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World Assumptions and Growth from Adversity in Parents of Children with Autism Spectrum Disorder

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World Assumptions and Growth from Adversity in Parents of Children
with Autism Spectrum Disorder

by

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George Fox University
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with Autism Spectrum Disorder.

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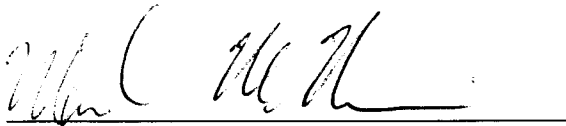
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Abstract

Research on trauma and adversity has become increasingly focused on factors associated with posttraumatic growth (PTG). One of the factors identified in research that is associated with PTG is world assumptions, implicit assumptions about the world that facilitate a sense of security. One theory is that trauma and adversity prompt a shift in world assumptions, which in turn influences the development of PTG. While this research body has included various populations (military veterans, cancer survivors, bereaved parents, natural disaster survivors), there has been little research on the relationship between world assumptions and PTG for parents of children with Autism Spectrum Disorder (ASD), a subset of the population that is chronically highly stressed. Parenting children with ASD often involves a shift from what a parent envisioned their life would be like, to the formation of new ideals, and adjustment to new (and often more challenging) demands.

This study sought to explore how world assumptions influence PTG in parents of children with ASD. Surveys were completed by 92 parents of children with ASD, including

measures of world assumptions and PTG. It was hypothesized that all three domains of world assumptions (worthiness, benevolence, and meaningfulness) would be predictive of PTG.

Results indicated that meaningfulness was the only significant predictor of the three factors, and that benevolence and worthiness were not predictive of PTG in parents of children with ASD.

These findings suggest that autism parents fare best and demonstrate PTG when they view events and circumstances in their lives as comprehensible.

Keywords: Autism Parenting, Disability Parenting, World Assumptions, Posttraumatic Growth, Meaningfulness, Thriving, New possibilities, Relating to Others

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Chapter 1

Introduction

Posttraumatic growth (PTG) refers to individual growth from traumatic experiences such that recovery exceeds pre-trauma levels of well-being (Baillie et al., 2014). Research on PTG has focused on learning and growth gained as a result of traumatic experiences (e.g., bereavement, physical illness, disability, crime, natural disaster, combat, and social upheaval; Tedeschi et al., 1998). This body of research indicates that while it is never hoped for, experiences of crisis, destruction and devastating loss can significantly shape one's resilience, one's world assumptions, and one's identity, leading to fostering eventual increases in quality of life and meaningfulness for the individual. PTG has been described as both a process (overcoming adversity, identifying and experiencing changes in cognition, behavior, and emotion), and an outcome (e.g., life satisfaction, wisdom; Tedeschi et al., 1998). As far as outcomes, individuals with PTG have reported growth in five life domains- increased appreciation of life, closer social relationships, increased sense of personal strength, increased engagement with spiritual questions, and finding new possibilities for their lives (Tedeschi & Calhoun 1996).

Prior research has demonstrated how world assumptions significantly influence one's response to adversity. Work on world assumptions has grown from Assumptive Worldview Theory: a theory which describes that people operate on implicit assumptions about the world which then serve to facilitate a sense of safety and security in the world (Janoff-Bulman, 1989). These assumptions have been theoretically divided into three components: (a) worthiness of the

self, (b) benevolence of the world, and (c) meaningfulness of the world (Janoff-Bulman, 1985). Assumptions of worthiness are when people have positive self-image and that, generally, good things happen to good people. Assumptions of benevolence are views that mostly positive events occur, rarely negative events occur, and people are generally good. Assumptions of meaningfulness include views that there are sensible reasons for world events, and that when negative events occur, they are for a reason or are deserved due to one's behavior. While these beliefs are not generally consciously examined, they can be when one faces significant adversity which challenges their already presupposed assumptions (Janoff-Bulman, 1985).

Severe stressors can challenge one's basic beliefs, causing reconstruction for ongoing positive adjustment (Rini et al., 2004). Reciprocally, prior research has demonstrated how world assumptions significantly influence one's response to adversity (Feldman & Kaal, 2007). Relationships between the three categories of world assumptions and PTG are explored here.

Worthiness

The world assumption subdomain of worthiness is made up of the components self-worth (the assumption that oneself is a good, moral, worthy, and a decent individual), luck (one is lucky), and self-control (one behaves responsibly), and additionally describes positive views of oneself. Three studies have explored the relationship between worthiness and PTG.

First, in research exploring worthiness and its influence on PTG in 62 adults undergoing current cancer treatment (Carboon et al., 2005), the worthiness subdomain of luck positively predicted PTG. It was hypothesized that luck can predict a strong sense of predictability in uncontrollable adverse circumstances. However, the other two components from the worthiness subdomain, self-worth and self-control, were negatively associated with PTG. The authors hypothesized that participants who held common western world assumptions around justice (e.g.,

people get what they deserve) were more likely to have relatedly low estimates of their own self-worth and self-control (Carboon et al., 2005).

Second, worthiness was found to be a strong predictor of PTG in bereaved parents, while benevolence and meaningfulness were not (Engelkemeyer & Marwit, 2008). Other authors have hypothesized that their loss often necessitates identity exploration and redefining (Talbot, 2002), which may explain the importance of worthiness in facilitating PTG as compared to the other world assumptions. Perhaps for bereaved parents, beliefs in benevolence and meaningfulness vary and PTG can develop within those variations.

Third, one study explored changes in basic beliefs for mothers of children undergoing bone marrow transplant, looking at how lifetime traumas influenced their world assumptions. Findings indicated that the more lifetime traumas the mothers experienced prior, the more likely they were to have negative self-worth beliefs, perhaps describing some compounding nature of trauma on world assumptions. However, after the bone marrow transplant was completed, mothers with a trauma history showed more positive change in self-worth beliefs (Rini et al., 2004). In sum, preliminary research has identified a positive relationship between worthiness and PTG.

Benevolence

The world assumption subdomain of benevolence is made up of benevolence of the impersonal world and benevolence of the people (the assumption that other people are good, kind, helpful, and trustworthy) and describes positive views of the impersonal world. Research on survivors of intimate partner violence (Valdez & Lilly, 2015) found that if no recurrence of intimate partner violence occurred within the timeframe, world assumptions including benevolence became more positive by one-year follow-up. Further, this positive change was

associated with increased PTG in this sample. In bereaved parents, however, benevolence was not found to be a predictor of PTG (Engelkemeyer & Marwit, 2008). Other research exploring trauma experiences and benevolence has generally indicated that those with trauma exposure and symptoms report lower assumptive benevolence than those without. For instance, early research explored college students who had trauma exposure, finding that they perceived the world as less benevolent than those who did not have trauma exposure (Janoff-Bulman, 1989), and research on traumatized South African adults yielded similar results (Magwaza, 1999). Given the limited studies that have explored benevolence and PTG, this section was broadened to include the relationship between benevolence and PTSD. Individuals with PTSD have been found to report lower assumptive benevolence than those without PTSD (Foa et al., 1999), and research on Israeli combat veterans mirrored those findings (Dekel et al., 2004). Another study explored changes in basic belief's for mothers of children undergoing bone marrow transplant, looking at how lifetime traumas influenced their world assumptions. Findings indicated that the more lifetime traumas the mothers experienced prior, the more likely they were to have negative benevolence beliefs, perhaps describing some compounding nature of trauma on world assumptions. Finally, a study on PTSD symptoms in police officers found that greater assumptive benevolence was associated with lower PTSD symptoms after two years of service (Yuan et al., 2011).

Meaningfulness

The world assumption subdomain of meaningfulness is made up of justice (bad events are distributed according to justice principles), controllability (events in the world can be controlled by people's behaviors), and randomness (the assumption that bad events occur at random), describing the overall explicability of events. This is distinct from meaning in life, a

concept describing one's sense of purpose or what specifically makes their life meaningful. Only one study was found that explored the relationship between meaningfulness and PTG, so the related concept sense of coherence and its relationship to PTG is also discussed.

Regarding meaningfulness, the previously-mentioned Carboon et al. study (2005) found that the world assumption of justice (a subdomain of meaningfulness) positively predicted PTG, suggesting that stronger beliefs in the predictability of life events may promote PTG in this sample of cancer patients.

The concept of sense of coherence (SOC) significantly overlaps with the world assumption of meaningfulness. Sense of coherence is defined as a global orientation that expresses the extent to which one has a pervasive, enduring, although dynamic, feeling of confidence consisting of three things: comprehensibility (stimuli from one's internal/external environment are structured, predictable, and explicable), manageability (resources are available in order to meet demands from stimuli) and meaningfulness (the demands are challenges worthy of investment and engagement; Antonovsky, 1979). Individuals with high SOC are optimistic, related to both effective problem-focused coping specific to the indicated stressor, and flexibility in changing and redirecting their strategies if need be (Antonovsky, 1979). Other research has explored perceived uncontrollability (i.e., comprehensibility, the subcomponent of SOC), and its impact on PTG. Specifically, one study on cancer patients in China found no direct relationship between perceived uncontrollability and PTG. However, the study identified adaptive coping as a mediator between uncontrollability and PTG, finding that those who perceived their circumstances as uncontrollable demonstrated lower levels of adaptive coping, where adaptive coping positively predicted PTG (Cao et al., 2018).

For parents of children with ASD, SOC was positively associated with seeking social support and self-controlling (an individual's active effort to regulate their feelings and actions; Pisula & Kossakowska, 2010). Conversely, SOC in autism parents was negatively correlated with accepting responsibility (a characteristic of meaningfulness). In a study related to Mothers of Children with Autism in Hong Kong, it was found SOC moderates the effect of symptom severity on stress, meaning those with high levels of SOC were less affected by the symptom severity of ASD in their child (Mak, Ho, & Law, 2007). Additionally, the results of this study concluded the way in which the stressors were translated and perceived by the mothers "related to how the mothers made sense of their situations" (Mak et al., 2007). This finding ultimately relates to the conclusion that an increasing of SOC may include the beginning to creating one's own building blocks in understanding and making meaning of their global life events (Neimeyer 1994), as well as improving their sense of competence in being able to manage a variety of life situations (Mak et al., 2007; Soederberg & Evengard 2001).

Posttraumatic Growth of Autism Parents

While many of these findings are likely relevant for parents of children with ASD, it is also noted that this body of research outlines responses to a traumatic event or circumstance, which may differ from the life of chronic adversity that many parents of children with ASD face. Findings related to the positive changes associated with chronic adversity are limited, with even fewer studies exploring growth gained through parenting a child with ASD. Parents of children with ASD have been found to have higher levels of stress (Davis & Carter, 2008), depression (Cohrs & Leslie, 2017), financial difficulties (El-Ghoroury, 2012; Saunders et al., 2015), and divorce (Hartley et al., 2010). Concurrently, parents of children with ASD experience diminished quality of life (Mugno et al., 2007; Shu, 2009), health-related quality of life (Allik et al., 2006),

well-being (Lickenbrock et al., 2011), sleep (Goldman et al., 2012) and social support (Lee et al., 2008). Cummings et al. (2016) described the medical complexity of children with ASD, including the importance of engagement in routine preventive care, treatment of acute illnesses, management of sleep dysfunction, coexisting challenging behaviors or psychiatric conditions, and increased associated medical problems, such as seizures. Additionally, ASD can also be associated with language delays or impairments (Mody & Belliveau, 2013). Combined with emotional and behavioral dysregulation, behavioral management is often challenging for parents of children with ASD, particularly in the early childhood years.

In addition to the above demands, parents of children with ASD (children who struggle with social/emotional reciprocity) experience fewer of the natural, social and relational rewards of parenting. Specifically, parents of typically-developing children experience high-demand phases of parenting that are reinforced with social reinforcers (e.g., the reinforcement of social smiles and parent-infant bond). Parents of children with other developmental disabilities such as Down Syndrome describe reward associated with their child's displays of kindness, caring, and social motivation (Hodapp et al., 2001). Because the core difficulties in ASD involve deficits in social communication and reciprocity, parents of children with ASD may experience fewer social rewards in parenting.

However, parallel to research in trauma recovery and posttraumatic growth, parents of children with ASD have reported how their parenting experiences have included significantly positive components, benefitting their learning and growth (Altierre & von Kluge, 2009; Cappe et al., 2011). In addition to increased resilience (Bristol, 1987), parents reported greater appreciation for life, not taking things for granted, patience, compassion, acceptance, empathy, humility, improved coping, and improved spirituality (Altierre & von Kluge, 2009). Benefits

were also noted in deepened relationships both external to and within the family (Altierre & von Kluge, 2009). Family relationships have been described as closer, as well as deepened and strengthened, with more appreciation for time spent together as a family (Altierre & von Kluge, 2009).

This study seeks to explore how world assumptions facilitate PTG in a sample facing high levels of long-term, ongoing, chronic stress. Specifically, this study will target parents of children with Autism Spectrum Disorder, identifying how world assumptions facilitate one's ability to re-establish thriving through adversity.

Hypotheses

The specific question of this study is whether world assumptions predict PTG in parents of children with ASD, with the following specific hypotheses:

1. Worthiness (in which a person positively perceives their self-worth, sense of luck, and feels a sense of self-control) will be predictive of PTG.
2. Benevolence (in which a person thinks positively of the world and thinks positively of people around them) will be predictive of PTG.
3. Meaningfulness (in which the way an individual reconciles justice, control and randomness of their global meaning system, viewing all domains as comprehensible, meaningful, and manageable) will be predictive of PTG.

Chapter 2

Methods

Participants

Participants were 92 parents of children with ASD recruited via video and survey monkey link. All participants completed informed consent before the interview and were provided access to a copy to keep for themselves. The sample collected was 92 parents who have children with Autism. Demographics collected were collected on gender, age, ethnicity, marital status, number of children in the household, household net income per year, child with ASD's age, date child was diagnosed with Autism and the setting they were diagnosed in (medical or educational). Participants were male and female (19 males, 73 females), with various ethnic backgrounds (47.8% White, 19.6% Latinx, 15.2% Mixed Race, 13% Black, 2.2% Asian, 1.1% Native American, 1.1% Native Hawaiian). Continued description of Demographic Characteristic of the Sample can be seen in Table 1.

Procedure

This study was approved by the Human Subjects Review Board at George Fox University. Participants were recruited through online forums and were asked to take an online survey where they were asked about PTG, coping, world assumptions, personality and demographics, as part of a larger study looking those variables as predictors of post traumatic growth. Participants were administered consent and study measures in an online survey format. Participants were permitted to withdraw from the study up until data analysis. Data was de-

Table 1*Demographic Characteristics of the Sample*

Variable	<i>N</i>	%	<i>M(SD)</i>
Gender	92		
Male	19	20.7	
Female	73	79.3	
Ethnicity	92		
Native American	1	1.1	
Native Hawaiian/Pacific Islander	1	1.1	
Latinx	18	19.6	
White, Non-Hispanic	44	47.8	
Asian	2	2.2	
Black, Non-Hispanic	12	13.0	
Marital Status			
Married	68	73.9	
Separated	4	4.3	
Divorced	10	10.9	
Single	6	6.5	
Cohabiting	4	4.3	
# of Children in Home	92		1.85
Household Net Income Mean	91		75233.93
Child with Autism Age	91		27.40
Age Diagnosed	91		3.75
Setting Diagnosed			
Medical	77	83.7	
Educational	14	15.2	

identified, and password protected to protect participant confidentiality. Each person who participated was given a 30-dollar gift card to Amazon as an incentive for participating.

Measures*Post Traumatic Growth Inventory*

The Post Traumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996) is a self-report measure comprised of 21 items that measure the degree of positive change experienced in the aftermath of a traumatic event. Each item is rated on a 6-point Likert scale ranging from 0 *no*

change to 5 substantial reports of change where higher scores imply a higher degree of Post Traumatic Growth. The PTGI has a α coefficient ranging from .67-.90 and a test-retest reliability of .71.

World Assumptions Scale The World Assumptions Scale (WAS; Janoff-Bulman, 1989) is a 32-item checklist of assumptions about beliefs rated on a 6-point Likert scale ranging from *strongly disagree* to *strongly agree*. The WAS has three domains (worthiness, benevolence and meaningfulness) with eight subscale scores (benevolence of the world, benevolence of people, justice, controllability, randomness, self-worth, self-controllability and luck) containing scores that range from 6 to 24, with higher scores indicating higher beliefs in that particular assumption. Reliability of each of the subscales was reported by Janoff-Bulman (1989) with alphas ranging from .68-.86. Concurrent validity was reported by Elklit et al. (2007) with the estimates of reliability of the eight components of the WAS ranged from .48 to .82, suggesting this measure has adequate psychometric properties for use in both clinical and research settings. The eight subscale scores are intended to represent eight assumptions about the benevolence of the world, meaningfulness of events and worthiness of self.

Data Analysis

Regarding the quantitative survey data, regression was used to explore the relationship between world assumptions (independent variable) and posttraumatic growth (dependent variable), with particular attention to how world assumptions predict posttraumatic growth.

Chapter 3

Results

Descriptives

Means, standard deviations, and normality of the variables are provided here (including World Assumptions Questionnaire total score and subdomains of Worthiness, Benevolence, and Meaningfulness and the Post Traumatic Growth Inventory total score. See Table 2.

Table 2

Normality

	<i>N</i>	Mean	Std. Deviation	Skewness	Std. Error of Skewness	Kurtosis	Std. Error of Kurtosis
WAQ Worthiness	91	49.5824	6.29297	0.362	0.253	1.211	0.5
WAQ Benevolence	90	34.8667	5.20199	-0.172	0.254	0.058	0.503
WAQ Meaningfulness	90	45.1778	8.88323	-0.617	0.254	0.704	0.503
PGI Total	89	69.4719	15.73148	-1.367	0.255	1.5	0.506

Regression

Stepwise linear multiple regressions were conducted to determine which independent variables (world assumptions: benevolence of the world, meaningfulness of the world, and

worthiness of self) were predictors of PTG. Of the three world assumption subdomains, meaningfulness was the only significant predictor of PTG-Total [$R^2=.22$, $R^2_{adj}=.211$, $F(1, 82) = 23.09$, $p < .001$, $f^2 = .28$, power = .99], with a medium effect size.

Chapter 4

Discussion

The current study focused on how world assumptions predict posttraumatic growth (PTG) in parents of children who have been diagnosed with Autism Spectrum Disorder (ASD), including exploration of the three world assumption subdomains of Worthiness, Benevolence, and Meaningfulness. PTG is defined as the phenomenon of overcoming great difficulty and perceiving growth from said difficulty, as opposed to deteriorating in functioning or recovering to baseline (Baillie et al., 2014). Parents of children with ASD are unique in the intensive, chronic, and highly demanding nature of the struggles they face, often navigating child medical complexities (Cummings et al., 2016), child emotional and behavioral dysregulation (Mazefsky, 2015), and child deficits in social/emotional reciprocity (core characteristic of ASD). This study explored world assumptions of parents of children with ASD and how world assumptions predicted their ability to establish thriving despite the often-high levels of demands required of them (as measured by PTG). Hypotheses were that all three subdomains of world assumptions would be predictive of PTG in ASD parents.

Findings of this study using regression analysis indicated that meaningfulness was the only significant predictor, with a medium effect size. These findings suggest that ASD parents who perceive most events or circumstances as having comprehensible rationale are more likely to evidence PTG, concurrent with prior research on cancer patients (Carboon et al., 2005) and ASD mothers (Mak et al.). However, this differs from a prior study on bereaved parents

(Engelkemeyer & Marwit, 2008). Perhaps related to the nature of their loss, bereaved parents don't have to believe that most events or circumstances make sense in order to attain PTG.

Interestingly, the stressors faced by ASD parents is different from all of the above groups, in the chronic and ongoing nature of the daily stress they face. In addition, perhaps ASD parents are more likely to engage in and respond to systematic rational styles of thinking as a result of what has been required of them, or related to their own temperament.

Worthiness was found to not significantly predict PTG, findings which are discordant with preliminary research with other populations. Previous research has shown positive relationships between PTG and worthiness in diabetic outpatients (Senol-Durak, 2014), adolescent earthquake survivors (Zhou et al., 2018), patients with breast cancer (Li & Kim, 2012), and bereaved parents (Engelkemeyer & Marwit, 2008). Likewise, previous research has shown the subdomain of "luck" being positively predictive of PTG in adults currently undergoing cancer treatment, where it was hypothesized that luck can enforce a sense of predictability in the midst of adverse, uncontrollable circumstances (Carboon et al., 2005). These findings, however, differ in the population of ASD parents. Perhaps ASD parents don't need to feel lucky to establish PTG (perhaps many don't feel lucky). Additionally, it is possible the nature of their daily demands leads to a range of levels of satisfaction with themselves, none of which appear to matter regarding their ability to establish PTG. Items geared toward self-control (e.g., I take the actions necessary to protect myself against misfortune, I usually behave in ways that are likely to maximize good results for me) also appear to reflect some sense of self-efficacy and a value of active engagement in shaping one's own life course. While ASD parents may not feel lucky or like events and circumstances in the world are distributed by justice principles, many appear to maintain active engagement in their own life.

Finally, benevolence was also not significant in predicting PTG, counter to preliminary findings from research with other populations. Due to existing literature being limited in the specific relationship of benevolence and PTG, research was expanded to include benevolence relationship to PTG relating terms of PTSD and optimism. Previous research in this area support this finding in ASD parents as it showed that people who have been exposed to trauma perceive the world as less benevolent (Janoff-Bulman, 1989), with individuals with PTSD reporting lower benevolence, (Dekel et al., 2004; Foa et al., 1999), while greater benevolence was associated with lower PTSD symptoms (Yuan et al., 2011). Similarly, previous research findings in bereaved parents support this finding, as it indicated there was not a relationship between benevolence and PTG in this population (Engelkemeyer & Marwit, 2008). Comparatively, benevolence of the world and benevolence of people may not be as prevalent for parents of children with ASD due to the experiences they have had with high demands associated with autism parenting, as well as cultural lack of awareness or understanding of the specific challenges their child faces in public (e.g., if child is exhibiting disruptive behavior due to rigidity or sensory overstimulation, it may disrupt social norms, making social outings extremely difficult). Many ASD parents report limiting outings and community involvements with their child related to environmental characteristics that are not ASD-friendly or are not accessible to their ASD child.

Limitations

In addition to the findings, it is important to acknowledge the limitations of the study. First, the study was conducted via an online survey and participants were recruited via social media groups for ASD parents. Therefore, the sample is not representative of all parents who have children with ASD. Online administration means there is a lack of personalization and a higher

risk for respondents to misinterpret questions or provide inaccurate answers. In addition to this, respondents were at risk for survey fatigue. Second, it is important to note that due to the survey data being collected cross-sectionally, directionality cannot be assumed (world assumptions causing PTG or vice versa). Despite these limitations, this study provided useful insights into predictors of PTG in autism parents.

Implications

Findings related to meaningfulness as a predictor of PTG suggest that autism parents fare best and demonstrate PTG when they view events and circumstances as comprehensible in their lives. Whether this is due to the necessity of more concrete rational thinking patterns in autism parenting, or parents with concrete rational thinking patterns are more likely to have children with ASD, this study highlights meaningfulness as a salient protective factor in this population. Family interventions may benefit from incorporating strategies that improve parent abilities to make sense of events and circumstances in their lives. Additionally, in regard to clinical services, these findings suggest that clinicians may be best able to aid parents of children with ASD by empowering them to view their circumstance as comprehensible and manageable. In addition to parental wellbeing, this also has the potential to yield positive outcomes in parenting.

With worthiness not being a significant predictor of PTG, perhaps intervention doesn't require as much focus on one's thoughts toward themselves, or one's dissatisfaction with oneself. Maybe ASD parents are a population facing such high demands and stress that success is difficult to attain and satisfaction with oneself is ubiquitously difficult to come by. Regardless of one's sense of worthiness, parents of children with ASD are able to establish PTG, and that may be hopeful. Similarly, the findings suggest that benevolence is not a significant predictor of PTG,

perhaps lending some hope that even if parents hold negative assumptions about the world and other people, they are still able to grow from the adversity they face.

Future Directions

Relatedly, intervention research to explore ways to increase the world assumption of meaningfulness could be useful for facilitating PTG. Additionally, future research would be helpful exploring the 8-factor structure components of the WAS, and how those predict PTG in autism parents (perhaps identifying discrepancy among the components of the 3-factor structure domains). In addition, other factors that have been related to PTG in other populations have included personality factors, coping strategies (including narrative meaning-making), cognitive appraisal, social support, and resilience. More complex models that include these factors (requiring much larger sample sizes) may be equipped to predict a larger proportion of the variance in PTG. In addition, longitudinal research in this population would help differentiate any development or change in world assumptions over time, as well as impacts of those shifts on PTG.

Conclusion

This study focused specifically on the relationship between world assumptions and PTG for parents of children with ASD. The results of this study yielded the important finding that of the three world assumption domains explored, only meaningfulness was a significant predictor of PTG. This highlights the importance of events and circumstances in life being comprehensible and manageable for parents with ASD. Given that this population faces unique difficulties in their parenting responsibilities, it is also hopeful that regardless of one's sense of worthiness or one's belief in the benevolence of the world or other people, PTG can be established. This study underscores the potential importance of family support interventions that include exploration and

facilitation of comprehensibility in the events and circumstances parents of children with ASD
face.

References

- Allik, H., Larsson, J.-O., & Smedje, H. (2006). Sleep patterns of school-age children with asperger syndrome or high-functioning autism. *Journal of Autism and Developmental Disorders, 36*(5), 585–595.
- Altierre, M. J., & von Kluge, S. (2009). Searching for acceptance: Challenges encountered while raising a child with autism. *Journal of Intellectual and Developmental Disability, 34*(2), 142–152.
- Antonovsky, A. (1979). *Health, Stress, and Coping*. San Francisco, CA: Jossey-Bass.
- Baillie S., Sellwood, W., & Wisely, J. (2014). Post-traumatic growth in adults following a burn. *Burns, 40*(6), 1089-1096.
- Bristol, M. (1987). Mothers of children with autism or communication disorders: Successful adaptation and the double ABCX model. *Journal of Autism and Developmental Disorders, 17*(4), 469-486.
- Cao, W., Qi, X., Cai, D., & Han, X. (2018). Modeling posttraumatic growth among cancer patients: The roles of social support, appraisals, and adaptive coping. *Psycho-oncology, 27*(1), 208-215.
- Cappe, E., Wolff, M., Bobet, R., & Adrien, J.-L. (2011). Quality of life: A key variable to consider in the evaluation of adjustment in parents of children with autism spectrum disorders and in the development of relevant support and assistance programmes. *Quality of Life Research, 20*(8), 1279–1294.
- Carboon, I., Anderson, V., Pollard, A., Szer, J., & Seymour, J. (2005). Posttraumatic growth following a cancer diagnosis: Do world assumptions contribute? *Traumatology, 11*(4), 269-283.

- Cohrs, A., & Leslie, D. (2017). Depression in parents of children diagnosed with autism spectrum disorder: A claims-based analysis. *Journal of Autism & Developmental Disorders, 47*(5), 1416-1422.
- Cummings, J. R., Lynch, F., Rust, K., Coleman, K., Madden, J., Owen-Smith, A., Yau, V., Qian, Y., Pearson, K., Crawford, P., Massolo, M., Quinn, V., & Croen, L. (2015). Healthservices utilization among children with and without autism spectrum disorders. *Journal of Autism and Developmental Disorders, 46*(3), 910–920.
- Davis, N., & Carter, A. (2008). Parenting stress in mothers and fathers of toddlers with autism spectrum disorders: Associations with child characteristics. *Journal of Autism & Developmental Disorders, 38*(7), 1278-1291.
- Dekel, R., Solomon, Z., Elklit, A., & Ginzburg, K. (2004). World assumptions and combat related posttraumatic stress disorder. *The Journal of Social Psychology, 144*(4), 407-420.
- El-Ghoroury, N. (2012). Resilience and the narratives of parents of adults with autism spectrum disorders. *Narrative Inquiry in Bioethics, 2*(3), 189–197.
- Elklit, A., Shevlin, M., Solomon, Z., & Dekel, R. (2007). Factor structure and concurrent validity of the world assumptions scale. *Journal of Traumatic Stress, 20*(3), 291-301.
- Engelkemeyer, S., & Marwit, S. (2008). Posttraumatic growth in bereaved parents. *Journal of Traumatic Stress, 21*(3), 344-346.
- Feldman, D., & Kaal, K. (2007). Vicarious trauma and assumptive worldview: Beliefs about the world in acquaintances of trauma victims. *Traumatology, 13*(3), 21-31.
- Foa, E., Ehlers, A., Clark, D., Tolin, D., & Orsillo, S. (1999). The Posttraumatic Cognitions Inventory (PTCI): Development and validation. *Psychological Assessment, 11*(3), 303-314.

- Goldman, S., Richdale, A., Clemons, T., & Malow, B. (2012). Parental sleep concerns in autism spectrum disorders: Variations from childhood to adolescence. *Journal of Autism and Developmental Disorders, 42*(4), 531–538.
- Hartley, S., Barker, E., Seltzer, M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of Family Psychology, 24*(4), 449-457.
- Hodapp, R., Ly, T., Fidler, D., & Ricci, L. (2001). Less stress, more rewarding: Parenting children with down syndrome. *Parenting: Science and Practice, 1*(4), 317-337.
- Janoff-Bulman, R. (1985). The aftermath of victimization: Rebuilding shattered assumptions. *Trauma and its wake: The study and treatment of post-traumatic stress disorder*. New York, NY: Brunner/Mazel.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition, 7*(2), 113-136.
- Lee, L.-C., Harrington, R., Louie, B., & Newschaffer, C. (2008). Children with autism: quality of life and parental concerns. *Journal of Autism and Developmental Disorders, 38*(6), 1147–1160.
- Lickenbrock, D., Ekas, N., & Whitman, T. (2011). Feeling good, feeling bad: Influences of maternal perceptions of the child and marital adjustment on well-being in mothers of children with an autism spectrum disorder. *Journal of Autism and Developmental Disorders, 41*(7), 848–858.
- Magwaza, A. (1999). Assumptive world of traumatized South African adults. *Journal of Social Psychology, 139*(5), 622-630.

- Mak, W., Ho, A., & Law, R. (2007). Sense of coherence, parenting attitudes and stress among mothers of children with autism in Hong Kong. *Journal of Applied Research in Intellectual Disabilities, 20*(2), 157-167.
- Mazefsky, C. A., (2015). Emotion regulation and emotional distress in autism spectrum disorder: foundations and considerations for future research. *Journal of Autism and Developmental Disorders, 45*(11).
- Mody, M. & Belliveau, J. (2013). Speech and language impairments in autism: Insights from behavior and neuroimaging. *North American Journal of Medicine & Science, 5*(3), 157–161.
- Mugno, D., Ruta, L., D'Arrigo, V., & Mazzone, L. (2007). Impairment of quality of life in parents of children and adolescents with pervasive developmental disorder. *Health and Quality of Life Outcomes, 5*(1), 22.
- Neimeyer, R. A. (1994). The role of client-generated narratives in psychotherapy. *Journal of Constructivist Psychology, 7*, 229–242.
- Pisula, E., & Kossakowska Z. (2010). Sense of coherence and coping with stress among mothers and fathers of children with autism. *Journal of Autism and Developmental Disorders, 40*, 1485–1494.
- Rini, C., Manne, S., Duhamel, K., Austin, J., Ostroff, J., Boulad, F., Parsons, S., Martini, R., Williams, S., Mee, L., Sexson, S., & Redd, W. (2004). Changes in mothers' basic beliefs following a child's bone marrow transplantation: The role of prior trauma and negative life events. *Journal of Traumatic Stress, 17*(4), 325-333.

- Saunders, B., Tilford, J., Fussell, J., Schulz, E., Casey, P., & Kuo, D. (2015). Financial and employment impact of intellectual disability on families of children with autism. *Families, Systems, & Health, 33*(1), 36-45.
- Senol-Durak, E., (2014). Stress related growth among diabetic outpatients: Role of social support, self-esteem, and cognitive processing. *Social Indicators Research, 118*(2), 729–739.
- Shu, B. (2009). Quality of life of family caregivers of children with autism: The mother's perspective. *Autism, 13*(1), 81-91.
- Soederberg, S., & Evengard, B. (2001) Short-term group therapy for patients with chronic fatigue syndrome. *Psychotherapy and Psychosomatics, 70*, 108–111.
- Talbot, K. (2002). *What forever means after the death of a child: Transcending the trauma, living with the loss*. New York, NY: Brunner-Routledge.
- Tedeschi, R., & Calhoun, L. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress, 9*, 455- 471.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). Posttraumatic growth: Conceptual issues. *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis*, 1–22.
- Valdez, C., & Lilly, M. (2015). Posttraumatic growth in survivors of intimate partner violence: An assumptive world process. *Journal of Interpersonal Violence, 30*(2), 215-231.
- Yuan, C., Wang, Z., Inslicht, S.S., Mccaslin, S.E., Metzler, T.J., Henn-Haase, C., Apfel, B.A., Tong, H., Neylan, T.C., Fang, Y., & Marmar, C.R. (2011). Protective factors for posttraumatic stress disorder symptoms in a prospective study of police officers. *Psychiatry Research, 188*(1), 45-50.

Zhou, X., Wu, X., Li, X., & Zhen, R. (2018). The role of posttraumatic fear and social support in the relationship between trauma severity and posttraumatic growth among adolescent survivors of the Yaan earthquake. *International Journal of Psychology, 53*(2), 150–156.

Appendix A**Consent****Consent to Act as a Participant in a Research Study**

TITLE: Post Traumatic Growth in Parents of Children with Autism

INVESTIGATORS: Karina Peters
Kpeters16@georgefox.edu

SUPERVISOR: Dr. Celeste Jones, Psy.D
Graduate School of Clinical Psychology
414 N Meridian St,
Newberg, OR 97132
cjones@georgefox.edu

DESCRIPTION: Thank you for your participation in this study. This study will investigate traits associated with thriving when a major stressor necessitates significant adjustment in several domains of life, particularly in parents of children with Autism Spectrum Disorder. The surveys will take approximately 15-20 minutes to complete. Participants are asked to answer questions as they most accurately apply to their experience.

RISKS AND BENEFITS: There are no physical risks associated with this study. If any of the questions in the surveys make you feel uncomfortable, you may refuse to answer any of the questions. The data will be de-identified and password-protected to protect your confidentiality.

CONFIDENTIALITY: The collection of results from this research may be used for scientific or educational purposes. It may be presented at scientific meetings and/or published in professional journals or books. The results of the study, if presented at professional forum or if published, will have no identifying information that would connect you to specific results. All identifying information will be deleted after compensation has been delivered. Participants who complete this study have an opportunity to receive a summary of the results after the study is completed.

RIGHT TO REFUSE OR END PARTICIPATION: At any time up until data analysis, you have the freedom to skip an item or withdraw from the study. However, this research will benefit the most from full participation when possible.

VOLUNTARY CONSENT: I certify that I have read the preceding information or it has been read to me and that I understand its contents. Any questions I have pertaining to the research will be answered by Karina Peters (email: kpeters16@georgefox.edu). A copy of this consent form will be provided to me. My signature below means that I have freely agreed to participate in this study.

Please Print Name

Participant's signature

Date

Appendix B

Demographics

1. Gender (male, female, other)
2. Date of birth
3. Race/ethnicity (write in)
4. Marital status (single, cohabitating, separated, divorced, married)
5. Number of children in the household
6. Household net income per year (estimate your total household take-home pay after taxes; write in)
7. Child with autism date of birth
8. Child's age when autism was diagnosed
9. Setting of diagnosis (medical, educational)

Appendix C**PGI**

Indicate for each of the statements below the degree to which this change occurred in your life as a result of adjusting to your child having autism, using the following scale:

In adjusting to my child having autism:

- 0 = I did not experience this change.
- 1 = I experienced this change to a very small degree.
- 2 = I experienced this change to a small degree.
- 3 = I experienced this change to a moderate degree.
- 4 = I experienced this change to a great degree.
- 5 = I experienced this change to a very great degree.

Possible areas of growth and change:

- 1. I changed my priorities about what is important in life.
- 2. I have a greater appreciation for the value of my own life.
- 3. I developed new interests.
- 4. I have a greater feeling of self-reliance.
- 5. I have a better understanding of spiritual matters.
- 6. I more clearly see that I can count on people in times of trouble.
- 7. I established a new path for my life.
- 8. I have a greater sense of closeness with others.
- 9. I am more willing to express my emotions.
- 10. I know better that I can handle difficulties.
- 11. I am able to do better things with my life.
- 12. I am better able to accept the way things work out.
- 13. I can better appreciate each day.
- 14. New opportunities are available which wouldn't have been otherwise.
- 15. I have more compassion for others.
- 16. I put more effort into my relationships.
- 17. I am more likely to try to change things which need changing.
- 18. I have a stronger religious faith.
- 19. I discovered that I'm stronger than I thought I was.
- 20. I learned a great deal about how wonderful people are.
- 21. I better accept needing others.

Appendix D

World Assumptions Scale

World Assumptions Scale

Respond to each of the following statements regarding your personal beliefs about the world according to the following scale:

1- Strongly Disagree, 2- Disagree, 3- Slightly Disagree, 4- Slightly Agree, 5- Agree, 6- Strongly Agree

1. Misfortune is least likely to strike worthy, decent people. (M)
2. People are naturally unfriendly and unkind. (B, reverse-scored)
3. Bad events are distributed to people at random. (M, reverse-scored)
4. Human nature is basically good. (B)
5. The good things that happen in this world far outnumber the bad. (B)
6. The course of our lives is largely determined by chance. (M, reverse-scored)
7. Generally, people deserve what they get in this world. (M)
8. I often think I am no good at all. (W, reverse-scored)
9. There is more good than evil in the world. (B)
10. I am basically a lucky person. (W)
11. People's misfortunes result from mistakes that they have made. (M)
12. People don't really care what happens to the next person. (B, reverse-scored)
13. I usually behave in ways that are likely to maximize good results for me. (W)
14. People will experience good fortune if they themselves are good. (M)
15. Life is too full of uncertainties that are determined by chance. (M, reverse-scored)
16. When I think about it, I consider myself very lucky. (W)
17. I almost always make an effort to prevent bad things from happening to me. (W)
18. I have a low opinion of myself. (W, reverse-scored)
19. By and large, good people get what they deserve in this world. (M)
20. Through our actions, we can prevent bad things from happening to us. (M)
21. Looking at my life, I realize that chance events have worked out well for me. (W)
22. If people took preventative actions, most misfortune could be avoided. (M)
23. I take the actions necessary to protect myself from misfortune. (W)
24. In general, life is mostly a gamble. (M, reverse-scored)
25. The world is a good place. (B)
26. People are basically kind and helpful. (B)
27. I usually behave so as to bring about the greatest good for me. (W)
28. I am very satisfied with the kind of person I am. (W)
29. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves. (M)
30. If you look closely enough, you will see that the world is full of goodness. (B)

- 31. I have reason to be ashamed of my personal character. (W, reverse-scored)
- 32. I am luckier than most people. (W)

Appendix E**Curriculum Vitae****KARINA PETERS**

3100 Homewood CT, Newberg OR 97132

◆ Phone: 5593030669 ◆ E-Mail: kpeters16@georgefox.edu ◆

EDUCATION

- 2016-Present Doctor of Psychology Candidate
George Fox University
Graduate School of Clinical Psychology: APA accredited
Doctoral dissertation titled, "World Assumptions and Growth from Adversity in Parents of Children with Autism Spectrum"
- 2016-2018 Master of Arts in Clinical Psychology
George Fox University
Graduate School of Clinical Psychology: APA accredited
- 2012-2016 Bachelor of Arts in Psychology
Biola University
Minor: Biblical Studies

SUPERVISED CLINICAL EXPERIENCE

Pre-Internship Clinical Placement**Morrison Child and Family Services (2019-Present)****Supervisor: Dr. Beth French, PsyD**

- Provide therapy to children ages 7 to 18, typically children involved in the foster care system, in poverty, often traumatized.
- Services include individual and family therapy, services in English and Spanish from a developmental, systems and attachment approach.
- Coordinate with interdisciplinary team including Licensed Medical Professionals, Licensed Professional Clinical Counselors, Licensed Clinical Social Workers and Psychologists.

- Provide consultation with school system, primary care physicians and Department of Human Services caseworkers.
- Conduct bi-monthly clinical intake interviews
- Measures and tests utilized: BASC-3 and PHQ-9, ORS and SRS
- Utilized interpreter/crisis intervention

Advanced Graduate Coordinator

Rural Child and Adolescent Psychological Services (2019-Present)

Supervisor: Dr. Elizabeth Hamilton, PhD

- Co-coordinated supervision responsibilities for students, encompassing comprehensive clinical services across two school districts
- Provided direct assessment and therapy services for complex evaluation cases
- Served as the coordinator for assessment and therapy services, responsible for reviewing referrals and protocol development
- Provided peer-to-peer supervision for psychoeducational Individual Education Plans (IEP) reports and served as a primary editor prior to final review by a licensed clinical psychologist
- Led group supervision exercises including didactics and case presentations

Behavioral Health Crisis Consultant

Behavioral Health Crisis Consultation Team (2018-Present)

Supervisors: Dr. Mary Peterson, PhD, Dr. William Buhrow, PsyD, Dr. Luann Foster, PsyD

- Provided on-call crisis consultation to the hospitals in Yamhill County including initial risk assessment screens and recommendations for discharge or hospitalization. Typical presenting problems include suicidal ideation or attempts, psychosis, substance abuse and, homicidal ideation.
- Completed risk assessments for suicidality, homicidality, substance abuse, inability to care for self, and severe psychosis in the emergency room
- Experience consulting with medical providers and coordinating care as part of an interdisciplinary team
- Utilized Columbia-Suicide Severity Rating Scale (C-SSRS)

Practicum II Clinical Placement

West Hills Healthcare Clinic (2018-2019)

Supervisor: Dr. Joy Mauldin, PsyD

- Provided initial consults and behavior-focused psychotherapy services, as well as occasional full comprehensive psychological assessments to patients across the lifespan in an integrated care setting.
- Collaborated with medical providers by attending each appointment alongside providers to respond therapeutically and coordinate services for medically complex patients.
- Provided behavioral health services for anxiety, depression, sleep difficulties, chronic pain, grief and bereavement, and neurocognitive difficulties such as memory problems
- Assessment batteries conducted included: cognitive, achievement, neuropsychological, personality and projective. Common referral questions for assessment consultations include attention-deficit/hyperactivity disorder, dyslexia, traumatic brain injury, and memory difficulties.
- Experience with in-session supervision regarding assessment feedback to patients
- Conceptualized from an interpersonal and attachment perspective
- Supervision from psychodynamic theoretical orientation while conducting behavioral interventions
- Provided services in English and Spanish and consulted with Spanish speaking providers.
- Provided program development for newly integrated care clinic including creating procedures and educating medical providers regarding referral process and integrated care utilization

Practicum I Clinical Placement

North Clackamas Early Childhood Evaluation Center (2017-2018)

Supervisor: Dr. Fiorella Kassab, PhD

- Conducted evaluations of children ages birth to 5 years, who have suspected developmental disabilities or delays to assess for eligibility of services through the school district.
- Administered 3 comprehensive assessments each day, each appointment included: intake interview, assessment administration, scoring, interpretation and feedback to caregiver.
- Collaborated with Speech Language Pathologists (SLP) and supervising Psychologist on assessment administration and report writing.
- Focused on standardization of assessment evaluation, accurate interpretation of results, and quick rapport building with child and family from an attachment approach.
- Administered assessments to English and Spanish speaking children.
- Experience with Battelle Developmental Inventory, Bayley Scales of Infant and Toddler Development-Third Edition and Autism Diagnostic Observation Schedule, Second Edition (ADOS-2)
- In-session supervision with supervisors

Pre-Practicum Clinical Experience**George Fox University (2016-2017)**

- Provided outpatient counseling services to college students including clinical interview, diagnosis, and individual psychotherapy. Typical presenting problems consisted of adjustment disorders and relationship/identity distress.
- Utilized person-centered theoretical approach
- Videotape review by advanced student supervisor

OTHER CLINICAL EXPERIENCE

Behavioral Therapist**Center for Autism and Related Disorders, Garden Grove, CA (June 2015-July 2016)****Supervisor: Nancy Nguyen**

- Provided Applied Behavioral Analysis services to children and adolescents with Autism Spectrum Disorder.
- Conducted services across a variety of settings such as client's home, in clinic, in social groups within the community.
- Completed 2-4 hour sessions 2-4x a week with clients conducting skills training and parent training, utilizing Discrete Trial Training (DTT)
- In-session supervision with supervisors

TEACHING EXPERIENCE

Biological Basis of Behavior Teaching Assistant

George Fox University

January 2020-May 2020

Provided support to students learning an overview of human neuroscience with emphasis on areas of importance to the clinical psychologist: including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Graded assignments, provided feedback and held supplementary meetings to assist students.

Behavioral Health Crisis Consultation Team Didactic: Minors

George Fox University

December 2019

Presented to the Behavioral Health Consultation Team on clinical considerations

pertinent to screening children and adolescents in the Emergency room. Concepts covered include risk assessment, intervening and cooperating with family system and medical team and coordinating care in outpatient, respite, and acute psychiatric settings.

Guest Lecture, Child and Adolescent Treatment: Case Conceptualization

George Fox University

May 2019

With another peer, lectured on evidenced based treatments for symptoms of anxiety and depression in children and adolescents. Present de-identified cases of adolescents with selective mutism and suicidality.

Child and Adolescent Treatment Teaching Assistant

George Fox University

May 2019- June 2019

Provided instruction and support to students learning advanced training in evidence-based interventions for children and adolescents. Interventions including behavior disorders, attention deficit disorders, autism spectrum disorders, depressive and anxiety disorders, adjustment disorders, and pediatric concerns such as toileting and sleep problems.

Cognitive Assessment Teaching Assistant

George Fox University

July 2018-December 2018

Provided supervision and instruction to students learning cognitive assessment administration and scoring. Graded assignments, reviewed videos of assessment administrations, and provided individualized constructive feedback.

Ethics for Psychologist Teaching Assistant

George Fox University

August 2017- December 2017

Provided instruction and support to students learning the ethical decision-making process of psychologists using the following guidelines: Federal law, state administrative rules and revised statutes, organizational policies, American Psychological Association Ethical Code and consulting with colleges. Graded assignments, provided feedback and held supplementary meetings to assist students.

PUBLICATIONS

Peters, K., Jones, C., Lytle, M. (2019) Growth from Adversity in Parents of Children with Autism Spectrum Disorder. *Poster presented at American Psychological Association Annual Convention 2019*, in Chicago, IL.

Léonce, C., Jones, C. **Peters, K.**, (2019) Prevalence of Adverse Childhood Experiences Among Trinidadians. *Poster presented at American Psychological Association Annual Convention 2019*, in Chicago, IL.

Deuser, M., **Peters, K.**, & Jones, C. (2018) Training environments that work for young adults with ASD: In their words. *Poster presented at American Psychological Association Annual Convention 2018*, in San Francisco, CA.

Hoffman, L, **Peters, K.**, Freeman, C., & Jones, C. (2018) Building a bridge: Increasing a Access to child assessment among minorities. *Poster presented at Oregon Psychological Association Annual Conference 2018*, in Portland, OR.

Hoffman, L, **Peters, K.**, & Jones, C. (2018) Barriers to Early Childhood Evaluation: Detering Factors Within Family Systems. *Presented at Western Psychological Association Annual Conference 2018*, in Portland, OR.

OTHER RESEARCH EXPERIENCES

Research Assistant- Fairy Tale Test

Creator: Carina Coulacoglou, PhD

Primary Supervisor: Glenna Andrews, PhD

George Fox University

August 2016-May 2017

Conducted structured interviews with children between the ages of 5 and 12 where they were shown a series of pictures and asked to tell a story based on required prompts. Recorded responses verbatim and supplied data to the original researcher.

PROFESSIONAL TRAININGS

March 2020	Effective Therapy with Underserved and Marginalized People Daniel Gatzembidi, PsyD George Fox University
February 2020	Child Adverse Events to Adults with Substance Use Problems Amy Stoeber, PhD George Fox University
October 2019	Intercultural Prerequisites for Effective Diversity Work Cheryl Forster, PsyD George Fox University

- September
2019** Promoting Forgiveness
Everett Worthington Jr., PhD
George Fox University
- March
2019** Foundations of Relationships Therapy—The Gottman Model
Douglas Marlow, PhD
George Fox University
- February
2019** Opportunities in Forensic Psychology
Diomaris Safi, PsyD and Alex Millkey, PsyD
George Fox University
- October
2018** Old Pain in New Brains
Scott Pengelly, Ph.D.
George Fox University
- September
2018** Spiritual Formation and the Life of a Psychologist: Looking Closer at
Soul-Care
Lisa Graham McMinn, Ph.D., and Mark McMinn, Ph.D.
- March
2018** Integration and Ekklesia
Mike Vogel, PsyD
George Fox University
- February
2018** The History and Application of Interpersonal Psychotherapy
Carlos Taloyo, Ph.D.
George Fox University
- November
2017** Telehealth
Jeff Sordahl, PsyD.
George Fox University
- October
2017** Using Community Based Participatory Research (CBPR) to Promote
Mental Health in American Indian/Alaska Native (AI/AN) Children,
Youth, and Families
Eleanor Gil-Kashiwabara, PsyD.
George Fox University
- February
2017** Domestic Violence: Victims and Perpetrators
Patricia Warford, PsyD., and Sgt. Todd Baltzell
George Fox University
- February** Native Self-Actualization: Its Assessment and Application in Therapy

2017	Sydney Brown, PsyD. George Fox University
November 2016	When Divorce Hits the Family: Helping Parents and Children Navigate, Wendy Bourg, Ph.D. George Fox University
October 2016	Sacredness, Healing, and Naming: Lanterns Along the Way Brooke Kuhnhausen, Ph.D. George Fox University

HONORS AND AWARDS/ GRANTS

Providence Healthy Kids Research Grant

“PostTraumatic Growth in Parents of Children with ASD”, June 2018

Individual & Cultural Diversity Competency Award

Oregon Psychological Association Conference 2018

Special Commendation

George Fox University, 2019

Extended to 5% of students in the George Fox School of Clinical Psychology each year.
Awarded by faculty for student accomplishments and program contributions.

UNIVERSITY INVOLVEMENT

Supervisory Cognitive Assessment Teaching Assistant

George Fox University

July 2019-Present

Provided supervision and support for student teaching assistants of the cognitive assessment course. Met with students and professor for weekly meetings offering additional support as the teaching assistants worked to standardize grading and address student concerns.

Student Interest Group Leader: Child and Adolescent/Pediatric Student Interest Group

George Fox University

August 2017-Present

With support from another peer, recruited speakers to address relevant topics of child and adolescent/pediatric psychology. Scheduled events at mutual beneficial time for speakers and students, provided food for attendees, and created flyers to advertise for events.

Multicultural Committee Member

George Fox University

August 2016-Present

Attended Multicultural committee meetings with faculty and students where we discussed current issues facing under-represented ethnic or cultural groups. Participated in the Multicultural/Diversity Scholarship Program.

Orientation Committee Member

George Fox University

June 2019-August 2019

Interfaced with faculty, admissions staff and current students to delegate responsibilities and create orientation weekend schedule. Was available to offer support and assistance to prospective students during Orientation weekend including attending orientation days and cohort hiking activity.

Clinical Intervention and Assessment Exam- Child Case Development

George Fox University

May 2019-August 2019

Collaborated with faculty to develop a case to be used during the comprehensive intervention and assessment examination (CIA-E). Ensured the case was transtheoretical in nature and applicable to multiple domains, including ethical, outcome assessment and intervention, bio/psycho/social/spiritual, diversity model, and conceptualization from theoretical orientations.

Interview Day Involvement

George Fox University

February 2018 & 2019

Participated in various interview day activates including Current Student Panel and Multicultural Student Panel where interviewees engage in dialogue regarding program structure, culture and training. Conducted interviews alongside various faculty members.

RELEVANT COURSES

Psychopathology	Theories of Personality and
Ethics for Psychologists	Psychotherapy
Lifespan Development	Clinical Foundations I, II
Family Therapy	Personality Assessment
Psychometrics	Integrative Approaches to Psychology
Social Psychology	and Psychotherapy
Selected Topics: Integrated Primary Care	Learning, Cognition, and Emotion
	Child and Adolescent Assessment

Cognitive-Behavioral Therapy	Bible Survey for Psychologists
Cognitive Assessment	Research Design
Psychodynamic Psychotherapy	Multicultural Psychology
	History and Systems of Psychology
Neuropsychological Assessment and Interpretation	Spiritual and Religious Diversity in Professional Psychology
Consultation, Education, and Program Development	Christian History and Theology Survey
Statistics	Child and Adolescent Treatment
Biological Basis of Behavior	Projective Assessment
Professional Issues	Spiritual and Religious Issues in Psychology
Supervision and Management	Psychopharmacology

PROFESSIONAL AFFILIATIONS

August 2016- American Psychological Association, Student Member
Present

August 2018- Division 54: Society for Pediatric Psychology
Present

SELECTED EXTENDED EDUCATION

January 2020- Trauma Work in Clinical Practice Certificate Course
 April 2020 Kenneth Logan, Psy.D.
 George Fox University

January 2018 Attachment in Psychotherapy Certificate Course
 Brooke Kuhnhausen, Ph.D.
 George Fox University

September 2017 Leadership Development Training
 Deborah Dunn, Ph.D.
 George Fox University

November 2016 Taming the Trauma: Using Flexibly Sequential Play Therapy with Traumatized Children

Presenter: Paris Goodyear-Brown, LCSW, RPT-S
Northwest Center for Play Therapy Studies Conference

REFERENCES

1. Celeste Jones, PsyD
Dissertation Chair and Mentor
cjones@georgefox.edu
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2. Mary Peterson, PhD
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5. Glenna Andrews, PhD
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