The effects of a computerized anxiety intervention program on rural elementary school children

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This research is a product of the Doctor of Psychology (PsyD) program at George Fox University. Find out more about the program.
The Effects of a Computerized Anxiety Intervention Program

on Rural Elementary School Children

by

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Abstract

In today’s economy, public schools are experiencing budget cuts; programs deemed “non-essential” to academic education (sports, music, mental health, or theatre) see funding dwindle or removed completely. Many schools are looking for ways to create broader based programs in order to increase applicability while minimizing costs. For example, a number of classrooms from the Rural School District Consortium based in Newberg, Oregon are being referred to the behavioral health practicum students from George Fox University for behavioral interventions. In reviewing numerous studies and meta-analyses in order to create a broadly applicable intervention, applied research indicates that individual anxiety is a common underlying cause of social disturbances in group settings. Many studies utilized evidence-based group interventions. Note that none of these interventions were designed for implementation with an entire classroom, nor were the interventions computerized.
This study consisted of administering Behavioral Assessment System for Children-2nd Edition, (BASC-2), protocols to both the teacher and parents of a 5th grade classroom, providing an intervention, and then applying and reviewing a second round of BASC-2 protocols completed by the parents and teachers. Specifically, the intervention involved utilization of the “Camp Cope-A-Lot” computerized program with the children as a whole group. The participants were a classroom comprised of male and female students between ten and twelve years old. This particular class, the only 5th grade at a rural elementary school, is designated part of a rural school due to their participation in the Rural School District Consortium.

After implementation of “Camp Cope-A-Lot” with the class, there was no significant reduction in the behavioral indications of anxiety in the children. Observations by teachers and parents were documented separately. There was an increase in the manifestations of adaptive behaviors as observed by the parents, but not as observed by the teacher. The results of comparative t-tests and statistical analyses are dissected in the Results section of this paper.

This study has the potential to assist in creating effective group interventions to provide mental health services to underserved rural schools.
Acknowledgements

Colossians 3:23: Whatever you do, work at it with all your heart, as working for the Lord.

Thank You, God, for this amazing journey that has brought me so much growth. My aim has always been to see people through Your eyes, and care for them as You care for me.

Thank you, Mom and Dad, for all of your ceaseless support. You have both been so wonderfully loving and encouraging of my endeavors throughout my life. You gave me two amazing examples to follow as I grew up and I cannot thank you enough for all of your thoughtful guidance and unselfish love.

And Angela. You are my beautiful sister not by chance, but by divine intervention. Thank you for your love and your laughter. We’ve always supported each other’s dreams and I cannot think of anyone else lucky enough to have a sister like you.

Thank you, Dave, for happily joining this adventure and promising to stand by my side through it all. Your unwavering love and support have been more appreciated than I could ever express.

And to my committee, thank you for being so supportive and knowledgeable. Your expertise and assistance throughout my graduate school career has been invaluable.
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Chapter 1

Introduction

This study was designed to examine the effectiveness of a classroom implementation of a computerized anxiety reduction program originally created for individual client use. It was hoped that a reduction in anxiety as well as an increase in adaptive behaviors would be seen after the students completed the Camp Cope-A-Lot program as a group. A reduction in anxiety would indicate a change in the child’s individualistic behavior whereas an increase in adaptable behaviors would indicate a change in a child’s social behavior. Data from this study were designed to evaluate the potential effectiveness of this type of evidence-based program as a classroom intervention within a school system.

The current financial state of public schools was described, especially within the arenas of rural schools and behavioral health. The specifics of childhood mental health research in the context of prevalence and preventative care were also examined. Camp Cope-A-Lot, the intervention utilized, was introduced alongside an explanation as to why it was chosen. The hypotheses of this study were described and variables were operationally defined. Upon its conclusion, this chapter sets the stage for understanding the need for this study and the subsequent applicability of the gathered information.
Rural Challenges and the School Settings

In small town America, a rural psychologist is faced with many challenges; dual relationships, lack of public fund availability, and too many clients for the number of hours in a day. And the mental health expert at the rural school is no exception. As of 2003, the U.S. Department of Education reported that 864,947 students in the United States attend a rural school, (U.S. Department of Education, 2003-04). The definition of ‘rural’ is based upon governmental characterization, (U.S. Department of Education, 2011). More specifically, the United States Census Bureau, which states, “According to official U.S. Census Bureau definitions, rural areas comprise open country and settlements with fewer than 2,500 residents,” (U.S. Department of Agriculture, 2011).

Studies conducted on the populations of rural towns have found that individuals in those areas are more likely to lack insurance and have a lower income than their urban counterparts. And even if they have insurance or the personal funding available, frequently their access to mental health services is hampered because of the scarcity of providers in their area, (Hansel et al., 2010). This paucity of counselors and therapists in rural areas also explains the finding that school-based mental health services are scarcer in rural schools than urban schools, (Slade, 2003).

With nearly one million children enrolled in rural schools, it is unfortunate that research has shown,

schools in rural settings struggle to access specialized (mental health) services, including consultation… Enhancing availability of and access to (behavioral modification) supports
for both teachers and parents in rural schools represents one means of augmenting the quality of education in rural settings. (University of Nebraska- Lincoln, 2009)

Saddled with an increasing budget shortfall, news outlets have reported numerous scholastic programs and staff members have been cut from rural schools that are already hurting from a lack of adequate mental health services.

**Behavioral Health in the Schools**

The limited funding currently available for schools has led to budget cuts throughout the scholastic arena. In Oregon, the proposed cut is $237 million to the K-12 education budget, (Esteve, 2010). Many school counselors now have overwhelmingly large caseloads and few intervention hours in which to address problems that are not at least at a borderline crisis level. However, research suggests that, “Anxiety, depression and self-esteem are and may become major aspects of the student's psyche and thus, should be a major focus of therapy. (School) Counselors should be aware of the relationship between anxiety, depression, severe behavior problems and antisocial behaviors among adolescents…” (Johnson, 2008, p. 1681). To help alleviate this imbalance between needs and resources, evidence-based programs are in demand because of their ability to provide time and cost effective means for delivering psychological services to the maximum number of children possible.

A review of the research literature to date has shown that social difficulties in school environments tend to arise from anxiety related issues, (Greco & Morris, 2005).

Youth with no diagnoses demonstrated significantly higher levels of school functioning than those with separation anxiety disorder, social phobia, or generalized anxiety disorder. The specific anxiety-disordered groups were differentiated to some degree on
parent and teacher report of school functioning. Analyses revealed that differences were often attributable to increasingly complex comorbidity. These results underscore the need for services for youth with anxiety given the range of challenges they face in the school environment. (Mychailyszyn, Mendez, & Kendall, 2010, p. 106)

And the students who do not struggle with anxiety but are exposed to the social disruptions from other students may also be negatively affected. In 2010, a study conducted by Nordahl, Wells, Olsson, and Bjerkeset, concluded that students who merely experience interpersonal stress related to school, (but are not necessarily at the center of a social conflict), have a higher chance of developing Generalized Anxiety Disorder, as well as Oppositional Defiant Disorder, than students who are not exposed to school related interpersonal stress.

At elementary schools, small conflicts between two or three students have the potential to eventually involve the entire class in dysfunctional social interactions, particularly in rural areas where there is low mobility causing this student group to primarily remain as an intact unit over multiple school years, (Sutton & Pearson, 2002). Time constraints preclude school-based mental health professionals from addressing the multiple individual, dyadic, and wider interactional patterns which may, over time, contribute to an ingrained negative classroom environment. However, if there were a validated method of addressing the entire classroom in a time-efficient and economical manner, necessary to alleviate the current social mêlée, innumerable school climates could be improved.

Studies for childhood anxiety have focused on either brief exposure therapy or cognitive behavioral therapy and have compared treatment and comparison groups. Almost all of the
available research points to the effectiveness of such treatments being small, but significant, at
first and then increasing over time.

[C]hildren in the NET, (internet treatment), condition showed small but significantly
greater reductions in anxiety symptoms and increases in functioning than WL, (wait
listed), participants. These improvements were enhanced during the 6-month follow-up
period, with 75% of NET children free of their primary diagnosis. (We conclude that)
internet delivery of CBT for child anxiety offers promise as a way of increasing access to
treatment for this population. (March, Spence, & Donovan, 2009, p. 474)

**Anxiety**

Anxiety is the most prevalent of all psychological disorders. Examination of the largest
prevalence studies on psychiatric illnesses conducted in the United States have found that
anxiety disorders yearly affect 15.7 million people in the United States and approximately 30
million people in the United States at some point during their lives (Lepine, 2002). Childhood
anxiety, in particular, affects between 8 and 12% of children severely enough to interfere with
their normal, daily functioning, (Leong, Cobham, de Groot, & McDermott, 2009). As such,
anxiety is the focus of many research studies.

Of particular relevance to this study, a review of the current research shows that
childhood anxiety is a common predictor of psychological problems arising in adulthood. For
example, one articles states, “Increased levels of… anxiety and worry as well as phobic
symptoms in childhood/adolescence were related to a higher risk of suffering from a psychiatric
disorder in adulthood,” (Fichter, Kohlboeck, Quadflieg, Wyschkon, & Esser, 2009, p. 792).
Another notes, “Child and adolescent anxiety is associated with poor outcomes within academic,
Because of the predictive value of childhood anxiety, researchers have begun dissecting childhood anxiety disorders in order to determine what element(s) specifically contribute(s) to psychiatric disorders in adulthood. In a 2010 study, children with anxiety disorder were discovered to employ significantly less adaptive and more maladaptive cognitive coping strategies when responding to negative life events than their non-anxiety disordered peers, (Legerstee, Gamefski, Jellesma, Verhulst, & Utens, 2010). This suggests that the strategies that anxious children develop and utilize to help themselves through difficult times are solidified and repeated throughout that child’s transition into adulthood.

A study of children and adolescents found that familial history of anxiety, female gender, rejection by peers, and psychological control were the greatest predictors of anxiety in children and adolescents, (Frazier, 2001). Therefore, classroom conflicts and their ensuing rejections of different students are linked to higher anxiety levels in children. In fact, research by La Greca and Harrison (2005) has shown that children who experience victimization by their peers are more likely to have higher levels of anxiety. Not only that, but there is strong evidence that the elevated levels of anxiety can continue on into the future, (Vernberg, Abwender, Ewell, & Beery, 1992). Furthermore, victimization has been linked to predicting social withdrawal. Social withdrawal, in turn, puts children at a greater risk of developing social anxiety which feeds into their removal from peer relationships thereby further exacerbating their social anxiety, (Oh et al., 2008). If, however, the peer interactions can be mediated effectively, there is ample research that states that the ensuing anxiety disorders may be ameliorated. For example, Saavedra, Silverman, Morgan-Lopez and Kurtines (2010) found “further evidence that the short-term benefits of
exposure-based CBT for childhood phobic and anxiety disorders using both group and individual treatment may extend into the critical transition years of young adulthood,” (p. 924).

**Camp Cope-A-Lot**

Camp Cope-A-Lot is a computerized program that addresses anxiety in children through the use of the Coping Cat curriculum, (Kendall & Khanna, 2010). This is a 12-session program that engages the child through the first six sessions solely on the computer, followed by the second six sessions in which a professional is actively involved with the child alongside the computer. Also, a paper workbook, (the Go-To Gadget), is utilized by each participant. Between two and four pages are filled out by the student during each session and the Coach is to assist in this task as needed. This treatment design allows the psychologist to provide 12 hours of treatment delivery for only 6 hours of face-to-face intervention time. The research thus far on Camp Cope-A-Lot has been very promising as it has been validated as an evidence based treatment, (Kendall & Khanna, 2010).

It is widely accepted in the psychological community that cognitive behavioral therapy is an evidence based treatment for anxiety; over the years a large amount of research on CBT modalities as treatments for anxiety has been amassed. One such study that dealt specifically with child patients concluded, “The results suggest that cognitive coping is a valuable target for prevention and treatment of childhood anxiety problems,” (Legerstee et al., 2010, p. 143).

Because the Coping Cat program is based on Cognitive Behavioral Theory research and employs CBT as its main modality, it is patent that Camp Cope-A-Lot, simply a computer adaptation of Coping Cat, also holds the potential to be a strong source of prevention and treatment of childhood anxiety. The publishers of Camp Cope-A-Lot, Workbook Publishing, Inc., state on
their website that, “the data gathered in research are used to determine what strategies are included in the treatments.” This statement is based on 32 peer-reviewed published articles that deal with the treatment of anxiety in youth that were either authored or co-authored by Kendall.

One aspect of the Camp Cope-A-Lot program that has not yet been evaluated is its robustness as a group intervention. A study conducted in 2010 by Khanna and Kendall found that, “Camp Cope-A-Lot children showed significantly greater change in anxiety severity and global functioning, based on independent evaluator ratings, than CESA, (computer-assisted education and support), children,” (p. 737). But this 2010 study looked exclusively at the use of Camp Cop-A-Lot with individual clients who already met diagnostic criteria for an anxiety disorder and were seeing a clinician. Due to its relatively recent introduction to the psychological community, the small amount of specialized research or in-depth variable examination is not surprising. Workbook Publishing, Inc. acknowledges this by saying, “Further research evaluation will inform and enhance the programs- being built with research they remain open to changed based on research,” in their Frequently Asked Questions section of the website.

**Current Study**

The current study was designed to see if the implementation of a systematic anxiety-reducing program, delivered on a class-wide basis might be effective in addressing each individual student’s anxiety, thereby overall reducing the social problems and increasing the prosocial skills of the classroom as whole. After implementation of the Camp Cope-A-Lot protocol to the classroom as a whole, changes in students’ anxiety symptoms as well as changes in their prosocial skills will be assessed both through parent-report and through teacher-report, as indexed by the Behavioral Assessment System for Children, Second Edition, (BASC-2). Data
from this study are designed to evaluate the potential effectiveness of this type of evidence-based program as a classroom intervention within the school system. These variables were chosen specifically because of the existing literature that has shown, “...the child’s environment, including... peer relationships, (are)... factors (that) have been linked to internalizing problems and anxiety diagnoses,” (Degnan, Almas & Fox, 2010).

The method of this study was to administer Behavioral Assessment System for Children-2nd Edition, (BASC-2), protocols to both the teacher and parents of a 5th grade classroom. The children then participated in a class-wide implementation of the Camp Cope-A-Lot computer program. Upon successful completion of the program, BASC-2 protocols were again be disseminated to the raters. The first hypothesis was that there would be a statistically significant reduction in the reported levels of anxiety on the overall profile as reported by parents and teachers. The second hypothesis was that there would be a statistically significant increase in the reported levels of adaptive behaviors as measured by the adaptability and adaptive skills content scales, for both the teacher and parent reports.

The field of psychology will gain a review of the Camp Cope-A-Lot computer program that is not only informative, but is founded in objective scientific research.

Well-timed, well-designed, and well-implemented service delivery in the school setting may exert a significant and positive impact on the mental health of students. Furthermore, the delivery of mental health services in the schools successfully reduces the access problems related to cost, transportation and the ability to navigate the matrix of mental health services. (Peterson, Hamilton, & Russell, 2009).
Hopefully, other child and adolescent psychologists can utilize this research to determine whether or not this particular program would be beneficial for their client or for classroom-wide interventions when consulting with a school. Also, because of the generally underserved nature of the rural population, this may prove to be an important form of service delivery for future utilization; one that is both cost and time effective.
Chapter 2

Method

Participants

Participants consist of an entire class of fifth-grade elementary students attending a rural elementary school. This school has been designated as a rural school by both its inclusion in the George Fox University, Graduate Department of Psychology’s Rural School District Consortium: Practicum Site and their meeting the criteria set forth by the United States Census Bureau. The participants composed of both males and females ranging in age between 10 years-old and 12 years-old. This classroom has been chosen for multiple reasons. First, and most importantly, they are a classroom within a rural school, as defined by their participation within the Rural School District Consortium. Secondly, this is a classroom that has been noted by teachers and staff as struggling with social challenges during their third, fourth, and now fifth grade school year. And lastly, it is suspected that the majority of their problematic interpersonal behaviors are stemming from personal anxiety issues. Therefore, it is cogent that this classroom would be an ideal testing ground for Camp Cope-A-Lot group treatment.

More specifically, the class is composed of seven males and five females and, at time of sample, three of the students were 10 years old and nine of the students were 11 years old. Multiple ethnicities, (including Caucasian, Hispanic American, Native American, and Pacific Islander), are represented within the classroom; all students are proficient in English. Although none of the students in the class require Individualized Education Plans and none of the students
are on 504 Plans, (Individualized Behavior Plans), this classroom has been identified by staff and teachers as being socially challenged. In their third-grade school year, their interpersonal problems began to increase and only continued to do so through their fourth- and into their fifth-grade school year. The resulting social environment these children have created has been described as *distressed* and *worrisome* by teachers at the school. These students participated in the Camp Cope-A-Lot computerized program; the writer served as their Coach.

**Instruments**

**Behavior Assessment System for Children, Second Edition (BASC-2).** The BASC-2, (Reynolds & Kamphaus, 2004) is a paper and pencil protocol utilizing a computerized scoring system which is designed to assess behaviors of persons 2-25 years of age. Uniquely helpful to this study, the subset measures can be divided into adaptive skills and clinical symptoms. Two versions of this measure, a teacher’s rating scale and a parent’s rating scale, were employed. Although this system rates twenty-seven behavioral subsets for the teacher’s report and twenty-five behavioral subsets for the parents’ report, the only scales that will be analyzed for this study are the measures of *Anxiety*, *Adaptability*, and *Adaptive Skills*. According to Reynolds and Kamphaus, the BASC-2 has moderate to good reliability and validity within the Teacher-Report, Parent-Report, and Self-Report measures. Stated in the manual for the BASC-2, the internal consistency of the Teacher-Report measure ranges from .81 to .95 on the scale scores and .81 to .95 for the composite scores. The BASC-2 Teacher-Report also holds a .70 to .90 correlation with already established behavioral measures such as the Achenbach System’s Caregiver-Teacher Report Form and Child Behavior Checklist, the Behavior Rating Inventory of Executive
Functioning, and the Conners’ Parent Rating Scale- Revised and Teacher’s Rating Scale-Revised.

**Camp Cope-A-Lot** (Workbook Publishing, 2011). This study will also use the Camp Cope-A-Lot computer program. This is a computerized version of the “Coping Cat” method, an evidence-based treatment for childhood anxiety (Workbook Publishing, 2011). It is a 12-session program that walks the child through the first six sessions solely on the computer, followed by the second six sessions in which a professional is actively involved with the child alongside the computer. This program also provides a paper workbook (the ‘Go-To Gadget’), for each participant. Two to four pages are filled out by the student during each session and the Coach assists in this task as needed.

**Procedure**

In order to comply with ethical research considerations, permission to conduct this study was obtained from the Human Subjects Research Committee at George Fox University. Permission forms were sent home to each student in order to provide informed consent. The parents provided their consent and filled out a BASC-2 based on their observations of their child and returned them. The teacher also completed a BASC-2 based on their observations of each student.

Use of Camp Cope-A-Lot then began within the classroom setting. The class met in the school library to work on the computers; each student was provided his or her own computer and headphones. This writer worked through each level of the program, approximately 30-40 minutes each, with students in both individual and group settings. This provided each student with
answers to their questions and personalized assistance, and allowed group discussions to be adapted to fit in the place of individual therapy sessions for the last six sessions.

The second round of BASC-2s was distributed the parents and the teacher. The surveys and BASC-2s were scored, and the scores were entered into SPSS for data analysis. Parents and students scores indicated whether the program impacted the students’ level of manifest anxiety.
Chapter 3

Results

A paired samples t-test was conducted to assess the hypotheses that Anxiety, Adaptability, and Adaptive Skills scores on the BASC-2 will improve following the intervention. A significance level of .05 will be used as the general level of significance to determine if the aforementioned dependent variables change between the pre- and post-treatment conditions.

To measure the amount of change the parents and the teacher observed between pre-treatment and post-treatment behaviors, a paired samples t-test was performed for both groups’ reported levels of behavioral activities as collected by the two distributions of the Behavioral Assessment Scales for Children, 2nd Edition. A simple t-test was conducted for both the teacher and the parent data subscores and the results are illustrated in Table 1. Because it was possible for their reported behaviors to either increase or decrease, (or stay the same), significance was determined using a 2-tailed test. And due to the construction of the measures on the BASC-2, for some levels, such as anxiety, lower scores are desired whereas for the other levels, adaptability and adaptive skills, higher scores are desired. Applied to the statistics, this means that a positive mean difference would indicate less anxiety but a negative mean difference would indicate more adaptability and adaptive behaviors. It should be noted that the mean pre-post difference in the rating of Anxiety indicates that the teacher ($M = -6.75$) saw more anxiety following the intervention while the parents ($M = 3.00$) saw less anxiety. Conversely, on the subscales of
Adaptability and Adaptive skills parents indicates there was more improvement than the teacher did.

Table 1

<table>
<thead>
<tr>
<th>Rated Group</th>
<th>Mean Difference</th>
<th>Standard Deviation</th>
<th>Effect Size</th>
<th>t-score</th>
<th>df</th>
<th>Sig. (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teacher Anxiety</td>
<td>-6.75</td>
<td>9.22</td>
<td>-0.73</td>
<td>-2.53</td>
<td>11</td>
<td>.030*</td>
</tr>
<tr>
<td>Adaptability</td>
<td>-0.16</td>
<td>4.04</td>
<td>0.03</td>
<td>-0.72</td>
<td>11</td>
<td>.890</td>
</tr>
<tr>
<td>Adaptive Skills</td>
<td>-0.50</td>
<td>2.84</td>
<td>-0.17</td>
<td>-0.60</td>
<td>11</td>
<td>.550</td>
</tr>
<tr>
<td>Parent Anxiety</td>
<td>3.00</td>
<td>9.64</td>
<td>0.31</td>
<td>1.07</td>
<td>11</td>
<td>.300</td>
</tr>
<tr>
<td>Adaptability</td>
<td>-6.58</td>
<td>5.56</td>
<td>-1.18</td>
<td>-4.09</td>
<td>11</td>
<td>.002*</td>
</tr>
<tr>
<td>Adaptive Skills</td>
<td>-4.08</td>
<td>5.88</td>
<td>-0.69</td>
<td>-2.40</td>
<td>11</td>
<td>.030*</td>
</tr>
</tbody>
</table>

Note: * p < .05

When examining Hypothesis One in light of the teacher’s results, we see that the overall anxiety level of the students was not significantly decreased. In fact, it rose by approximately six points, approximately two-thirds of a standard deviation. This result indicates that the teacher reported seeing more behavioral symptoms expressive of anxiety when she rated the children after they had completed the Camp Cope-A-Lot computer program. These symptoms, measured by direct behavioral observations, may have increased in either frequency or intensity. For the first hypothesis, the null hypothesis, indicating no change, was not rejected when applied to the behavioral observations conducted by the teacher of the classroom, as quantified by the BASC-2, \( t(11) = -2.53, p = .03 \).
The evidence related to the parents’ observed behaviors of anxiety in children must be interpreted with caution. A portion of parents did not fill out the BASC-2s, (2 out of 12 students were not reported on), and a portion of parents filled out the first BASC-2 but did not fill out the second BASC-2, (2 out of the remaining 10 students were not reported on after the intervention). Because this is an exploratory study by nature, the existing data was compiled and analyzed in accordance with the hypothesis. The averages for each variable were determined and placed into the equations for the parents who did not complete the post-treatment survey and the analysis for each hypothesis was done on the new data set. For the purposes of gaining a more complete model of classroom behavior, this study will utilize the data set that includes the averages computed for the few missing data points. For the purposes of this study, it will represent data as reported by parents.

The data for the parents suggests that the overall anxiety level of the students did not change significantly, (see table1), \( t(11) = 1.07, p = .30 \). Applied to the actual situation, it stands to reason that parents did not report seeing a statistically different amount of anxiety-related behaviors after the implementation of the Camp Cope-A-Lot group program. Therefore, for the first hypothesis, the null hypothesis was not rejected when applied to the parents’ reported observations on the BASC-2.

The second hypothesis states that there would be a statistically significant increase in the adaptive functioning of the participants as measured on the BASC-2, particularly the subscales of adaptability or adaptive skills. Utilizing a paired samples \( t \)-test, the teacher’s statistics do not show a significant increase in the adaptive functioning of the participants, as measured by either her reported levels of adaptability \( (t(11) = -.78, p = .89) \) or adaptive skills, \( (t(11) = -.60, p = .55) \)
(see Table 1). However, the parents reported observing significantly higher levels of both adaptability ($t(11) = -4.09, p = .002$) and adaptive skills ($t(11) = -2.40, p = .03$).

In examining the effect size for these different measures, the standard accepted levels were utilized: 0.0-0.2 indicates no effect, 0.2-0.5 indicates a small effect, 0.5-0.8 indicates a medium effect, and 0.8 and above indicates a large effect. As illustrated in Table 1, the effect sizes observed ranged from no effect to a large effect. More specifically, there was no effect on adaptability or adaptive behaviors as reported by the teacher. There was, however, a medium effect seen on her report of anxiety behaviors. For the parents’ reports, a small effect on anxiety was observed, a medium effect on adaptive skills was observed, and a large effect on adaptability was observed.

In further dissecting the results it was noted that although they may not have declined by a significantly significant amount, many students’ levels of reported behaviors moved from a critical level to a sub-critical level. This indicates that even if a child’s observed behaviors only improved a small amount, sometimes that amount was enough to change their profile from one that qualified as critically problematic to no longer critical. In reviewing all of the BASC-2s, 38 behavioral areas were rated above the critical level before program implementation. Of those 38 different data points, 7 of them fell below the critical level after Camp Cope-A-Lot. This means that 18.42% of seriously problematic behaviors were reduced to the point of no longer requiring clinical attention. In other words, roughly one out of every five behavioral issues was no longer observed to be above normally acceptable levels. Of the separate behaviors measured by the BASC-2, bullying, hyperactivity, adaptability, anger control, executive functioning, and negative
emotionality were all areas that, for at least one child, were at a critical level before Camp Cope-A-Lot but fell below the critical level afterwards.

It is also worth noting that in the non-clinical environment of the classroom sampled, most of the behaviors assessed were not reported by the parents or the teacher to be critically elevated. This classroom is considered to be a non-clinical sample since none of the children are being served by an Individualized Education Plan (IEP). IEPs are designed for students who require special classroom adaptations to succeed. They are used to implement academic and environmental modifications to accommodate the mental or emotional health needs of the child. A student is assessed by a trained professional, their education and medical records are reviewed, and a team meets to determine the best practice to provide accommodations. Since the students sampled in this study were not being served by an IEP, it can be safely stated that they are not considered a clinical population. Selected variables exist for a small amount of children rated at critical levels on the pre-treatment BASC-2 that dropped to sub-critical levels on the post-treatment BASC-2. The originally-reported critically-elevated levels were for the following categories: bullying according to the teacher, and bullying, hyperactivity, anger control, executive functioning, adaptability, and negative emotionality according to the parents. All students identified as having critical elevations in these categories were observed to have sub-critical elevations in these categories after the completion of Camp Cope-A-Lot.
Chapter 4

Discussion

The implications of this study are narrow in focus yet broad in scope. The preliminary round of data does not indicate a decrease in behavioral symptomatology of anxiety; however, it does indicate that in the teacher’s assessment anxiety got worse. Further a change in pro-social behavior as evidenced by elevated levels of adaptability was indicated by parents’ observations. Potentially, the group format of Camp Cope-A-Lot lends itself more to a global application than an individual one.

Given the contained environment of a small, rural classroom though, using a more Gestalt interpretation of the data would render the observed improvements more salient than the numbers might superficially imply. The possibility that only one or two students struggled with anxiety but managed to spread their unease to the rest of the classroom is a strong one; much like a seasonal cold, children pick things up from their friends. This would mean that any significant improvement would only continue to multiply outwards through the students. By helping even one student the entire classroom environment may begin to move in a more positive direction. As time goes on, this would decrease negative interactions which would increase pro-social behaviors leading to lowered anxiety levels which would thereby continue the cycle by decreasing negative interactions. In this study, it is easy to see how the whole effect of
implementing Camp Cope-A-Lot to the classroom may be much greater than the sum of its statistically measured parts.

If this study were to be replicated, a few items would be particularly interesting to examine. First the sample could be increased; this study observed only one classroom of children. A larger sample comprised of respondents from multiple classrooms would increase the validity of the results and allow for deeper comparison of data. Given the numerous possible dependent variables, it is likely that patterns of particular behavior and outcomes would emerge.

Similarly, it would be prudent to look for differences between classrooms in different school settings. The population observed was enrolled in a rural school with a class of twelve students. Students enrolled in a larger classroom, or one situated in a school not classified as a rural school, might experience the effects of Camp Cope-A-Lot much differently than their rural counterparts.

A confound of any study is the timing of the experiment; in this case, the study occurred during the closing of the school year. Camp Cope-A-Lot began after the students’ spring break but before their summer break and as such, it is possible that the anticipation of approaching summer vacation produced some behavioral changes that would not have been observed at a different time in the school year. The first round of BASC-2s were distributed just after spring break and the behaviors measured were likely more positive following the return to school as students settled into the routine of regular classroom interaction. The second round of BASC-2s was distributed approximately one week before the beginning of summer break. The students may have exhibited more excitement, attention problems, and other symptoms that could be mistaken for anxiety rather than excitement. It would be valuable to determine the most effective
time of year to implement this group treatment. Impatience or anticipation around significant events (particularly the beginning or end of a vacation period) has the potential to elicit symptoms similar to anxiety.

Adaptability of the Camp Cope-A-Lot model across different grade levels is worth consideration. This study was conducted using a classroom of fifth graders as its sample; would outcomes have been considerably different using a sample of first graders? Comparing different grade levels and their measured amount of change would assist in determining the most effective grade level for program implementation which would prove helpful in maximizing the efficiency of service delivery.

Also, what would the perceived effectiveness of this program be if the class was comprised of children identified as needing modifications to a standard academic plan in order to succeed? It is likely that the parents of children with special needs, either emotional or academic, have more training and experience in gauging their child’s behaviors. It would be interesting to see if adding in a training component for the parents of the student participants would influence the results. That is, if the parents are uniformly instructed on how to measure their child’s behaviors, would Camp Cope-A-Lot have more, less, or similar efficacy across the measured domains?

Following this change to the utilization of the BASC-2, it may also be interesting to see what the children themselves feel by allowing them to fill out a pre and post Camp Cope-A-Lot self-report BASC-2. Because this study focused on the observable behaviors of the students, the self-report measure was not included in the gathered data. However, there is a possibility that the students may have experienced a change in their cognitive processes but were not able to
demonstrate these changes in the amount of time between finishing Camp Cope-A-Lot and being reported on by their parents and teacher. Therefore, giving the students the opportunity to voice their own opinions of their anxiety levels and pro-social behaviors may yield very different results than those found in the BASC-2 parent and teacher report forms collected in this study.

After determining the ideal population and implementation characteristics, the program itself could be examined. Several explanations for the seemingly paradoxical increase in observed anxiety behaviors could be determined within the context of the first hypothesis. This particular sample of children might be naturally more anxious than their peers and may require a more individualized intervention to significantly decrease their anxiety levels. Another possibility is that talking about their fears and working through them using the Camp Cope-A-Lot treatment model increased the students’ awareness of them. This, coupled with a short amount of time to practice implementation of new strategies from the program, could imply that the amount of time between treatment and post-test observations may need to be lengthened.

Another aspect for review is the reason behind why parents observed a statistically significant change in adaptive variables which the teacher did not report observing. Potentially, talking about their fears and working to resolve them using the Camp Cope-A-Lot treatment model helped students to maintain adaptability and develop adaptive skills. This could imply that the psychoeducation that the students received via participation in the group was enough for them to identify their emotions and express them, but that their time afterwards was not adequate enough to apply the new information. However, in the home setting, they may have had more unstructured time where they could try out the techniques for themselves. A potential response
would be to lengthen the treatment program and/or the amount of time allowed to pass between completion of the Camp Cope-A-Lot program and the post-test survey.
References


Appendix A

Permission Form for Participation in the Camp Cope-A-Lot Program
Dear Parent,

As part of the services we are providing to the XXXX School District through the George Fox University’s Doctor of Clinical Psychology program practicum, we would like to give your child the opportunity to participate in a research project examining service delivery. This program will be coordinated by our 4th year student, Amanda, who is the consortium coordinator, supervised by Dr. Hamilton. As part of our school-based services, we would like to ask your permission to include your child in a district-wide survey. This survey will include an assessment of your child’s cognitive level as well as their feelings of self-efficacy. The staff here at XXXX Elementary have deemed this research to be very promising in the social development of their students and I am looking forward to providing this instruction for the remainder of this semester. This social skills enhancement class is entitled ‘Camp Cope-A-Lot’ and focuses on the development of positive self-esteem and pro-social behaviors which will help the students progress through their academic years.

In addition to the bi-weekly class meetings, I would like your assistance in evaluating whether this program worked as we intended it to. In order to do this, I have attached a Behavioral Assessment Scale for Children- Parent Rater form to this permission slip. If you could please fill it out for your student and return it with this signed form as soon as possible, I would greatly appreciate it. Upon completion of the program, I will send another Behavioral Assessment Scale for Children- Parent Rater form home to you to fill out and return. The data gathered from these forms will help to inform and shape the further use of this program with our students; our goal is to make Camp Cope-A-Lot as helpful as possible for your children and to expand it to other grade levels. Again, this coping skills curriculum is designed to be delivered to all class members as the class learns and grows together.

I am looking forward to a great rest of the year working with the students and staff at XXXX School District. Please feel free to contact me with any questions or concerns- a note left for me with the Elementary School Secretary would be the best way to initiate communication.

Your signature below provides consent regarding my work with your child through their participation in the ‘Camp Cope-A-Lot’ program.

____________________________________  _______________
Parent/Guardian Signature:            Date:
Appendix B

Parental Information Provided if Requested
Parental Information on Camp Cope-A-Lot

Overview: Camp Cope-A-Lot is a 12-session interactive CD-ROM-assisted treatment for use with children suffering from anxiety. The computer program provides cognitive behavioral therapy (based on the Coping Cat treatment) for 7 to 13 year old anxious youth. Child users advance on their own and at their own pace through the first 6 sessions, and through the last 6 sessions with therapist (coach) guidance. Users complete fun and engaging interactivities that communicate skills for managing anxiety. Along with other campers at Camp Cope-A-Lot, the child goes to an amusement park, puts on a talent show, meets someone new, speaks in public, sleeps in the dark, and experiences other adventures.

How it works: The Coping Cat program, in the context of a favorable working relationship, uses relaxation, cognitive restructuring, problem-solving, and exposure tasks to help youth learn to identify and cope with their anxious arousal. Video components and case vignettes are used to bring life to the organizational framework used in the program. Camp Cope-A-Lot includes affective education, relaxation training, identification and labeling of anxiety-related cognition, problem solving, social reward and shaping, exposure tasks, role plays, and homework.

Preliminary results of research into the statistical significance indicate that children receiving either version of the Coping Cat (individual sessions; computer-assisted program) outperformed the controls, (Weisz & Kazdin, 2010).

Why a computer program?: Camp Cope-A-Lot combines the empirically supported Cognitive Behavioral Therapy protocol with state of the art computer flash animation and interactive computer-based training with audio, two-dimensional animations, photographs, video, schematics, and a built-in reward system.
Appendix C

Curriculum Vita
Amanda M. Shimek

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Salem, OR 97317
(503) 931-3282
Ashimek07@georgefox.edu

George Fox University
414 N Meridian
Newberg, Oregon 97132
(503) 538-8383

EDUCATION:
8/09 to Present
George Fox University
APA Approved
Newberg, OR
(PsyD anticipated April 2012)

8/07 - 5/09
George Fox University
APA Approved
Newberg, OR
Master of Arts, Clinical Psychology

8/04- 05/07
Washington State University
Pullman, WA
Bachelor of Science, Psychology
Graduated from the Honors College, Cum Laude

SUPERVISED CLINICAL TRAINING PLACEMENTS:
9/11 to Present
Pre-Doctoral Internship
Linn County Mental Health: Child and Family Outpatient Services
Albany, OR

- Approximately 992 hours as of 2/20/2012

As an intern, I am responsible for similar tasks that a fully licensed psychologist would be. I conduct individual, group, and family therapy with persons aged 3 to 48 years-old. I also conduct psychological assessments of children and adolescents: personality, projective, syndrome- specific, and cognitive. My clientele represents a diverse population of Caucasian, Hispanic, African American, and Native American persons of varying sexual orientations as well as different levels of socioeconomic status. I work on multidisciplinary teams that include: parents, staff, clients, school representatives, case workers, and the justice system. I also spend one day a week on the Crisis Team triaging, assessing, and providing counseling for critical clients at Linn County Mental Health, in nearby hospitals and detention centers, and over the phone. I am currently afforded the opportunities to attend numerous trainings and in-services, collaborate in team meetings with other staff members twice a month, and on a weekly basis I also
participate in at least two hours of individual supervision, an hour of group supervision, an hour long didactic presentation. In addition, I will be assigned to presenting at least one civil commitment case to a judge before my internship experience is complete.

9/10- 6/11  
**Pre-Internship Practicum**  
George Fox University’s Rural School District Consortium, Managerial  
Newberg, OR  
  o 1087 hours total  
I provided counseling and assessment for children in elementary school through high school. Because it was the managerial position, I also supervised five practicum students, arranged for training sessions and meetings within the Rural School District Consortium, and acted as a consulting psychologist for staff and on-site personnel. And in order to ensure smooth operations, I developed a program that put protocol procedures for each school into place. The Rural School District Consortium consists of three school districts, in separate towns, and with different community-based needs.  
  • **Supervisor:** Dr. Elizabeth Hamilton, Ph.D., (503) 554-2370

9/09- 5/10  
**Practicum II**  
Yamhill County Mental Health- Adult Services  
McMinnville, OR  
  o 753 hours total  
I provided various services in the community mental health setting encompassing both therapy and assessment. Within these domains, I specifically conducted: individual psychotherapy, psychoeducation, case management, personality and cognitive assessment, family counseling, and crisis intervention. In my caseload, I provided services to a population including: severe and persistently mentally ill (SPMI), clients from age 17 to 72, and those with dual diagnoses. I saw an ethnically diverse clientele which included Native Americans and Hispanics/Latinos. I was able to successfully navigate the intersystem between the Adult Mental Health, Dual Diagnosis, and Mental Health Court and effectively communicated with psychiatrists, counselors, psychologists, social workers, and the judicial members of the Mental Health Court. At this site I received individual, as well as group supervision and participated in weekly didactic meetings.  
  • **Supervisor:** Bruce Neben, L.P.C., Psy.D, (503) 434-7523 and Paul Stoltzfus, Ph.D., (503) 554-2761

8/08- 5/09  
**Practicum I**  
St. Paul Elementary School  
St. Paul, OR  
  o 801 hours total  
At this site, I carried seven elementary school children on a weekly counseling caseload. In addition, I administered tests to assist in providing services for behaviorally and emotionally troubled children. I also conducted Individualized Education Plan case
reviews, testing, reports, and instructional planning meetings. Upon request from the teachers, I developed a curriculum for and taught a social skill class to first and third graders weekly. I was also asked to develop and teach an academic skills class to middle school students weekly. I worked with children from economically and culturally diverse backgrounds including Mexican American, Native American, and Hispanic/Latino. Here I received weekly supervision, both individual and group, and participated in weekly clinical oversight team meetings.

- **Supervisor:** Elizabeth Hamilton, Ph.D., (503) 554-2370

1/08- 5/08  
**Pre-Practicum II**  
George Fox University Graduate Department  
Newberg, OR  
I provided therapy for a male and a female undergraduate student and received weekly supervision in an individual and group format. I also participated in weekly clinical oversight team meetings and had a monthly supervision session with a group of colleagues.

- **Supervisors:** Mary Peterson, PhD., (503) 554-2761  
  and Susan Dutcher, M.S., M.A.

8/07- 12/07  
**Pre-Practicum I**  
George Fox University Graduate Department  
Newberg, OR  
Here I had four simulated psychotherapy sessions with peers and received weekly supervision in groups as well as participated in weekly clinical oversight.

- **Supervisors:** Mary Peterson, PhD., (503) 554-2761  
  and Susan Dutcher, M.S., M.A.

**SUPPLEMENTAL SUPERVISED CLINICAL TRAINING PLACEMENTS:**  
9/08- 1/11  
**Supplemental Practicum**  
Private In-Home Placement  
Newberg, OR  
  - 453 hours total  
Here I provided respite care for a local family with two children; one child is diagnosed with Cerebral Palsy and Depression and the other child is diagnosed with Pediatric Onset Bipolar Disorder, ADHD, and Sensory Integration Disorder. I worked one-on-one with each child, worked with them together, and often incorporated the mother into my work. I have interacted with the child during manic episodes and received many opportunities to practice ‘talking down’ the escalations with her and helping her to choose to stay safe.

- **Supervisor:** Elizabeth Hamilton, Ph.D., (503) 554-2370
1/10- 6/10  **Supplemental Practicum**  
St. Paul Elementary School  
St. Paul, OR  
  - 15 hours total  
Within this practicum, I provided individual counseling for 2 elementary school children and focused primarily on continuing conflict resolution and social skill education. I also attended numerous IEP meetings and conducted IEP case reviews, testing, and reports.  
  - **Supervisors:** Paul Stoltzfus, Ph.D., (503) 554-2761  
    and Elizabeth Hamilton, Ph.D., (503) 554-2370  

**INTEGRATED ASSESSMENTS AND REPORTS:**  
I have conducted and written reports for 44 integrative assessments as of 2/20/2012.  

**PROFESSIONAL AFFILIATIONS AND LEADERSHIP ROLES:**  
1/12 to Present  **American Board of Professional Psychology,** Early Entry  
3/08 to Present  **Oregon Academy of Science,** Psychology Student  
10/07 to Present  **American Psychological Association,** Graduate Student Affiliate  
10/06 to Present  **Psi Chi Honor Society,** Member  
9/06 to Present  **National Society of Collegiate Scholars,** Member  
9/09 to 5/10  **George Fox University Graduate Department of Clinical Psychology**  
  - **Student Council Member**  
  - **Student Council Representative for the Multicultural Committee**  
  - **Head of the Events Planning and Management Committee**  
8/05- 5/06  **Community Assistant**  
Pullman, WA  
I organized resident hall activities such as: community building nights, landscape clean-ups, mental and physical health presentations, fundraisers, and community service projects. I also helped with conflict resolution between peers and informal counseling of students.  
  - **Supervisor:** Wilmer-Davis Residential Advisor, (509) 335-1227  

**LICENSURE:**  
9/11  Certified Mental Health Investigator by the state of Oregon
Achieved Qualified Mental Health Provider status in the state of Oregon and issued a National Provider Identification Number

**TEACHING EXPERIENCE:**
3/10 Taught two classes of introductory psychology in the undergraduate department per request of a faculty member at George Fox University.

**RELEVANT RESEARCH EXPERIENCES:**

**2010**
**The Effects of a Computerized Anxiety Intervention on Rural School Children**
- Authored an abstract, introductory chapter, and methods section
- **Passed Preliminary Oral Defense, Spring 2010**
- Completed data gathering in July 2011
- Completed data analysis in September 2011
- **Passed Final Oral Defense, February 2012**
- Submitted for publication, March 2012

**Program Evaluation Project**
Chloe Lee, M.A., Amanda Shimek, M.A., Dio Jurecska, M.A.
- Worked directly with Career Services at George Fox University
- Funded by George Fox University’s Career Services
- Used an established measure, as well as developed a new measure
- Consulted Career Services regarding how successful senior women are
- **Presented as an Open Forum at George Fox University, Spring 2010**

**2008**
**An Assessment of Cognitive Delay in Roma (Gypsy) Children**
Mandy Torpey, M.A., Maxwell Knauss, M.A., Amanda Shimek, M.A.
- Provided coding and inter-rater reliability in a quantitative research study
- Coded drawings according to two established research keys
- Researched resiliency factors in children and wrote the corresponding section of the report
- Analyzed, scored, and compared 29 House, Tree, Person drawings
- **Poster presented at the Western Psychological Association convention, Spring 2009**

**2008**
**The Development of Family Cohesiveness: A Qualitative Study of Internationally Adoptive Families**
Research Assistant for Kristi Schmidlkofer, M.A.
- Provided coding and inter-rater reliability in a qualitative research study
o Coded interviews for information regarding attachment processes between internationally adopted youth and their families
o **Study presented at the Western Psychological Association convention, Spring 2009**

**PUBLICATIONS AND PRESENTATIONS:**
2010  
*College to Career Transition: Women in the Social Sciences*  
George Fox University Open Forum Presentation  
Newberg, OR  
**Supervisor:** Mark McMinn, Ph.D.

2007  
*Does the Presence of Peers Influence an Individual's Display of Helping Behavior?*  
Honors' Thesis Presentation  
Washington State University  
Pullman, WA  
**Supervisor:** Craig Parks, PhD.

**PRESENTATIONS, COLLOQUIA, AND CONFERENCES ATTENDED:**
While this is not an exhaustive list of presentations, colloquia, and conferences I have attended, these are the most directly applicable to my particular interests in working with children, systems, and diversity.

2012  
*Advanced Motivational Interviewing*  
Kathyleen M. Tomlin, M.S, LPC, CADC III  
Approved by: Addiction Counselor Certification Board of Oregon

2012  
*Organizational Trauma and Organizational Recovery*  
Maggie Bennington-Davis, M.D., Cascadia B.H.C.  
Based on the work of Dr. Sandra Bloom

2011  
*Integrated Treatment for Co-Occurring Disorders*  
Janet Bardossi, M.S.W, L.C.S.W.  
Mid-Valley Behavioral Care Network

2011  
*Investigator/Examiner Civil Commitment Training*  
Jerry Williams, M.Ed.  
State of Oregon: Department of Human Services, Health Services: Office of Mental Health & Addiction Services
2011  
*Emergency Management Institute’s Professional Development Training: Introduction to Incident Command System and National Incident Management System- An Introduction*
Federal Emergency Management Agency

2010  
*Current Guidelines for Working with Gay, Lesbian, and Bisexual Clients: The new APA practice guidelines*
Carol Carver, Ph.D.
George Fox University Clinical Psychology Grand Rounds Presentation

2009  
*Multi-cultural Counseling: An alternative conceptualization*
Carlos Taloyo, PhD.
George Fox University Clinical Psychology Colloquium

2009  
*Association of Psychology Postdoctoral and Internship Centers-2009 Conference*
- **Keynote Address**
  - Elizabeth Klonoff, Ph.D., ABPP
- **University Counseling Centers**
  - Karen Taylor, Ph.D., and Arnie Abels, Ph.D.
- **Competency Problems: Managing Performance, Attitudinal, Ethical, and Legal Issues with Interns and Postdocs**
  - Jeff Baker, Ph.D., Sharon Berry, Ph.D., Karen Taylor, Ph.D., Eugene D’Angelo, Ph.D., and Mona Mitnick, JD
- **Legal and Ethical Issues with Problematic Trainees**
  - Stephen Behnke, JD, Ph.D.

2008  
*Primary Care Psychology*
Julie Oyemaja, PsyD.
George Fox University Clinical Psychology Grand Round Presentation

2008  
*Christian, Hindu, and Muslim Children’s Spirituality: Implications for Psychotherapy*
Winston Seegobin, PhD.
George Fox University Presentation

2008  
*Oregon Psychological Association- 2008 Conference*
- **The Practice of Acceptance and Commitment Therapy and the Practice of Vipassana**
  - Vijay Shankar, PsyD. and Anne Shankar, LCSW
- **Mindfulness Training: The Third Pathway to Trauma Resolution**
  - John Briere, PhD.
- **A Relational CBT Approach to Complex Trauma in Adolescents**
  - John Briere, PhD.
• Ethics and Risk Management in Couples Treatment
  o Mark Burton, PhD.
• Addiction and Impairment Among Professionals
  o Marvin Seppala, MD.
• Postpartum Mood and Anxiety Disorders
  o Roberta Ricketts, PhD.
• Child Sexual Abuse Allegations and Custody Disputes: Staying Sane in Insane Places
  o Wendy Bourg-Ransford, PhD.
• Legal and Ethical Update
  o Paul Cooney, JD.

APPLICABLE EMPLOYMENT:

9/06 to Present  **Linn County Mental Health: Child and Family Outpatient Service**  
Albany, OR  
As an intern, I am responsible for similar tasks that a fully licensed psychologist would be. I conduct individual, group, and family therapy with persons aged 3 to 48 years-old. I also conduct psychological assessments of children and adolescents: personality, projective, syndrome-specific, and cognitive. My clientele represents a diverse population of Caucasian, Hispanic, African American, and Native American persons of varying sexual orientations as well as different levels of socioeconomic status. I also spend one day a week on the Crisis Team triaging, assessing, and providing counseling for critical clients at Linn County Mental Health, in nearby hospitals and detention centers, and over the phone.

9/08 - 1/11  **Oregon Department of Human Services**  
Salem, OR  
I provided weekly respite care for a family with two high-needs children. More descriptively, there was one teenage boy who has Cerebral Palsy and battles with Depression and one pre-teen girl who has Pediatric Onset Bipolar Disorder, ADHD, and Sensory Integration Disorder. During my time I worked with the children individually, together, and occasionally involved the mother.

9/08 - 4/09  **Oregon Family Support Network**  
Marylhurst, OR  
My primary responsibility was to provide a safe and therapeutically appropriate environment for 10-20 children of various ages so that their parents could attend ‘Collaborative Problem Solving Book Club’ meetings. These children had a variety of Axis I and Axis II disorders or were in family systems with siblings who carried diagnoses.
  • **Supervisor:** Kristen Anderson, (503) 709-1366
VOLUNTEER WORK:
9/07, 9/08, 9/10  **Serve Day**
McMinnville, OR
Each year I have participated in the George Fox University’s Serve Day and have
gone out with my graduate department colleagues to conduct repairs and improve
conditions of Juliette’s House, a facility that performs medical and forensic
assessments for suspected child abuse, offers treatment options and referrals to the
children and their families, and provides follow-up support.

1/07- 5/07  **YMCA of Washington State University**
Pullman, WA
I tutored 1-3 middle school aged children once a week. Also once weekly I
coordinated the tutors for four different schools, facilitated training sessions, and
arranged meetings for the tutoring program.
  - **Supervisors:** Sarah Hanks, (509) 332-3524,
    Jennifer Luboski, PhD., (509) 335- 1592

8/06- 12/06  **Child Care Community Center**
Pullman, WA
Twice weekly I assisted with 6-15 pre-school aged children by teaching
interpersonal skill lessons and by providing the teacher with my behavioral
observations for her reports on the students.
  - **Supervisor:** Brenda Boyd, PhD., (509) 335-9642

8/05- 5/06  **Community Assistant**
Pullman, WA
I organized resident hall activities such as: community building nights, landscape
clean-ups, mental and physical health presentations, fundraisers, and community
service projects. I also helped with conflict resolution between peers and informal
counseling of students.
  - **Supervisor:** Wilmer-Davis Residential Advisor, (509) 335-1227

REFERENCES:
Jane I. Allen, Psy.D.
Clinical Supervisor at Linn County Department of Health Services: Mental Health: Child and
Family Outpatient Program, Licensed Psychologist
(541) 967- 3866  Extension 2687
JAllen@co.linn.or.us

Christine Wung, PsyD.
Internship Supervisor and Coordinator at Linn County Department of Health Services: Mental
Health, Licensed Psychologist
(541) 967- 3866
CWung@co.linn.or.us
Elizabeth Hamilton, PhD.
Adjunct Faculty, Assistant Professor, Clinical Supervisor, and Practicing Clinician
George Fox University Graduate Department of Clinical Psychology, Mid-Valley Counseling Center
(503) 554-2761
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Paul Stoltzfus, PhD.
Adjunct Faculty, Clinical Supervisor, and Practicing Clinician
George Fox University Graduate Department of Clinical Psychology, Mid-Valley Counseling Center
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