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The Effects of Psychoeducation on Emotion Regulation in High School Athletes

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The Effects of Psychoeducation on Emotion Regulation in High School Athletes

by

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Newberg, Oregon

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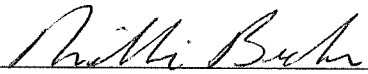
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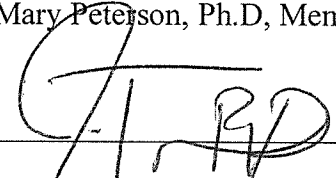
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Abstract

Approximately one in five adolescents between ages 12 and 18 suffer from at least one diagnosable mental health disorder. Health professionals have referred to the current rising need for mental health treatment as an epidemic. Current approaches to meeting the rising psychological needs of adolescents are proving to be insufficient. Emotion regulation has been identified as a key element in lowering levels of psychological stress, yet many adolescents have inadequate emotion regulation skills. A particularly appropriate modality to train adolescents in the skills necessary to regulate distressing emotions, may be psychoeducation, an evidence-based therapeutic intervention that provides training and information that allows individuals to better understand and cope with stressors. This study hypothesized that a group intervention model of psychoeducation will increase students' abilities to regulate their emotions.

To test this hypothesis, 500 local high school athletes were given a screener on perceived ability to regulate their emotions. They then engaged in five, brief, Dialectic Behavior Therapy psychoeducation sessions, and a post screener following the final session. The results showed significant improvement in awareness of emotions and increased ability to engage in goal directed behaviors.

Keywords: Adolescents, Emotion Regulation, School Based Intervention

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Chapter 1

Introduction

Adolescence is a time of enormous transition, often encompassing times of emotional turbulence. Adolescent emotional dysregulation is known to increase health risk behaviors and plays an important role in the development and maintenance of psychopathology including suicidal ideation, depression, anxiety, etc. (Crocco et al., 2017). In fact, as many as one in five adolescents has a diagnosable mental health disorder (<https://www.youth.gov>, 2017).

Due to the prevalence of adolescent mental health disorders, some schools have developed population-based interventions which have demonstrated reductions in intentions to engage in risky behaviors (Miller et al, 2018) and suicide attempts (Aseltine et al., 2012). However, these modalities are lengthy, expensive and no single strategy has clearly stood above the others (Singer et al., 2019; Zolsman et al, 2016). Thus, the purpose of this study is to explore the development of a brief, cost-effective model for increasing emotional regulation among adolescents.

Emotion Regulation

Emotion regulation is often defined as the processes responsible for observing, evaluating, and managing emotional responses, thoughts and feelings in order to enable goal directed actions and desirable social expectations (Murray & Rosanbalm, 2017). It is a process by which people change the experience or expression of their emotions. It can be used to help elevate mood or achieve desired goals (Bosse, 2017). Emotion regulation means

being able to think constructively about how to cope with feelings. We want children and adolescents to have their feelings, but not be overwhelmed by them; to feel discouraged but not give up; to feel anxious but not stay home; and to be excited but not get so carried away in their enthusiasm that they use poor judgment in making decisions. (Barish, 2013, p. 280)

Many early childhood development experts have written extensively on teaching emotion regulation in children as young as age two (Gottman et al., 2018), but we are now seeing evidence of adolescents lacking skills in emotion regulation (Young et al., 2015). The use of emotion regulation strategies in adolescents can reduce the intensity of negative emotional experiences (Desatnik et al., 2017) as well as elevate mood and achieve both personal and interpersonal goals (Bosse, 2017). It leads to benefits in all areas of an adolescent's life; the ability to pay better attention, work harder and achieve more in school, maintain healthy interpersonal relationships and reduce stress levels (Barish, 2013). However, adolescence has become characterized by a decrease in emotion regulation skills, increasing incidents of health risk behaviors, psychopathology, depression, anxiety, etc. (Crocco et al., 2017).

Emotion dysregulation and the use of maladaptive strategies can cause the development or maintenance of psychopathology (Tymula et al., 2012) and is a core feature of many psychological conditions (Kaufman et al., 2015). Difficulties in impulse control and goal directed behavior, and lack of emotional insight and expression are all associated with increased risk for suicide and other health risk behaviors (Dvorak et al., 2013; Polanco-Roman, et al., 2018). As a result, prevention and treatment programs focused on developing emotion regulation are key to safeguarding vulnerable adolescents against mental illness (Crocco et al., 2017).

Increasing Emotion Regulation in Adolescents

Current approaches to meeting the rising psychological needs of adolescents are proving to be insufficient.

In 2016, only 41 percent of the 3.1 million adolescents who experienced depression within the past year received treatment. Over 15 million children and adolescents need psychiatric help, but only about 8,300 child and adolescent psychiatrists practice in the United States” (Zlotnick et al. (2017).

In 2010 a poll was conducted to identify prevalence of mental health disorders and treatment in children and adolescents ages 10-15. Results found only half of those diagnosed with ADHD, mood, conduct, anxiety and eating disorders had sought treatment with a mental health professional (Merikangas et al., 2010). As a result, the need greatly exceeds the services available.

One possible solution to this treatment availability imbalance is the use of psychoeducation, an evidence-based therapeutic intervention that provides training and information that allows individuals to better understand and cope with stressors. In fact, it may be a particularly appropriate modality to train adolescents in the skills necessary to regulate distressing emotions, empowering them to make decisions about their wellbeing and self-care and promoting resilience (Bevan-Jones et al 2017).

For example, many adolescents engage in health risk behaviors, due to emotion dysregulation and impulsivity. Dialectic Behavior Therapy (DBT) has been shown to be an effective intervention, increasing emotion regulation skills and reducing health risk behaviors among adolescents (Zapolski & Smith, 2017). DBT is a type of cognitive behavioral therapy focused on teaching how to live in the moment, cope healthily with stress, regulate emotions, and

improve relationships with others (Gan et al., 2019). Research has shown that adolescents who had access to DBT demonstrated significant improvements in emotion regulation (Cowperthwait et al., 2021; McCauley et al., 2018)

Athletes

High school athletes were selected because recent research indicates over half of sportsmen and women report distressing symptom of depression and anxiety (Schreiber, 2016). An increasing problem with a recent national report showing suicide as the 3rd leading cause of death in student athletes (Gibson, 2020).

However, there remains a bias and stigma against mental health issues in high school athletes resulting in consequences for appearing weak and may expose an athlete to risks of losing playing time. (Bauman, 2016). Growing awareness around mental health stressors and concerns within the athlete population is expanding coaches understanding and desire to support, yet finding themselves ill equipped to manage the increasing need (Kroshus, et al., (2018).

Population Health Intervention Method

Whole school approaches to mental health, where schools and community partners work together to support positive mental health in adolescents, significantly increase the likelihood that mental health support is accessible to all students (Flynn et al., 2018). A well-researched clinical intervention, adolescent dialectic behavior therapy (Backer et al., 2009) has been used to improve student's emotion regulation, distress tolerance, and interpersonal skills. Multiple configurations of the DBT therapeutic model have begun to emerge in school settings in an attempt to meet the growing needs for mental health support for adolescents (Carrano, 2016). Preliminary research has shown positive outcomes with the most prominent effect being students

exhibited significantly more adaptive coping skills and a greater ability to tolerate distressing situations with a decreased likelihood of using negative behaviors to cope.

Purpose of the Study

The purpose of this study was to investigate if a multi-session, group psychoeducation intervention would increase students' abilities to regulate their emotions as measured by an emotion regulation scale.

Chapter 2

Methods

One model proven to be effective in the development and evaluation of programs within mental health is the Exploration, Preparation, Implementation, and Sustainment (EPIS) model. The EPIS model is a framework that has been applied in public sector social and allied health service systems in the United States (Moullin et al., 2019). While the EPIS model was not used as a guiding framework from the inception of his project, the project developed in a fashion that was very similar to the EPIS framework. See Table 1.

Exploration

The school system recognized the need for better mental health support for their student athletes. An exploration of previous evidence based practices and potential evidence based practice adaptations for the system was conducted. Previous attempts to decrease suicidality in the high school were made using of the Signs of Suicide training (SOS), yet staff identified that overall student mental health continued to diminish. After the athletic department reached out to the school administration with requests for mental health support for all student athletes, communication was initiated with a university doctoral practicum program for possibilities. Brief evidence-based DBT emotion regulation interventions were identified as feasible and advantageous for the school athletes.

Table 1*EPIS Model*

EPIS	This Program
Exploration	The Athletic dept reported mental health needs within the school athlete population.
Preparation	School Board, Administration, and Athletic Dept buy-in and permission granted; Lack of funding led to collaboration with Providence Behavioral Health for supervision and George Fox University for graduate student clinicians; collaboration on modality details; Feedback from athletic coaches and the athletic director was sought monthly to gain their perspective on the impact of the intervention on their athletes
Implementation	Student athletes were required by the Athletic Director to attend a series of psychoeducation sessions and asked to take a pre and post screener. Interventions were 20-minute group skills trainings, every other week for 10 weeks. A Dialectic Behavior Therapy Model was used. The Difficulties in Emotion Regulation Scale (DERS) screener was used for outcome measures.
Sustainment	Plans for continued use of the intervention in future academic years was communicated but have been postponed due to COVID 19

Participants

Five hundred student athletes from a suburban high school in the Pacific Northwest engaged in five, 20-minute, DBT psychoeducation modules. Each were asked to complete a pre and post screener (DERS) on perceived abilities in emotion regulation. Demographic information, including school identification number, grade, gender, and ethnicity were also included. See Table 2.

Table 2*Demographics*

Grade		Gender		Ethnicity	
Freshmen	88	Female	161	African American	8
Sophomore	82	Male	152	Hispanic/Latino	29
Junior	89	Gender Fluid	2	White	265
Senior	60	Gender Queer	2	Asian/Pacific Islander	15
		Transgender	2	Native American	2
		Gender Non-binary	0		

Preparation

The Preparation phase involves “identifying potential barriers and facilitators of implementation, further assess needs for adaptation, and to develop a detailed implementation plan to capitalize on implementation facilitators and address potential barriers,” (Moullin et al., 2019, p. 7). Preparation is also the phase in which training and feedback takes place. The high school athletic department requested mental health support in response to an elevation in perceived and reported mental health concerns with the student athletes. After meeting with the Athletic Director and collaborating on modality details, a pilot program named Tiger Talks, was integrated into the after school sports schedules. Student athletes were required by the Athletic Director to attend a series of psychoeducation sessions and asked to take a pre and post screener (the DERS) on their cell phones using the Survey Monkey app, during the first and last session.

The local hospital’s Behavioral Health unit in partnership with the local university’s psychology doctoral practicum program offered psychology graduate student providers and supervisors to implement and oversee the mental health intervention. Additionally, the school district, school administration, and athletic director’s permission and support were sought and a

mutually acceptable plan was created. Feedback from athletic coaches and the athletic director was sought monthly to gain their perspective on the impact of the intervention on their athletes.

Participants completed the Difficulties in Emotion Regulation Scale (DERS), a 36-item 5-point Likert scale questionnaire (Gratz & Roemer, 2004; Weinberg, 2009) that is widely used to measure subjective emotion regulation ability (see Appendix A). The DERS is a well validated comprehensive measure of emotion regulation and it is often used in treatment and research settings for adolescents and adults experiencing difficulties in one or more aspect of emotion regulation. The DERS subscales include “nonacceptance of emotional responses (NONACCEPTANCE), difficulties engaging in goal-directed behavior (GOALS), impulse control difficulties (IMPULSE), lack of emotional awareness (AWARENESS), limited access to emotion regulation strategies (STRATEGIES), and lack of emotional clarity (CLARITY)” (Medrano & Trogolo, 2016). The DERS has content validity and strong inter-rater reliability. Predictive validation is underway with preliminary data indicating a high degree of reliability (Gratz & Roemer, 2004).

Implementation

Implementation phase is where the prepared plan is set into motion, and progress is monitored. The mental health interventions, Tiger Talks, were 20-minute group skills trainings, presented in the school auditorium to all athletes bi-weekly for 10 weeks, (see Appendix B). The five presentations consisted of psychoeducational content on emotional awareness, mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness skills based on the Dialectic Behavior Therapy (Rathus et al., 2014; Rathus et al., 2018). The content of the psychoeducational modules was chosen after identifying the positive outcomes of emotion

regulation skills and the subsequent decrease in the intensity of negative emotional experiences, increase in positive mood and achievement of both personal and interpersonal goals.

Sustainment

Finally, sustainment is the process of supporting the program, as well as adapting when necessary (Moullin et al., 2019). Upon completion of the pilot program, the Athletic Department saw the value and positive impact of the program on their student athletes and expressed desire to continue the Tiger Talks in the upcoming school year. Though plans were established to continue the mental health intervention in the upcoming school year, they were postponed due to COVID 19, and a state mandate requiring all students to discontinue in-person education and sports activities.

Chapter 3

Results

This project focused on the goal of determining the extent to which a brief psychoeducation training with high school athletes would impact their ability to regulate emotion. A one-way repeated measures ANOVA was conducted to compare the effect of the psychoeducation modules on perceived ability to regulate emotions. The Difficulty in Emotion Regulation Scale (DERS), using a Likert scale of 1 (*almost never*) to 5 (*almost always*) was used as a pre/post assessment tool. The measure yields a total score as well as scores in 6 sub-scales: Nonacceptance of emotional responses, Difficulty engaging in goal directed behavior, Impulse control difficulties, Lack of emotional awareness, Limited access to emotion regulation strategies, and Lack of emotional clarity. High scores indicate difficulty in regulating emotion. The research hypothesized that with engagement in the psychoeducation modules, scores would decrease, indicating improved ability to regulate emotions. Two analyses were conducted: one using same-subject pre-test and post-test results and a second comparing the whole population's pre-test and post-test results. Within the same-subject group, 70 pairs were identified using the students' identification numbers. Numerous DERS submissions lacked a pair so were used only in the whole population group.

In the same-subject group EMOTIONAL AWARENESS was found to significantly improve in response to the psychoeducation modules, $t(2.142) = .036, p < .001, d = .246$. (Pre $M = 15.93$; Post $M = 14.67$; M difference = 1.257, $SD = 4.910$). Thus, there was a small

improvement in students' overall awareness of their emotions after completion of the psychoeducation modules.

In the whole population group analysis, EMOTIONAL AWARENESS and ENGAGEMENT IN GOAL DIRECTED BEHAVIORS were found to significantly improve with the psychoeducation modules; awareness $t(6.314)=.035, p < .001, d=.195$ and goals $t(6.314) = .031, p < .001, d=.206$. The Awareness (Pre $M = 16.86$ and post $M = 15.77$; M difference = 1.09, $SD = 5.546$) and Goals (Pre $M = 13.69$, post $M = 12.72$; M difference = 0.97, $SD = 4.76$) subscales both demonstrated a significant increase in students ability to engage in goal directed behaviors and increased awareness of their emotional state. See Tables 3 and 4.

Table 3

Same Subject and Whole Population Group Means

Scales		Same Subject Group		Whole Population Group	
		M=	SD=	M=	SD=
Total	Pre	80.49	23.10	84.69	25.07
	Post	81.94	26.40	82.40	25.33
Non-acceptance of Emotional Responses	Pre	12.69	5.69	13.43	6.04
	Post	13.76	6.26	13.58	6.17
Difficulty in Engaging in Goal Directed Behavior	Pre	13.59	4.42	13.68	4.85
	Post	13.06	4.84	12.73	4.53
Impulse Control Difficulties	Pre	11.13	4.64	11.78	5.15
	Post	12.03	5.07	12.31	5.16
Lack of Emotional Awareness	Pre	5.93	5.09	16.86	5.40
	Post	14.67	5.15	15.77	5.75
Limited Access to Emotion Regulation Strategies	Pre	16.63	6.64	17.42	7.10
	Post	17.27	7.58	17.17	7.13
Lack of Emotional Clarity	Pre	10.91	3.92	11.46	4.19
	Post	10.74	4.12	10.71	4.20

Table 4*T-Test Results*

Scales		Same Subject Group = S	Whole Population Group = W
Total	S	$t(-.554) = .581, p = .581$	
	W	$t = (6.314) = .335, p = .335$	
Nonacceptance of Emotional Responses	S	$t = (-1.526) = .132, p = .132$	
	W	$t = (6.314) = .788, p = .788$	
Difficulty in Engaging in Goal Directed Behavior	S	$t = (.946) = .347, p = .347$	
	W	$t(6.314) = .031, p < .001, d = .206$ Small effect size	
Impulse Control Difficulties	S	$t = (-1.451) = .151, p = .151$	
	W	$t = (6.314) = .277, p = .277$	
Lack of Emotional Awareness	S	$t(2.142) = .036, p < .001, d = .246$ Small effect size	
	W	$t(6.314) = .035, p < .001, d = .195$ Small effect size	
Limited Access to Emotion Regulation Strategies	S	$t = (-.846) = .401, p = .401$	
	W	$t = (6.314) = .712, p = .712$	
Lack of Emotional Clarity	S	$t = (.307) = .760, p = .760$	
	W	$t = (6.314) = .058, p = .058$	

Chapter 4

Discussion

This pilot program explored whether a brief multi-session, group psychoeducation training program could improve the emotional regulation skills of a group of high school athletes. The results found that there was improvement in student athletes' ability to engage in goal directed behaviors as well as increased awareness of their emotional state.

Prior to receiving the intervention, the DERS pre-screening self-reports indicated a deficit in awareness, emotional regulation, impulse control and ability to engage in goal directed behaviors, which corroborates existing evidence that adolescents lack skills in emotion regulation (Young et al., 2015). However, the improvement in emotional awareness and goal directed behaviors that occurred in this study suggest that whole-population psychoeducation modalities with adolescents has value. This supports Bevan-Jones et al.'s (2017) research claiming it may be a particularly appropriate modality to train adolescents in the skills necessary to regulate distressing emotions, empowering them to make decisions about their wellbeing, self-care and promote resilience.

Additionally, this study found there was an unanticipated benefit in teaching brief DBT skills to the athletes and their coaches in that the athletic director and coaches found the trainings provided a common language with which to address emotional expression and provide alternative responses with their student athletes. A common language is advantageous to create cohesive, effective communication and comprehension of a goal or outcome (Taylor, 2019).

When an athlete may be experiencing intense emotions or maladaptive behaviors, the coaches can suggest strategies from the Tiger Talks that the athlete will understand and have context for. Zapolski's research hypothesized that DBT skills groups may be effective programs used by school mental health teams to increase regulation of emotions and reduce impulsivity and health risk behaviors among adolescents (Zapolski & Smith, 2016).

The outcome indications of significance in EMOTIONAL AWARENESS and GOAL DIRECTED BEHAVIORS are foundational elements to emotion regulation. The benefits in increased emotional awareness include the ability to recognize and make sense of one's own emotions, as well as the emotions of others. It can increase the ability to predict emotions in advance and the behavioral outcomes of the emotions, increasing the ability to make healthier choices (Logie, 2020). When there is increased emotional awareness, space is created to evaluate feelings before acting upon them, increasing the ability to regulate one's emotions and initiate adaptive behaviors.

Goal-directed behavior is crucial to the development of emotion regulation. Goal-directed behavior is the motivation and ability to focus on and stay engaged in a task to achieve a goal (Kazdin, 2018). In other words, the individual begins to think about what they want to accomplish, how to accomplish it, and finally, complete the task. In order to increase emotion regulation, the ability to focus and stay engaged must be developed, allowing the individual to persevere through distressing emotions to engage in desired behaviors. Foundational building blocks of increased emotional awareness and goal-directed behaviors are paramount to the ability to regulate emotions.

However, the students' perceived overall emotion regulation skills remained unchanged. When considering possible reasons for this, there were several aspects to how this study was

conducted that may have contributed to the fact that this study failed to find more significant or more broad-based improvement in student emotion regulation. First, there were tight time constraints caused by the length of the sports seasons, and the students' transportation home from school required many to leave quickly at the end of the psychoeducation sessions. Both of these factors may have inhibited the cognitive and emotional consolidation and implementation of the DBT concepts reviewed in the group sessions.

Second, previous research has shown that as emotional awareness increases, emotional regulation can decrease for a time while the information is consolidated and implementation of the strategies are attempted and practiced (Subic-Wrana et al., 2014). Therefore, more time between the intervention and post-test may have been necessary to see the ultimate positive outcomes of the intervention.

Third, the interventions originated from a DBT frame, using language, acronyms and examples based on DBT conceptualizations. However, the DERS screener, used to assess the students' self-perceived abilities in emotion regulation, used different terminology and lacked direct conceptual parallels to the language used in the trainings which may have made it difficult for students to translate what they learned in the trainings directly to the screener questions.

Finally, confounding variables may have influenced the outcomes of this intervention. As have already been discussed, adolescence is characterized by significant physiological, emotional and social changes. Thus, academic difficulties, life stressors, relationship or family distress, illness or injury, etc., may have exerted a greater influence on the students' responses than did the intervention psychoeducation content.

Limitations

The methodological choices were constrained by a number of factors. First and foremost, the time constraints caused by short athletic seasons and student transportation needs defined when and where the interventions were administered. Many students' only form of transportation after sports practice was the school district bus system, creating a need for brief training interventions. The *Tiger Talks* were given in a large auditorium seating approximately 400 students at one time. This space was also where the pre and post assessment screeners were offered via survey monkey on the students' cell phones. Due to the large group, distractibility, peer pressure and potential for stigma around mental health problems, this modality may have negatively impacted students' willingness to engage in the intervention or thoughtfully complete the screeners.

Due to schedule miscalculations, the first administration of the interventions was cut short by one session and athletes were unable to take the post screener during the last session, thus creating a large deficit in first-season, post-intervention outcome-measure data.

Finally, the COVID 19 pandemic that occurred in the spring of 2020 required all students to transition to a virtual learning environment in their homes and resulting in their inability to participate in school athletics. Though the second season of the athletic year had been completed and student athletes had finalized the post DERS screeners, the third season was cancelled, again limiting the data collection plan and the overall n of the research population. The plan was to ensure the first season's schedule miscalculations were going to be corrected by the third season's data collection, which happened to be cancelled due to COVID-19.

Recommendations

Further research is needed to more firmly establish the value of brief DBT psychoeducation modalities designed to increase emotion regulation in the adolescent population. Use of smaller training environments, such as team specific groupings, where questions can be asked and dialog around the content can happen, may be more conducive to internalizing the techniques and increasing emotional regulation. A measure that uses terminology more closely aligned with DBT skills language may be a more accurately evaluate the development of emotion regulation skills. Within the DBT training modules, skills are taught in mindfulness, interpersonal effectiveness, emotional regulation, and distress tolerance, so further evaluation of the impact of these other areas of skill development may help to identify the additional values of DBT psychoeducation in an adolescent population.

References

- Aseltine, R. H., Schilling J., & Glanovsky, J. (2012). Evaluating the SOS suicide prevention program: School based intervention reduces suicide attempts. HealthyPeople.gov. <https://www.healthypeople.gov/2020/healthy-people-in-action/story/school-based-intervention-reduces-suicide-attempts>
- Barish, K. (2013). *How do children learn to regulate their emotions? Pride and joy: A guide to understanding your child's emotions and solving family problems*. Oxford, UK: Oxford University Press
- Backer, H., Miller, A., & Bosch, H., (2009). Dialectical behaviour therapy for adolescents; a literature review. *Tijdschr Psychiatri*, 51(1), 31-41.
- Bauman, N. (2016). The stigma of mental health in athletes: Are mental toughness and mental health seen as contradictory in elite sport? *British Journal of Sport Medicine*, 50(3) DOI:10.1136/bjsports-2015-095570
- Bevan-Jones, R., Stallard, P., Agha, A., Rice, S., Werner-Seidler, A., Stasiak, K., Simpson, S., Kahn, J., Alvarez-Jimenez, M., Rice, F., Evans, R., & Merry, S. (2017). Practitioner review: Co-design of digital mental health technologies with children and young people. *Journal of Child Psychology and Psychiatry* 61(8), 928–940. doi:10.1111/jcpp.13258
- Bosse, T., (2017). *Emotions and affect in human factors and human-computer interaction. On computational models of emotion regulation and their applications within HCI*, pp. 311-337. <https://doi.org/10.1016/B978-0-12-801851-4.00013-6>
- Carrano, A., (2016) The effectiveness of dialectic behavior therapy in treating multi-problem adolescents in a school setting. *ProQuest Information and Learning* ISBN 978-1339411705 <https://research.library.fordham.edu/dissertations/AAI10000744/>

- Cowperthwait, A., Graber, J., Carlsen, A., Cowpertwait, M., & Mekulski, H. (2021). Innovations in virtual education for clinical and simulation learning. *Journal of Professional Nursing*, 37(5), 1011-1017. <https://doi.org/10.1016/j.profnurs.2021.06.010>
- Crocco, E., Goossens, L., & Braet, C., (2017). Emotion regulation across childhood and adolescents evidence for a maladaptive shift in adolescents. *Euro Child and Adolescent Psychiatry* 26, 909-921. Doi: 10.1007/s00787-017-0952-8
- Desatnik, A., Bel-Behar, T., Nolte, T., Crowley, M., Fonagy, P., & Fearon, P. (2017). Emotion regulation in adolescents: An ERP study. *Biological Psychology*, 129, 52-61
<https://doi.org/10.1016/j.biopsycho.2017.08.001>
- Dvorak, R., Lamis, D., & Malone, P. (2013). Alcohol use, depressive symptoms, and impulsivity as risk factors for suicide proneness among college students. *Journal of Affect Disorders*, 149(0): 326–334. doi: 10.1016/j.jad.2013.01.046
- Flynn, D., Joyce, M., Weihrauch, M., & Corcoran P. (2018). Innovation in practice: Dialectic behavior therapy - skills training for emotion problem solving for adolescents: Evaluation of a pilot implementation in Irish post-primary schools. *Child and Adolescent Mental Health*, 23(4), 376-380.
- Gan, S., Chen, S., & Shen, X. (2019). The emotion regulation effect of cognitive control is related to depressive state through the mediation of rumination: An ERP study. *PLoS ONE* 14(11): e0225285. <https://doi.org/10.1371/journal.pone.0225285>
- Gibson, A. (2020). Reports showing suicide is third leading cause of death among student athletes. WGXA News, Macon, GA. <https://wgxa.tv/news/local/reports-show-suicide-is-third-leading-cause-of-death-among-student-athletes>

Gottman, J., & Gottman, J., (2018). *The science of couples and family therapy: Behind the scenes at the love lab*. New York, NY: Norton.

Gratz, K., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the Difficulties in Emotion Regulation Scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1).

Kaufman, E., Xia, M., Fosco, G., Yaptangco, M., Skidmore, C., & Crowell, S. (2015). The Difficulties in Emotion Regulation Scale Short Form: Validation and replication in adolescent and adult samples. *Journal of Psychopathology and Behavioral Assessment*, 28(3). DOI: 10.1007/s10862-015-9529-3

Kazdin, A. (2018). *Developing persistence, effort and goal-directed behavior in children and adolescents. The Kazdin method of parenting*. <https://alankazdin.com/books/>

Kroshus, E., & Chrisman, S. (2018). Coach support of high school student-athletes struggling with anxiety or depression. *Journal of Clinical Sport Psychology*. 13. DOI: <https://doi.org/10.1123/jcsp.2018-0004>

Logie, J. (2020). *The importance of emotional awareness and how to build it. Live your life on purpose*. <https://medium.com/live-your-life-on-purpose/the-importance-of-emotional-awareness-and-how-to-build-it>

Mazzer, K., & Richwood, D. (2015). Mental health in sports: Coaches view of their role and efficacy in supporting young people's mental health. *International Journal of Health Promotion and Education*, 53, <https://doi.org/10.1080/14635240.2014.965841>

McCauley, E., Berk, M., Asarnow, J., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hghes, J.,

Harned, M., Gallop, R., & Linehan, M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: *A randomized clinical trial. JAMA Psychiatry.* 75(8), 777-785.

Medrona, L. A., & Trogolo, M. (2016). Construct validity of the Difficulties in Emotion

Regulation Scale: Further evidence using confirmatory factor analytic approach.

Abnormal and Behavioral Psychology, 2(2) • 1000117 <http://dx.doi.org/10.4172/2472-0496.1000117>

Merikangas, K., He, J., Brody, D., Fisher, P., Bourdon, K., & Koretz, D. (2010). Prevalence and treatment of mental disorders among US children in the 2001–2004 NHANES. *Pediatrics.* 125(1), 75–81. doi: 10.1542/peds.2008-2598

Miller, D., & Mazza, J. (2018). School-based suicide prevention, intervention, and postvention. *Handbook of School-Based Mental Health Promotion*, 261-277. DOI: 10.1007/978-3-319-89842-1_15

Moullin, J., Dickson, K., Stadnick, N., Rabin, B., & Aaron, G. (2019). Systematic review of exploration, preparation, implementation and sustainment (EPIS) framework. *Implementation Science*, 14(1). DOI: 10.186/s13012-018-0824-6

Murray D., & Rosanbalm, D. W. (2017). *Promoting self-regulation in adolescents and young adults: A practice brief*. Duke Center for Child and Family Policy, U.S. Dept. of Health and Human Services, 197-207. <http://www.acf.hhs.gov/opre/resource/self-regulation-and-toxic-stress-implications-for-programs-and-practice>. <https://doi.org/10.1080/13803395.2015.1100276>

- Rathus, J., Miller, A., & Linehan M. (2014). *DBT skills manual for adolescents*. New York, NY: Guilford Publications. ISBN 9781462515356
- Rathus, J., Miller, A., & Bonavitacola, L. (2018). *DBT with adolescents. The Oxford handbook of dialectic behavior therapy*. DOI: 10.1093/oxfordhb/978198758723.001.0001.
- Schreiber, K. (2016). College athletes may be more depressed than you think. *Psychology Today*, <https://www.psychologytoday.com/us/blog/the-truth-about-exercise-addiction/201601/college-athletes-may-be-more-depressed-you-think>
- Singer, J. B., Erbacher, T. A., & Rosen, A. (2019). School-based suicide prevention: A framework for evidence-based practice. *School Mental Health, 11*(1), 54-71.
- Subic-Wrana, C., Beutel, A., Manfred, C., Brahler, F., Elmar, E., Stobel-Richter, T., Yve, I., Knebel, A., Achim, R., Lane, R., & Wiltink, J. (2014). How is emotional awareness related to emotion regulation strategies and self-reported negative affect in the general population? *PubMed.Gov, 9*(3) e91846. <https://pubmed.ncbi.nlm.nih.gov/24637792/>
- Taylor, A. (2019). The importance of having a common language during your strategic planning process. Vancouver, BC, Canada: SME Strategies Management Consulting. <https://www.smestrategy.net/blog/the-importance-of-having-a-common-language-during-your-strategic-planning-process>
- Tymula, A., Rosenberg, L., Roy, A., Ruderman, L., Manson, K., Glimcher, P., & Levy, I. (2012). Adolescents' risk-taking behaviors is driven by tolerance to ambiguity. *National Academy of Sciences of the United States, 109*(42), 17135-17140. [Http/Doi.org/10.1073/pnas 1207144109](http://doi.org/10.1073/pnas.1207144109)
- Weinberg, A., & Klosky, E. D. (2009). Measurement of emotion regulation in adolescents. *Psychological Assessment, 21*(4), 6616-621. doi: 10.1037/a0016669

- Young, K. S., Sandman, C., & Craske, M., (2015). Positive and negative emotion regulation in adolescence: Links to anxiety and depression. *Brain Science*, 9(4), 76. doi: 10.3390/brainsci9040076
- Zapolski, T., & Smith, G. (2017). Pilot study: Implementing a brief DBR skills program in schools to reduce health risk behaviors among early adolescents. *The Journal of School Nursing*, 33(3), 198-204. DOI: 10.1177/10598405/6673/88
- Zlotnick, C., Donaldson, D., Spirito, A., & Pearlstein, T. (2017). U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration. HHS.Gov <https://doi.org/10.1097/00004583-199706000-00016>
- Zolsman, G., Hawton, K., Wasserman, D., & Heeringa, K. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet Psychiatry*. DOI:10.1016/S2215-0366(16)30030-X

Appendix A

Intervention

Module 1 -Taming Behaviors

- Discuss Behavior Analysis (behavior change)
- Chain analysis – chain of events (successful people learn from mistakes)
- Doing something familiar (staying the same)/ Doing something new (change)
 - When I am depressed I go to my room/phone/video games (familiar – stay the same)
 - Something new: connection/ friend/walk/self care

Module 2 -Taming Emotions

- Mindfulness/self-acceptance - (doing your best with what you have VS. Needing to do better)
 - Intro deep breathing
 - Square breathing
- Understanding Emotions
 - PLEASED:
 - Physical health
 - List resources and barriers ex: not motivated
 - Eat 3 healthy meals drinking H2O
 - Avoid mood altering drugs – caffeine, pot alcohol
 - Sleep 7-10 hours
 - Exercise 20 min
 - Daily
- Wise Mind – we are not our emotions. Emotions don't always require action
 - Breathing
 - Relaxation (body scan)

Module 3 - Be in Control

- Feelings>Urges>Behavior
 - Vulnerably: Ex: decrease sleep, hungry, stressed
 - Triggers: fight with parent/friend/bad grade/friend ignores you
 - Emotions: (and self talk) Angry/depressed/hurt (you suck/you're dumb/you should just die/no one would care if you were gone.)
 - Urges: Impulsive urge / Feeling like engaging in some harmful behavior
 - Action: isolation/drive dangerously/ smoke /self-harm /binge/ attempt suicide
- 2 types of alternate behaviors:
 - Maintain emotions- isolation/avoidance/decreased self care
VS.
 - Escape or avoid emotions – substances/self injury/binge/attempts
 - Consequences of these ineffective behaviors:
 - increased emotions – depression/ anx

OR

- connection – talk to friend, vent/breathing/kind self care/activities (provide healthy distractions and create enjoyment/getting active can alleviate emotional distress)
- Burn Bridges
 - Discontinue old patterns or connections to change familiar patterns of behavior to new healthier pattern of functioning.

Module 4 - Distress 911

- Have a Plan
 - Having a crisis
 - Fight with friend or family member, failing a class, problems at home
- Feel the Feels
 - Hurting, depressed, lonely, suicidal, angry, anxious
- List all my priorities, goal, values, and people that matter to you
- List My Strengths and Resources
- Warning Signs
 - Signals that I am in Crisis or heading that direction
 - Feelings
 - Thoughts
 - Behaviors
 - Sensations
 - Environment
 - Triggers
- Create YOUR specific plan – (How to keep myself safe and feel better?)
 - Burn the bridge (Remove the means to act on urges)
 - Alcohol
 - Medications
 - Knives/razor blades
 - Guns
 - Ropes
 - Self Care
 - List all the ways you can care for yourself during this time.
 - Take a walk
 - Hot bath or shower
 - A special coffee drink
 - Take a nap
 - Candle/music to set a soothing environment
 - Distractions/activities
 - Go for a run
 - Take a walk
 - Talk to a friend
 - Listen to music
 - Skateboard
 - Art
 - Writing in journal

- Play with your pet
- My personal support system
 - List the names of people you can call if you are feeling distressed or unsafe.
 - Parents
 - Friends
 - Grandparents
 - Neighbor
 - Sibling
- My Professional support system
 - List names of people or resources you can call if you need support keeping yourself safe or decrease distress
 - A teacher
 - Coach
 - Counselor/therapist
 - School
 - 911
 -

Module 5 – Empower YOU

- Interpersonal Effectiveness – 4 goals
 - Being able to ask for what you want
 - Being able to say no to what you don't want
 - Maintain/ improving relationships
 - Self- respect
- DEAR MAN
 - Describe
 - Express
 - Assert
 - Reinforce
 - Mindful
 - Assertive
 - Negotiate
- FAST
 - (Be) Fair
 - (No)Apologies
 - Stick to Values
 - (Be)Truthful

Appendix B: Demographics

Name/ID: _____

Date: _____

DERS-18

 Response categories:

1	2	3	4	5
Almost Never (0-10%)	Sometimes (11-35%)	About Half the Time (36-65%)	Most of the Time (66-90%)	Almost Always (91-100%)

1. _____ I pay attention to how I feel.
2. _____ I have no idea how I am feeling.
3. _____ I have difficulty making sense out of my feelings.
4. _____ I am attentive to my feelings.
5. _____ I am confused about how I feel.
6. _____ When I'm upset, I acknowledge my emotions.
7. _____ When I'm upset, I become embarrassed for feeling that way.
8. _____ When I'm upset, I have difficulty getting work done.
9. _____ When I'm upset, I become out of control.
10. _____ When I'm upset, I believe that I will remain that way for a long time.
11. _____ When I'm upset, I believe that I'll end up feeling very depressed.
12. _____ When I'm upset, I have difficulty focusing on other things.
13. _____ When I'm upset, I feel ashamed with myself for feeling that way.
14. _____ When I'm upset, I feel guilty for feeling that way.
15. _____ When I'm upset, I have difficulty concentrating.
16. _____ When I'm upset, I have difficulty controlling my behaviors.
17. _____ When I'm upset, I believe that wallowing in it is all I can do.
18. _____ When I'm upset, I lose control over my behaviors.

Original DERS (36 item) Citation: Gratz, K. L., & Roemer, L. (2004). Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. *Journal of Psychopathology and Behavioral Assessment*, 26(1), 41-54.

DERS-18 (18 item) Reference: Victor, S. E., & Klonsky, E. D. (2016). Validation of a brief version of the Difficulties in Emotion Regulation Scale (DERS-18) in five samples. *Journal of Psychopathology and Behavioral Assessment*, in press.

Appendix C

Curriculum Vitae

Education

- PsyD** Graduate School of Clinical Psychology Anticipated Graduation April, 2022
 George Fox University; Newberg, OR
 Dissertation: The Effects of Psychoeducation and Intermittent Small Group Sessions on Emotion Regulation in High School Athletes
 Committee: Bill Buhrow, PsyD (chair), Mary Peterson, PhD, ABPP/CL, Jeri Turgesen PsyD, ABPP, MSCP
- MA** Graduate School of Clinical Psychology May, 2019
 George Fox University
- BA** The Master's University; Santa Clarita, CA May, 1990
 Bachelor of Arts in Behavioral Studies

Clinical Experience

- Pre-Doctoral Intern, Casa Pacifica Centers for Children and Families, 2021-Present
 Camino a Casa Track
 Supervisors: Kim Bennett, Ph.D.; Alex Baker, Psy.D.; Robert Kretz, Psy.D.
- Provides mental health services to high-risk youth, ages 12 through 18 and their families in residential treatment, partial hospitalization and intensive outpatient programs.
 - Provides individual and family therapy, risks assessments, comprehensive psychological assessments, adolescent Dialectical Behavior Therapy groups, Pathways-substance abuse groups, Dialectical Behavior Therapy parent skills groups, and child abuse and neglect reporting.
 - Attends psychiatric appointments and consults with prescriber, completes insurance utilization reviews, intakes, discharge summaries, and mental health progress notes.
 - Attends individual supervision, testing supervision and group supervision, clinical rounds, consultation groups and clinical department staff meetings. Skills: Individual, Group and Family therapy, Case Conceptualization, Diagnosis, Treatment Planning, Psychoeducation parent and adolescent groups, Process groups, Adolescent substance use group therapy, Adolescent psychological assessment, DBT therapy modality, Risk assessment, Insurance utilization reviews, Discharge planning, Multidisciplinary collaboration of care.
- Pre-Intern Practicum, **George Fox University Health and Counseling Center** 2020-2021
- Providing individual therapy to the undergraduate and graduate college population. Skills: Clinical Intakes, Case Conceptualization, Diagnosis, Treatment Planning, Individual Therapy, Comprehensive Psychological Assessment and Report Writing.

Supplemental Practicum, **George Fox Behavioral Health Clinic**

2020

- Providing individual comprehensive psychological assessment to the community. Skills: Clinical Intakes, Comprehensive Psychological Assessment, Report Writing and Feedback Sessions.

Practicum II Therapist, **Newberg High School/Providence Medical Center**

2019-2020

- Providing on campus individual therapy, urgent risk assessment to students. Skills: Program Development, Interdisciplinary Collaboration with School Staff, Behavioral Health Professionals at PMC, and County and Protective Services; Urgent Risk Assessment for Suicidal Ideation, Clinical Intakes, Individual Therapy and Psychoeducation Presentation on Emotion Regulation and Distress Tolerance to All School Athletes.

Practicum II Therapist, **George Fox University Health and Counseling Center**

2019-2020

- Providing individual therapy to the undergraduate and graduate college population. Skills: Clinical Intakes, Case Conceptualization, Diagnosis, Treatment Planning, Individual Therapy and Comprehensive Psychological Assessment.

Supplemental Practicum, **Behavioral Health Crisis Consultation Team**

2019-2020

- Providing risk assessment for Suicidal Ideation, Homicidal Ideation and Psychosis within the emergency departments at Willamette Valley Medical Center and Providence Medical Center. Skills: Risk Assessment of Children, Adolescent and Adult Patients with Suicidal Ideation, Homicidal Ideation and/or Psychosis, Outpatient Treatment Referrals, Case Management, and Treatment Recommendations to Doctors, Nurses And Staff.

Practicum I Therapist, **Willamette Valley Med Center, Senior Behavioral Health**

2018-2019

- Providing Individual, Group and Milieu therapy to geriatric populations at a psychiatric hospital. Neurocognitive assessment administration and comprehensive report writing. Interprofessional consultation and patient care. Skills: Individual, Group and Milieu Therapy, Interprofessional Consultation with Psychiatrists, Nurses, Nutritionists, Occupational Therapists and Social Workers for Patient Care. Comprehensive Neurocognitive Assessment Administration, Scoring, Interpretation, and Report Writing.

Practicum I Therapist, **Willamette Valley Weight Loss Center**

2018-2019

- Providing Individual and Group therapy to bariatric patients. Skills: Clinical Intakes, Group Therapy Facilitation, Behavioral Therapy, Interdisciplinary Consultation with Surgeon, Nurses, Dietician, and Behavioral Health Providers for Patient Care.

Practicum I Supplemental, **Neuro-Psychological Assessment Training**

2018

- Training in Neuro-psychological test administration and interpretation, supervision in assessment report writing.

Pre-Practicum Therapist, **George Fox University**

2017

- Providing Person Centered therapy with undergraduate college clients for ten sessions. Skills: Clinical Intakes, Unconditional Positive Regard, Empathy, Rapport Building, Charting and Termination.

Research Experience

The Effects of Psychoeducation and Intermittent Small Group Sessions on Emotion Regulation in High School Athletes 2020-Present

George Fox University, Newberg, OR
Advisor: Bill Buhrow, PsyD

Suicidal Ideation in a Transgender/Gender Non-Conforming Population 2020

Oregon Psychological Organization Annual Conference Poster Presentation

Research Vertical Team 2018-Present

George Fox Graduate School of Clinical Psychology, Newberg, OR

- Active engagement in vertical research team comprised of 1st through 4th year doctoral level trainees
- Assist in collaboration and development of dissertation and supplemental research projects. Support includes direct feedback, collaborative support in developing areas of interest, development of methods and completion of individual projects

Teaching Experience

Clinical Doctoral Intern 2021-2022

Casa Pacifica Center for Children and Families, Camarillo, CA

- **Parent Skills Training Course**
 - Weekly Didactic on Dialectic Behavior Therapy
 - Mindfulness, Emotion Regulation, Distress Tolerance, Interpersonal Effectiveness
 - Skill building in Validation, Behaviorism, Communication and Emotion Regulation
 - Facilitation of group dynamics and engagement through a telehealth modality

Teaching Assistant and Clinical Supervisor 2020-2021

George Fox Graduate School of Clinical Psychology, Newberg, OR

- **Clinical Foundations Course**
 - Weekly supervision of skill development in Person Centered Therapy
 - Grading of all therapy video recordings and papers
 - Training in Professionalism and Development

Teaching Assistant and Guest Teacher 2020

George Fox Graduate School of Clinical Psychology, Newberg, OR

- **Social Psychology Course** (36 students)
 - Taught: Neurobiology of Social Behavior,
 - taught virtual class with power point
 - Update quizzes for revised textbook, grading of student reflections

Psychoeducation Ted Talks Style Presentations (10 total) (300 students) 2019-2020

Newberg High School, Newberg, OR

- Dialectic Behavior Therapy
 - Module 1: Emotion Regulation

- Module 2: Distress Tolerance
- Module 3: Mindfulness
- Module 4: Distress 911, Make a Plan
- Module 5: Interpersonal Skills

Guest Teacher, George Fox University, Newberg, OR 2019

- Theories of Learning
 - Edwin Ray Guthrie

Guest Teacher, George Fox University, Newberg, OR 2018

- Social Psychology
 - Cognitive Dissonance

Faculty Teacher, Valor Christian School International, Beaverton, OR 2016-2017

- Responsible for lecturing, grading and testing for course requirements.
 - High School Bible
 - High School Leadership Development
 - Middle School and High School World Views and Humanitarian Efforts
 - High School Fine Arts
- Director, administration and personnel management
 - Fine Arts
 - Missions
 - Spiritual Direction
 - Student Counsel

Faculty Teacher; Life Christian School, Aloha OR 2006-2016

- Responsibilities for lectures, grading and testing for course requirements.
 - High School Bible
 - High School Leadership Development
 - High School World Views and Humanitarian Efforts
 - K-12 Fine Arts
- Director, administration and personnel management
 - Fine arts
 - Missions
 - Spiritual Direction
 - Student counsel

Invited Lectures

Guest Training Presenter, Newberg High School, Newberg, OR 2020

- Intensive Training
 - Dialectic Behavior Therapy modules – Mindfulness, Emotion Regulation, Distress Tolerance and Interpersonal Effectiveness.

Guest Lecturer, Valor Christian School International, Beaverton, OR 2019

- Teachers In-service
 - **“Mental Health in the Classroom”**

Guest Lecturer, Sunset High School, Portland, OR

2019

- Leadership class
 - **“Adolescent Mental Health and Suicidality”**

Skill Development and Professional Workshops

Baker, P. (2021, Nov). Person Brain Model, Casa Pacifica Center for Children and Families, Camarillo, CA.

Marin, H.; Race, C. (2021, Nov). Trauma-Focused Cognitive-Behavioral Therapy. Casa Pacifica Center for Children and Families, Camarillo, CA.

Kretz, R. (2021-2022 Nov, Dec, Jan, Feb) Rorschach Assessment-RPAS. Casa Pacifica Center for Children and Families, Camarillo, CA.

Tatum Martinez, K. (2021, Oct, Dec). Family Psychotherapy. Casa Pacifica Center for Children and Families, Camarillo, CA.

Kretz, R. (2021, Oct, Nov). Cognitive Assessment .Casa Pacifica Center for Children and Families, Camarillo, CA.

Alviar, S.; Saltoun, M. (2021-2022, Sept, Dec, Jan, Apr). Culturally Responsive Care. Casa Pacifica Center for Children and Families, Camarillo, CA.

Bartole, C. (2021, Sept). Working with Young People with Eating Disorders and Disordered Eating Behaviors. Casa Pacifica Center for Children and Families, Camarillo, CA.

Baker, A.; Fischer, J. (2021, Aug-Dec). Comprehensive Training in Dialectical Behavioral Therapy. Casa Pacifica Center for Children and Families, Camarillo, CA.

Stoeber, A. (2020, Feb). Mitigating the Effects of ACES and Transforming Primary Care through Resilience Building and Compassionate Connection. Grand Rounds, George Fox University, Newberg. OR.

Foster, C. (2019, Oct). Intercultural Communication. Colloquium, George Fox University, Newberg, OR.

Worthington, E. (2019, Sept). Promoting Forgiveness. Colloquium, George Fox University, Newberg, OR.

Peterson, L. (2019, Aug). Certified Dialectic Behavior Therapy Professional Training 8 Week Intensive DBT Course, PESI online course

Marlow, D. (2019, March). Foundations in Relationship Therapy- Gottman Model. Grand Rounds, George Fox University, Newberg, OR.

Safi, D; Millkey, A. (2019, Feb). Opportunities in Forensic Psychology. Colloquium, George Fox University, Newberg, OR.

Pengelly, S. (2018, Oct). Old Pain in New Brains. Grand Rounds, George Fox University, Newberg, OR.

McMinn, L; McMinn, M. (2018, Sept). Spiritual Formation and the Life of a Psychologist: Looking Closer at Soul-Care. Colloquium, George Fox University, Newberg, OR.

Alter, A. (2018, Aug). Irresistible: Why We Can't Escape Our Screens. Presentation presented at APA National Conference, San Francisco, CA.

Deegan, P. (2018, Aug). I Am Not a Schizophrenic. Presentation presented at APA National Conference, San Francisco, CA.

Hughes, J. (2018, Aug) Youth Resilience, Depression, and Suicide in School. Prevention and Social Emotional Learning. Presentation presented at APA National Conference, San Francisco, CA.

Landa, Y. (2018, Aug) Facilitating Recovery in Youth at Clinical High Risk. Presentation presented at APA National Conference, San Francisco, CA.

Nishi, L., Jones, C. (2018, Aug) Twitter, Instagram, and Facebook. What's a Psychologist to Do? Presentation presented at APA National Conference, San Francisco, CA.

Pearson, M. (2018, Aug). What Every Psychologist Should Know About Marijuana: Correcting Myths and Misconceptions. Presentation presented at APA National Conference, San Francisco, CA.

Rauch, S. (2018, Aug) Using Prolonged Exposure Therapy to Treat Difficult PTSD Cases. Presentation presented at APA National Conference, San Francisco, CA.

Resick, P. (2018, Aug) Using Cognitive Processing Therapy to Treat Difficult PTSD Cases. Presentation presented at APA National Conference, San Francisco, CA.

Stage, D. (2018, Aug) The S Word, How We Can Best Support Those Who Choose to Stay With Us and Prevent Death by Suicide. Presentation presented at APA National Conference, San Francisco, CA.

Baker, C. (2018, Mar). Overcoming Religious Abuse. Presented at Portland Community Center, Portland OR.

Vogel, M. (2018, Mar). Integration and Ecclesia. Colloquium, George Fox University, Newberg, OR.

Seagel, D. (2018, Feb). Attachment throughout the Lifespan. Presentation through Presi, Seattle, WA.

Kuhnhausen, B. (2018, Jan). Gender and Sexuality. George Fox University, Newberg, OR.

Taloyo, C. (2018, Jan) The History and Application of Interpersonal Psychotherapy, Presentation at George Fox University, Graduate Department of Clinical Psychology Winter Grand Rounds, Newberg, OR

Sordahl, J. (2017, Nov) Tele Health. Presentation, George Fox University, Graduate Department of Clinical Psychology Fall Colloquium, Newberg, OR.

Gil-Kasiwabara, E. (2017, Oct). Using community based participatory research to promote mental health in American Indian/Alaska Native children, youth and families. Presentation presented at George Fox University, Graduate Department of Clinical Psychology Fall Grand Rounds, Newberg, OR.

Kuhnhausen, B. (2017, Jan). Attachment in Therapy. George fox University, Newberg, OR.

Professional Training

FACT: Focused Acceptance Commitment Therapy, Kirk D. Strohsl PhD, (August, 2020). George Fox Graduate School of Clinical Psychology.

Certified Dialectic Behavior Therapy Professional Training 8 Week Intensive DBT Course, Peterson, L. (Aug 2019). PESI online course.

Certificate Courses

Logan, K., (Fall, 2020). **Trauma Work Consultation Group**

Logan, K., (Spring, 2020). **Trauma Treatment in Clinical Practice**. George Fox Graduate School of Clinical Psychology, Newberg, OR

Kuhnhausen, B. (Fall, 2018). **Gender & Sexuality**. George Fox Graduate School of Clinical Psychology, Newberg, OR

Kuhnhausen, B. (Fall, 2018). **Attachment Theory in Clinical Practice**. George Fox Graduate School of Clinical Psychology, Newberg, OR

Invited Lectures

Keynote Address, “The Journey: From Teacher to Student,” P.E.O: Women Helping Women Annual Local Chapter Assembly, Keynote speaker and scholarship recipient, (July, 2018).

Graduation Keynote Speaker, “Connection: It’s What Shapes You,” Valor Christian School International, (June, 2018).

Affiliations and Memberships

American Association of Suicidology	2020-Present
American Psychological Association , Student Affiliate	2017-Present
P.E.O. Philanthropic Educational Organization , Scholarship Recipient	2017-Present

Community Service

Juliette's House

Serve Day Volunteer with George Fox University, McMinnville, OR (2017-2019)

Valor Christina School International -Philippines Campus

Installation of water filtration installation in rural villages, Philippines (2017)

Encompass International

Orphanage repairs, ESL, Hygiene education and village outreach, Haiti (2016)

Cruising for Jesus Drug Addiction Rehabilitation Center

Partnered with organization in street outreach, AIDS Hospital ministry, and Orphanage visits, Mexico, (2015)