aug 2015-Apr 2017
  Masters of Arts, Clinical Psychology
  George Fox University
  Newberg, Oregon

Bachelors Degree   Aug 2010-Dec 2015
  Bachelor of Arts, Psychology
  Biblical Studies Minor
  Biola University
  La Mirada, CA

SUPERVISED CLINICAL EXPERIENCE

Internship   Oct 2019- Oct 2020
Madigan Army Medical Center
  Title: Clinical Psychology Intern
  Treatment Setting: Active Military
  Location: Tacoma, WA
  o   Population: Active duty military, military dependents, veterans.
  o   Rotations include neuropsychology, intensive outpatient, primary care, active duty service lane rotation.
  o   Tasks on rotations include conducting comprehensive neuropsychological assessments, leading groups for chronic pain, health and wellness, and sleep, consulting with providers and commanders on patient's treatment team, providing evidence based treatments for presenting problems.
  o   **Supervisors**: Christopher Graver, PhD, Pamela Finder, PhD, David Coddington, PhD,

Practicum II & Pre-Internship   Aug 2017-Present

Oregon Health and Sciences University (OHSU)
Scappoose Family Medicine Clinic
   Title: Behavioral Health Consultant
   Treatment Setting: Rural Primary Care
   Location: Scappoose, Oregon
   o   Population: Low socio-economic status; rural community; complex psychiatric and medical co-morbidities; children, adolescents and adults.
   o   Conduct warm handoffs, short-term therapy, long-term therapy, group therapy, neuropsychological assessment and assist with crisis management in the clinic.
   o   Engage in consultation and care coordination as part of an interdisciplinary team of physicians, social workers, nurses, nurse practitioners, and clinic personnel.
   o   **Supervisors:** Chloe Ackerman, PsyD, Joan Fleishman, PsyD

Behavioral Health Crisis Consultation Team   Jan 2016-Present
Providence Newberg Medical Center & Willamette Valley Medical Center
   Title: Behavior Health Crisis Consultant
   Treatment Setting: Hospital
   Location: Yamhill County, OR
   o   Conduct suicide and homicide risk assessments, cognitive evaluations, and other assessments of patients of varying age, gender, sexual orientation, ethnicity, and socioeconomic status for the Emergency Department, Intensive Care Unit, and Medical/Surgical Unit at local hospitals.
   o   Consult with physicians and other staff, provide recommendations regarding patient risk and discharge plan, document evaluations in electronic medical charts and coordinate resources with county mental health employees.
   o   Case management experience: Arranging hospitalizations, contacting respite care facilities, collaborating with Yamhill County Mental Health agencies, contacting and coordinating with drug and alcohol detoxification facilities.
   o   **Supervisors:** Mary Peterson, PhD; Bill Buhrow, PsyD; Luann Foster, PsyD; and Joel Gregor, PsyD.

Supplemental Practicum   Sept 2018-Present
Health and Counseling Center at George Fox University
   Title: Student Therapist
   Treatment Setting: University Counseling
   Location: George Fox University
   o   Provide brief 6-8-week individual therapy for undergraduate students with ages ranging from 17-24 years old.
   o   Conduct intake interviews, develop short goal oriented treatment plans, case conceptualization, diagnosis, session notes and weekly supervision.
   o   Supervisor: Andrew Kenagy, PsyD, William Buhrow, PsyD

Practicum I July 2016-Aug 2017
Behavioral Health Clinic
    Title: Student Therapist
    Treatment setting: Community Mental Health
    Location: Newberg, Oregon
- Provide Solution-Focused oriented individual therapy for the community
  with the ages ranging from 5-74 years old.
- Conduct intake interviews, develop treatment plans, write formal
  documentation for each session.
- Provide appropriate assessments for clients in order to inform treatment.
- **Supervisors:** Dr. Gregor, Psyd., Natalie DiFrancesco, MA., Shaun Davis, MA.

Supplemental Practicum June 2017-May2018
Behavioral Health Clinic
    Title: Student Therapist
    Treatment Setting: Community Mental Health
    Location: George Fox University
- Provided long-term psychodynamic psychotherapy one-time weekly
  for one
  Geriatric patient.
- Case conceptualization, treatment planning, diagnosis, session notes,
  and psychoanalytic supervision
- Supervisor: Nancy Thurston, PsyD, ABPP, Certified Psychoanalyst

Pre-Practicum
    Title: Pre-practicum Student Therapist
    Treatment Setting: University Counseling
    Location: George Fox University Graduate Department of Clinical Psychology
- Provided individual client-centered therapy for two undergraduate students.
- Conducted intake interviews, developed treatment plans, wrote formal
  intake reports, and completed termination summaries.
- Had video supervision after each session.
- **Supervisors**: Glena Andrews, Phd., and Taylor Hartman, MA

Depression Support Group Facilitator Sept 2015-Dec 2015
    Title: Group Therapist
    Treatment Setting: Associated with Providence Hospital
    Location: Newberg, Oregon
- Led weekly support and pyscho-educational meetings focusing on grief,
  social support, and healthy life choices.
- Utilized Dr. Neil Nedley's Depression Recovery Program as a
  model with clientele.
- **Supervisors**: Tamara Rodgers, MD, Drew Summers, MA.

SUPERVISION AND TEACHING EXPERIENCE

Clinical Conceptualization and Application Team
George Fox University, Newberg, OR
   Title: Fourth Year Supervisor/Mentor, Graduate Department of Clinical Psychology
   ***Supervisor:** Nancy Thurston, PsyD,*
   o   Provide clinical oversight of second year PsyD student.
   o   Aid in the development of their clinical and assessment skills, and professional development.
   o   Collaborate in development of theoretical orientation and personal style of therapy.
   o   Provide formative and summative feedback on clinical and professional skills in formal and informal evaluations.
   o   Teach clinical skills in a small group format.

Clinical Lab Group Leader, Psychodynamic Class
George Fox University, *Newberg, OR*
***Superviso**r: Nancy Thurston, PsyD*
   o   Supervise a group of 4-5 students who were taking Psychodynamic therapy class.
   o   Helped students apply the theory learned in class to themselves and patients.
   o   Adaptable to other student's orientations and being curious of their orientations to help draw out similarities of concepts between theories to deepen learning.

Graduate Assistant in Ethics Class
George Fox University, *Newberg, OR*
Professor: *Dr. Bufford, PhD*
   o   Grade and provide timely feedback for student's assignments.
   o   Guest lecture when professor is missing class period.

RESEARCH AND PRESENTATIONS

Doctoral Dissertation
Title: *Experiences of Hope and Resilience in Kenyan Children and Adolescents*

The current study further explores resilience and hope within Kenyan culture, specifically within a group home of children and adolescents with various backgrounds. The purpose of this study is to evaluate resilience and factors that foster hope and resilience in children and adolescents in a group home setting in Kenya. Due to this topic being limited in the literature, a qualitative approach will be employed. Additionally, quantitative measures such as the CD-RISC, Children's Hope Scale, SEARS and the Adult Hope Scale are utilized.

Member, Research Vertical Team   Jan 2016- Present
***Faculty Advisor:** Winston Seegobin, PsyD*
   o   Bi-monthly group for developing research competencies.

- o Engage in dissertation development.
- o Participate in collaborative supplemental research projects.
- o Develop fellow colleagues' areas of research interests.
- o Various areas of team interest and focus: Resiliency, Trauma, Hope, Religion/Spirituality, Diversity/Multiculturalism

Program Development- Oregon Psychological Association (OPA)   Sept 2017-Apr 2018
Faculty Advisor: Marie Christine Goodworth, PsyD
- o Worked on a team of four students to help OPA learn to increase their student membership.
- o Conducted surveys for all doctoral psychology programs in Oregon and analyzed data to provide helpful insight and recommendations into increasing student engagement.

Research assistant   Jan 2016-June 2016
Portland Prep for Autism
Lake Oswego, OR
- o Supported researchers with their work in young adults with autism.
- o Received training for administering the ADOS
- o Administered and transcribed interview assessments to young adults with autism.
- o **Researchers:** Celeste Jones, Psyd & Justine Haigh, PhD

Presentations
King, A (2018). *Adoption: A Closer Look at the Clinical and Therapeutic Implications*. Oregon Health and Science University (OHSU) Behavioral Health monthly meeting. Portland, OR.

King, A (2018). *Experiences of Hope and Resilience in Kenyan Orphans*. CAPS annual conference. Virginia Beach, VA.

UNIVERSITY INVOLVEMNT

Student Committee President
George Fox University
- o Meet bi-monthly with Student Body Representatives to discuss student body issues and needs.

Student Wellness Committee Coordinator, Student Council
George Fox University Graduate Department of Clinical Psychology, *Newberg, OR*
- o Listening and responding to student body concerns that affect wellness and sustainability.
- o Monitoring and re-stocking wellness supplies and general maintenance for student body lounge.
- o Lead meetings with Student Wellness Committee members.
- o Facilitate students interested in joining Student Wellness Committee.
- o Allocate student body funds to Student Wellness Committee.

Graduate Lab Group Leader, Psychodynamic

- o Facilitate further learning through small group discussion
regarding psychodynamic and psychoanalytic topics.

Graduate Teaching Assistant, Ethics
George Fox University
- o Assist Professor with grading in a timely manner, researching
class material and meeting with students to discuss and process material

Military Student Interest Group, Leadership Team
George Fox University
- o Meet throughout semester to discuss clinical topics in relation
to Military populations.
- o Participating on the leadership team.

Multi-cultural Committee
George Fox University
- o Meet monthly to discuss issues of diversity within culture and therapy
- o Participated on administration and research subcommittee's

---

LEADERSHIP POSITIONS HELD

Stuco president 2018-2019
- o Meet bi-monthly with Student Body Representatives team to
discuss student body issues and needs.
- o Organizing community wide events, assisting and supporting in student-faculty relations.
- o Listening and responding to student and community needs.

Student Wellness Committee Coordinator, Student Council   2017-2018
George Fox University Graduate School of Clinical Psychology
Newberg, OR
- o Listening and responding to student body concerns that affect wellness and sustainability.
- o Monitoring and re-stocking wellness supplies and general maintenance for student body
lounge.
- o Lead meetings with Student Wellness Committee members.
- o Facilitate students interested in joining Student Wellness Committee.
- o Allocate student body funds to Student Wellness Committee.

Military SIG Co-Leader   2016-2019
George Fox University Graduate School of Clinical Psychology
Newberg, OR
- o Plan and put on events once a semester for student body that are related to Military
Psychology.
- o Provide information regarding HPSP for incoming students and raise awareness of
military opportunities for psychology.

CLINICAL TRAININGS

The Ambulant Cemetery: Secret Projects of Repair
Adrienne Harris, PhD, *January 2018*

The Psychoanalysis of Breakdown
Christopher Bollas, PhD, *March 2018*

CAPS Annual Conference
Virginia Beach, VA, *April 2018*

ISPS Annual Conference
Portland, OR, *Oct, 2017*

Clinical Moments
Kate Blumner, MD & Cynthia Gray, MD, *Sept 2017*

Screening of the film *Black Psychoanalysts Speak*
Panel Discussion, *October 2017*

EPIC Systems Training
OHSU, July 2018

Leadership Development Workshop
Deborah Dunn, PhD, *Sept 2017*

Exploring the Clinical Moment; Listening Psychoanalytically
Cynthia Ellis Gray, MD, *Sept 2017*

Domestic Violence: A Coordinated Community Response
Patricia Warfard, PsyD and Sgt. Todd Baltzell, *March 2017*

Native Self Actualization: It's assessment and application in therapy
Sydney Brown, PsyD, *February 2017*

Screening, Brief Intervention, and Referral to Treatment) Oregon Training
Jim Winkle, MPH, *March 2016*

When Divorce Hits the Family: Helping Parents and Children Navigate
Wendy Bourg, PhD, *November 2016*

Sacredness, Naming and Healing: Lanterns Along the Way, Brooke Kuhnhausen, PhD
Fox University, *October 2016*

Managing with Diverse Clients, Sandra Jenkins, PhD
Fox University, *March 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! Trevor Hall, PsyD and Darren Janzen, PsyD Fox University, *February 2016*

Let's Talk About Sex: Sex and Sexuality Applications for Clinical Work, Dr. Joy Mauldin, George Fox University, *October 2015*

Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue, Dr. Marie Hoffman, George Fox University Se*ptember 2015*

RELATED WORK EXPERIENCE

Resident Treatment Counselor
White Shield Center, Portland, OR
- o Provide direct treatment to clients, including counseling, skill-building, and crisis intervention, using a trauma-informed approach to care.
- o Utilizing Collaborative Problem Solving practices with interactions with clients in escalated states.
- o Communicate regularly with clinical staff regarding clients' case management needs for program.
- o Establish clear and appropriate boundaries with adolescents in the handling of confidential information as per agency guidelines.

Resident Advisor
Biola University, La Mirada, CA
- o Provide a friendly atmosphere through organizing events that fostered community on a dormitory floor.
- o Mediating conflicts with students and meeting their needs through one on one interaction's.
- o Worked collaboratively on a team to plan and hold events to 1000+ students

Group Home Intern
Thrive Rescue Home, Pattaya, Thailand
- o Live in caretaker for girls coming out of sex-trafficking in near by cities.
- o Oversee after school activities for girls

AWARDS

Multicultural Scholarship Recipient
   May 2015
   - o Awarded to students who not only come from a diverse background, but are looking to further develop skills in working with clients of diversity.

Health Professional Scholarship Program, Army
   April 2018
   - o Awarded a 1-year scholarship

PROFESSIONAL AFFILIATIONS
- o American Psychological Association - Student Affiliate

- o   Division 19, Society for Military Psychology - Student Affiliate
- o   Division 39, Psychoanalysis- Student Affiliate
- o   OPC: Oregon Psychoanalytic Center
- o   Christian Association for Psychological Studies- Student Affiliate