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The Effects of a Grace Intervention in a Christian Congregation: A Study of Positive Psychology in the Church

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The Effects of a Grace Intervention in a Christian Congregation:
A Study of Positive Psychology in the Church

by
Jeff A. Moody

Presented to the Faculty of the
Graduate Department of Clinical Psychology
George Fox University
in partial fulfillment
of the requirements for the degree of
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in Clinical Psychology

Newberg, Oregon

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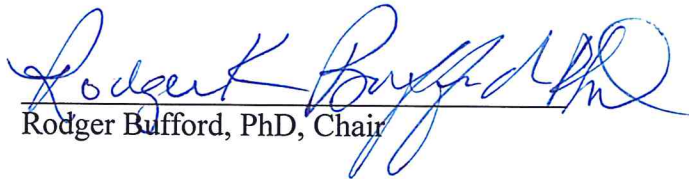
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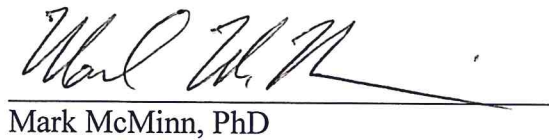
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The Effects of a Grace Intervention in a Christian Congregation:

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Abstract

There are certain virtues or character strengths that promote well-being in a person's life. Positive psychology research has examined these characteristics, but not within spiritual and religious contexts. It has been demonstrated that involvement in religious life contributes to overall well-being. There is an absence of research examining the influence of spirituality on positive psychology variables. Within the Christian tradition, grace is considered to be a catalyzing element which leads to transformation in the Christian's character and relationships. It was hypothesized that a successful grace intervention within a Christian faith community would lead to increases in the awareness and enactment of grace, spiritual well-being, gratitude, emotional well-being, and marital satisfaction. It was further hypothesized that a grace intervention within a marital context would lead to greater increases in the observed variables, since marriage provides a special context within which to increase in these variables. Two Friends (Quaker) congregations participated as intervention and wait-list control groups in a 6-

week grace intervention. Between groups ANOVAs revealed significant difference in participants Dimensions of Grace Scale (DGS) scores, but not on any other variable. Marriage appeared to be a variable that played a role in participants' DGS score increases. Within groups analyses also revealed significant change in the intervention group on DGS scores. Marital status was a significant covariate. The grace intervention is a useful method to increase a person's awareness of grace, and being married may provide a crucible for growing in grace, however small sample size and ceiling effects confounded the findings. Future research, then could examine more closely the impact of marital status on change, use a clinical sample, and apply the intervention to different Christian traditions.

Table of Contents

Approval Page.....	ii
Abstract.....	iii
List of Tables	vii
List of Figures.....	viii
Chapter 1: Introduction.....	1
Human Flourishing and Well-Being	1
Grace: Conceptual Factors	3
Grace: Empirical Research.....	5
Grace and Its Vicissitudes	7
Marriage as a Context for the Development of Christian Character and Well-being	12
Chapter 2: Methods.....	14
Participants	14
Instruments	14
Procedure.....	20
Chapter 3: Results.....	22
Replacement of Missing Data	22
Grace Orientation (DGS).....	23

Spiritual Well-Being (SWB)	26
Gratitude (GQ-6)	27
Emotional Well-being (PANAS).....	27
Marital Satisfaction (Enrich)	27
Distribution of Scores.....	28
Chapter 4: Discussion	30
Implications	32
Limitations.....	33
Future Research	34
Conclusion.....	35
References.....	37
Appendix A: Informed Consent, Demographic Items, and Measures on Survey Monkey	46
Appendix B: Curriculum Vitae.....	57

List of Tables

Table 1 Missing Data for All Three Occasions	22
Table 2 Means and Standard Deviations for Measures for All Three Times	24
Table 3 Skewness/Std Error and Kurtosis/Std Error of Participants' Scores for All Three Occasions	29

List of Figures

Figure 1. Dimensions of Grace Scale means across groups and occasions.	25
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Chapter 1

Introduction

Psychology has primarily focused on the causes of psychological distress and pathology in its relatively short existence. And why would it not? Psychology has been a necessary response to the experience of psychological and emotional suffering. While this can be seen as a redemptive endeavor from a Christian worldview (McMinn & Campbell, 2007), and extremely beneficial to society at large, it ignores a crucial aspect of human living—the causes of health and well-being.

To address this gap in the literature, Martin Seligman and Mihaly Csikszentmihalyi (2000) established the positive psychology movement, specifically seeking to understand the aspects of human psychology that promote well-being in life. Consequently, for the past 15 years a plethora of research has been published regarding the precursors of health and well-being. Seligman and his colleagues have developed a system to explore a domain that has been sparsely studied and to promote more rigorous scientific study of what promotes the good life (Seligman, Steen, Park & Peterson, 2005).

Human Flourishing and Well-Being

Seligman and his colleagues thus far have created a list of 6 general virtues and 24 specific strengths of character that are said to contribute to well-being in life (Seligman et al., 2005). While their list outlines important attributes and personal qualities, they tend to focus mostly on self-contained personal qualities. It seems reasonable to consider other dimensions of

human flourishing, including transcendent interpersonal factors (Seligman & Deiner, 2004). For instance, under various circumstances religion and spirituality play a role in human well-being (Day, 2010; Myers, 2009; Powell, Shahabi, & Thoresen, 2003; Seeman, Dubin, & Seeman, 2003). Similarly, having social relationships is associated with better health outcomes and well-being (Cohen, 2004). More specific to the present study, being married significantly increases well-being in multiple areas including finances (Institute for American Values, 2005; Waite & Gallagher, 2000), physical health (Ross, Mirowsky & Goldsteen, 1990), mental health (Marks & Lambert, 1998), children's adjustment (Grych & Fincham, 1990; Webster-Stratton, 1989), and children's academic and social functioning (Forehand, Brody, Long, Slotkin & Fauber, 1986). For a review of the immense amount of research on this topic see Waite and Gallagher (2000).

If spirituality and relationships are correlated to well-being, then what is it about these that promote well-being? Interestingly, Dahlsgaard, Peterson, and Seligman (2005) looked to the religious traditions in developing their list of virtues and character strengths that are understood to lead to human flourishing and well-being. In short, religious and spiritual traditions played a role in the early development of positive psychology and its conceptualization of human flourishing and well-being. At a minimum, it is worthy of scientific inquiry.

The Judeo-Christian tradition, for example, addresses well-being in various ways. Ancient Jewish custom makes a connection between religious devotion and flourishing (Deuteronomy 12:28), as well as a connection between wise decision-making and well-being (Proverbs 3:1-35). Likewise, the Christian tradition has no shortage of exhortations about behaviors and choices that promote love for others and love for God (Luke 10:27, James 1:27). In fact, in Jesus' summation of how to live (Luke 10:27, Matt 22:37-39, Mark 12:30-31) he

points to two things deemed of ultimate importance among Christians: love for God and love for others. Assuming healthy and loving expressions of this, there is an implication that religious and spiritual devotion, as well as relational engagement, can also promote well-being.

Although showing love for God and others is the ideal, the Christian tradition teaches that humans live in a world negatively impacted by sin, and as a consequence, everything is fundamentally affected by sin—even our capacity to love God and other people. This results in brokenness throughout all dimensions of our existence: material, biological, psychological, social, and spiritual (McMinn, Ruiz, Marx, Wright, and Gilbert, 2006). Relationships, both to God and others, can quickly become characterized by conflict, abuse of power, pride, selfishness, lack of forgiveness, vengeance, dissolution and violence. And due to the hurt and pain experienced within some human relationships, the love that would ideally characterize our relationships sometimes ceases to be enacted. Something is needed to restore love as the foundation of relationship, both to God and others. This is where the Christian concept of grace becomes crucially important (McMinn et al., 2006).

Grace: Conceptual Factors

Conceptually, the aspects of grace that some authors have highlighted include unconditional favor (Sisemore et al., 2011), getting better than what is deserved (Bufford, Sisemore & Blackburn, 2014), a free gift (McMinn, 2008), freely given love (Huber, 1987), unearned love from God (Wahking, 1992), God-based mercy toward others (Buriyon, 2001), and an awareness of sin and need for forgiveness (Sisemore et al., 2011). A sound understanding of grace will always include an honest appraisal of one's sin as well as a dependence on God (Sisemore et al., 2011). In fact, McMinn (2004) noted that an awareness of our sin is the

“prelude to grace” (p. 13). Grace becomes powerfully transformative because “... a Christian’s confidence in the free availability of God’s grace liberates the self to honestly admit and repentantly address the failures and inadequacies of its own sinfulness” (Sisemore et al., 2011, p. 70). Wahking (1992) noted that even though God knows us thoroughly and deeply, God still loves us. Spradlin (2002) asserted that grace is relational. Lastly, Bufford et al. (2015) stated that an appropriate response to grace is gratitude. According to the Christian, grace transforms our pride into awareness of our brokenness, our selfishness into humble gratitude, and our need for control into relational dependence on the Divine.

Grace is neither mentioned as a specific virtue nor character strength in the positive psychology literature; nevertheless it may be a necessary component for promoting relational well-being or repairing the ruptures in strained relationships. The Christian faith is premised on the belief that grace is needed to repair the broken relationship between God and humans. “Grace is the most crucial concept in Christian theology” (Zackrison, 1992, p. 54). God extends His grace to us due to our sin and brokenness, and because of this grace, our relationship with Him is repaired and we can engage in a close and meaningful relationship with Him.

Grace is not only relevant to our relationship with a transcendent Being. Christians are instructed to conduct their relationships with other humans according to the same model of grace that guides our relationship with God (Romans 15:7). Christians are commanded to forgive others (Mark 11:25, Matt 6:14-15), encouraged to return kindness for anger (1 Peter 3:9), and instructed to love others because God loves us (1 John 4:19). The power of grace is that when enacted between people, it works against the results of sin—abuse of power, conflict, pride, selfishness, lack of forgiveness, dissolution, and violence—by discontinuing the cycle of *lex*

talionis (an eye for an eye; Proverbs 17:13, 24:29; 1 Thessalonians 5:15; 1 Peter 3:9). This implies that grace is enacted relationally, and is an experience that allows relationships to be repaired and restored back to a state of health and well-being. Metaphorically, it becomes the necessary relational medicine that promotes healing and restoration. John Gottman's research (Gottman, 2015) on marital relationship dynamics have established "repair" (p. 171) as a necessary factor for marital satisfaction and stability; in other words, when grace is brought into the relational interaction, couples grow closer. More relevant to the topic of positive psychology, grace may promote relational flourishing which acts as a protective factor and leads to continued experience of well-being rather than only repairing and restoring a previous state of health back to a person.

Grace: Empirical Research

Although grace is considered a transformative agent in the Christian's life, it has seldom been the subject of empirical study in the field of psychology. Only five published studies have empirically examined the relationship between grace and an individual's psychological health (Bufford, Blackburn, Sisemore, & Bassett, 2015; Sisemore et al., 2011; Watson, Chen, & Sisemore, 2011; Watson, Morris, & Hood, 1988a, 1988b). These few studies showed correlations between subjective ratings of an awareness of grace and objective ratings of psychological well-being. For example, Watson and colleagues (1988a) found that those with a grace orientation reported lower levels of depression; likewise Sisemore and colleagues (2011) found that higher scores on their scale (Richmont Grace Scale) predicted low scores on depression, anxiety and general poor mental health. Watson et al. (2011) using a revised version of the RGS found correlations with less depression and greater self-compassion. Most recently, Bufford et al.

(2015) found positive correlations between scores on a grace measure and spiritual well-being, gratitude, and positive religious coping; negative correlations were found between the grace scores and internalized shame, negative religious coping, childhood adversity, and symptoms of psychological distress.

Spiritual or religious experience appears to be impacted by a person's orientation to grace. Several factors appear to be relevant: religious commitment was predicted (Dudley, 1995), it was correlated with an intrinsic religious orientation and a healthy view of sin (Sisemore et al., 2011; Watson et al., 2011), greater hopefulness and the tendency to forgive (Watson et al., 2011), greater spiritual well-being (Spradlin, Bufford, & Thurston, 2011), and lower levels of reported shame (Spradlin et al., 2011).

Because grace is sparsely studied in the field of psychology, one preliminary task is operationalizing and measuring the construct of grace. Some recent attempts at deciphering grace have helped to further this goal. Specifically, three separate scales have been created to measure grace in a person's life, or in other words, a person's grace orientation: the Grace Scale (Payton, Spradlin, & Bufford, 2000; Spradlin, 2002), the Richmond Grace Scale (Sisemore et al., 2011; Watson et al., 2011), and the Amazing Grace Scale (Bassett, 2013; Bassett et al., 2012). The latest development in measuring grace involved factor analysis of the items from all three grace measures; results identified five factors and led to the development of a 36-item Dimensions of Grace Scale (Bufford et al., 2015; Bufford et al., 2014; Bufford, Sisemore, Blackburn & Bassett, 2013).

Grace and Its Vicissitudes

Conceptually and empirically, the understanding and integration of grace in a person's life, or a grace orientation, should lead to benefits that promote better relationships, both with God and with fellow humans. In other words, one could presumably expect to see some internal and external manifestations of a grace-orientation, specifically in their spiritual life and in their relationships with others.

In what ways might a grace-orientation be expected to manifest in one's life? Since both the theoretical and empirical literature on grace in the field of psychology is limited, there is little known about how an increase in a grace-orientation will affect a person's health, behavior, and relationships; thus more studies need to be conducted to understand all of its vicissitudes. In the current study, we chose to look at five areas of change: (a) the awareness and enactment of grace, (b) emotional well-being, (c) marital satisfaction, (d) gratitude, and (e) spiritual well-being. In the following section we discuss each of these variables in more detail and why we chose these specific variables.

Enactment of Grace. As the grace studies mentioned earlier indicate, it would be expected that a person's awareness and enactment of grace would increase with the interjection of experiences that promote both awareness and enactment of grace. In fact, Sisemore and his colleagues (2011) state, "...the most promising direction seems to be to develop a 'grace intervention' designed to deepen individuals' appreciation and application of the construct of God's grace" (p. 63). Within the psychological literature we found no literature that explored what might increase a person's awareness and enactment of grace. This reinforces the idea that grace, the central concept to the Christian faith, has been neglected in the scientific literature,

which is unfortunate as there are many Christian clinicians who would benefit from knowing what the empirical study of grace would reveal. Furthermore it makes the present study a first of its kind.

Emotional well-being. In positive psychology the term *happiness* is often used to depict a person's life satisfaction; Seligman noted that the main thrust of positive psychology is to "increase individual happiness" (Seligman et al., 2005, p. 413). At first glance, the emphasis on "happiness" may seem temporal and superficial to the Christian. However, Seligman and colleagues (2005) break down this construct into three parts: (a) positive emotion and pleasure, (b) engagement, and (c) meaning. While their research has found that engagement and meaning have the most robust connection to life satisfaction, positive emotion and pleasure also are an important aspect of emotional well-being. Furthermore, in their study on increasing a person's happiness, they used interventions that were focused on behaviors, which are conceptually associated with the Christian concept of grace. For example, in the "gratitude visit" participants wrote and delivered, in person, a letter to someone who had treated them kindly but had never been properly thanked. In another exercise participants wrote down three things that had gone well during the day, and their causal explanation, every day for one week. Both exercises were behaviors of gratitude, and both had powerful effects on the participants, increasing happiness and decreasing depression (Seligman et al., 2005). While the present study is not using a gratitude intervention, it seems reasonable to wonder about how grace may impact a person's positive emotions, and also their negative emotions.

The five studies (Bufford, et al, 2015; Sisemore et al., 2011; Watson et al., 2011; Watson, et al., 1988a, 1988b) on grace, health, and well-being mentioned earlier indicate a strong

relationship between the understanding and enactment of grace, psychological health, spiritual well-being, gratitude, and positive religious coping, and the absence of internalized shame, negative religious coping, childhood adversity, and psychological distress. While these studies are correlational, their findings lead the current investigator to believe that grace may have some causal potential. Sisemore and his colleagues (2011) stated, "... helping persons employ the hope of God's grace would appear to have a potential to promote greater ... psychological well-being" (p. 63). In other words, a grace intervention might lead to an increase in a person's psychological and emotional well-being. It might be found that through an awareness and integration of grace in one's life there is a felt capacity to engage more deeply in relationships, to accept oneself more fully, to experience more positive affect and less negative affect, to experience more life satisfaction, or to experience an increased sense of meaning. These are some of the specific dimensions of well-being noted by Diener (2000) and Kobau, Snizek, Zack, Lucas, and Burns (2010) in their review of several well-being scales.

Marital well-being. Marital well-being might include different dimensions depending on the population that is surveyed, but in general, satisfaction is a commonly assessed construct. Two studies (Beckenbach, Patrick, & Sells, 2010; Patrick, Beckenbach, Sells, & Reardon, 2013) found that when an intervention emphasizing grace between partners was administered to couples, there was an increase in empathy, justice and forgiveness in the relationship, ultimately resulting reconciliation and relocating "the relationship into the center of their experience" (Beckenbach et al., 2010, p. 293). Their findings lend some preliminary support to the idea that grace, when experienced and integrated, can lead to the development of attributes that promote flourishing within marital relationships, such as kindness, mercy and goodness that have no

expectation of reciprocation from the recipient (Sells, Beckenbach, & Patrick, 2009). No other studies I am aware of have used a marital intervention emphasizing any form of grace in order to promote marital well-being.

Might a genuine experience or a deeper understanding of God's grace lead to an improvement in a committed, romantic relationship? "Acknowledging our own short-comings in the context of God's amazing love, grace-oriented individuals may be in a position to empathize with the thoughts and feelings of others regardless of their behavior, or misbehavior," (Basset, 2013, p. 50). Furthermore, grace enacted between people leads to less defensive postures and less counter-attacks (Patrick et al., 2013), thus leading to what decades of marital research suggest is responsible for marital satisfaction and stability—not eliminating conflict, but handling conflict in a positive way, and having less destructive conflict (Gottman & Silver, 1999). Wahking (1992) notes, "The more aware we become of God's graceful forgiveness of ourselves, the less angrily vindictive we will be toward those who wrong us" (p. 200). Conceptually, an experience of God's grace should transform relational interactions. It is possible that a measure of marital satisfaction may capture some of the relational impact of an experience of God's grace. In other words, if a grace intervention leads to grace between partners consisting of but not limited to justice, forgiveness, and empathy, will there also be an increase in marital satisfaction?

Gratitude. Gratitude comes from a Latin root meaning "grace, graciousness, or gratefulness" (Emmons & McCullough, 2003, p. 377). They all have something to do with characteristics such as kindness, generosity, or getting something with no strings attached (Emmons & McCullough, 2003). Conceptually, this connects well with grace; gratitude might be the natural response to grace (Bufford et al, 2015). Emmons and McCullough (2003) stated,

“prototypically gratitude stems from the perception of a positive personal outcome, not necessarily deserved or earned, that is due to the actions of another person” (p. 377). Bassett stated, “Grace is much more about what God does than what the person does” (2013, p. 54), which would lead to gratitude towards God’s gift of grace.

Spiritual well-being. Those who are more religiously active show higher levels of well-being (Myers, 2009). Specifically, Myers (2009) found that the more a person attends their religious programming, the more their satisfaction increases. This indicates a fascinating degree of correlation between an active religious life and well-being. In conceptualizing what well-being within one’s spiritual life looks like, Rowald (2011) found three dimensions to be significant: personal, communal, and transcendental. Personal spiritual well-being, which means, “having a close connection to one’s own internal values and having a sense of personal meaning to life” (p. 961) predicted happiness, psychological well-being, and lower levels of stress. Communal, or healthy interpersonal relationships (whether friendships or love) were significantly correlated with happiness. Lastly, transcendental spiritual well-being, or feeling connected to God or a higher being promotes psychological well-being. It is unlikely that simply attending religious activities leads to well-being. Therefore, might the awareness of God’s grace in one’s life and the grace experienced within a connected and healthy faith community be a component that leads to well-being?

Bufford (Bufford 2014, 2015; Bufford et al, 2014; Bufford et al, 2015) and Spradlin (2002) found positive correlations between grace and spiritual well-being, but there is as yet no empirical data to establish a claim that the experience of grace leads to greater spiritual well-

being; this is why Sisemore et al. (2011) encourage the development of a grace intervention to help promote greater spiritual well-being.

Marriage as a Context for the Development of Christian Character and Well-being

It is a frequent and robust research finding that married people experience a greater degree of overall personal well-being compared to non-married people (Waite & Gallagher, 2000). Furthermore, popular Christian literature on the topic of Christian marriage weighs in on the subject of the development of Christian character. Gary Thomas (2000) poses this question, “What if God designed marriage to make us holy more than to make us happy?” (Thomas, 2000, p. 13), implying that marriage may be an important context in which to develop godly character. Most salient to the present study, Thomas stated, “Being married forces you to face some character issues you’d never have to face otherwise,” (Thomas, 2000, p. 21). Marriage provides a unique opportunity for character development that no other relationship offers.

Timothy Keller (2011) states that marriage is a microcosm of the gospel, or, said another way, a context for experiencing grace. “Through the gospel, we get both the power and the pattern for the journey of marriage” (Keller, 2011, p. 41). “The hard times of marriage drive us to experience more of this transforming love of God. But a good marriage will also be a place where we experience more of this kind of transforming love at a human level” (p. 40). Essentially, the covenant relationship between God and humans is actually played out between spouses—loving the other despite imperfection, and repeatedly reaching out with grace and forgiveness. The Apostle Paul explicates one aspect of this model when he exhorts husbands to love their wives “as Christ loved the Church,” (Ephesians 5:25), encouraging husbands to extend grace towards their spouses. Both Thomas and Keller are positing that marriage is a powerful

context, or the crucible through which grace is received, modeled, and experienced by the other, thus leading to personal, relational and spiritual well-being.

While the power of grace within marriage to produce personal, relational, and spiritual well-being is an important concept within Christian theology, it appears to be underused within the congregations of Christian churches, which may be evidenced by the similarity in divorce rates of Christian and non-Christian couples (Barna Research Group, 2008). In the present study, the investigators are interested in understanding how the marital relationship mediates the awareness and enactment of grace. In other words, might marriage be a context within which a person's grace-orientation can be increased?

The hypotheses of this study is that a grace intervention will lead to an increase in:

1. Awareness and enactment of grace.
2. Emotional well-being.
3. Marital satisfaction.
4. Gratitude.
5. Spiritual well-being.

A secondary hypothesis is that a grace intervention practiced within the context of a marital relationship will lead to a greater increase in the above variables.

Chapter 2

Methods

Participants

Participants were solicited on a volunteer basis from two Friends (Quaker) churches in the Pacific Northwest and were asked to participate in a study on how people grow in grace.

The total sample size was 55 ($N = 55$) at the beginning of the study, with 31 in Group A (intervention group) and 24 in Group B (wait-list control group). Participants completing pre-and post-test measures on Occasions 1 and 2 included 51 ($N = 51$), with 29 in Group A and 22 in Group B. At Occasion 3, Group A included ($N = 26$), and Group B included ($N = 22$).

Of the 51 participants who completed both pre- and post-test, the sample was predominantly female, with 18 male (35%), 31 female (61%), and 2 unidentified (4%). Thirty-eight identified as European-American (74%), 11 as other (22%), and 2 were unidentified (4%). Regarding education, five had completed high school (10%), 12 had completed some college (23%), 20 had a college degree (39%), one was a graduate student (2%), and 13 had graduate degrees (26%). Thirty reported being employed (59%), 17 unemployed (33%), and four were self-employed (8%).

Instruments

Measures included a demographic questionnaire, the Daily Spiritual Experiences Scale, Dimensions of Grace Scale, Duke Religion Index, Spiritual Well Being Scale, Enrich Marital Satisfaction Scale, Gratitude Questionnaire-6, Positive and Negative Affect Schedule,

Satisfaction with Life Scale, and the Marlowe-Crowne Form A (11 item short form). Each of these will be discussed in turn.

Demographic questionnaire. The demographic questionnaire gathered data on age, education, gender, ethnicity, and employment status.

Daily Spiritual Experiences Scale (DSES). The DSES is a 16-item self-report to measure of “everyday ordinary experience rather than particular beliefs or behaviors” (Underwood & Teresi, 2002, p. 22) in regards to connection with the transcendent. It utilizes a rating scale, with individual responses ranging from 0 (*many times a day*) to 5 (*never or almost never*). The current study reversed the scoring to make completion of all scales uniform for participants, in that lower scores indicate qualitatively negative outcomes and higher scores indicate qualitatively positive outcomes. Underwood and Teresi (2002) and Underwood (2011) reported test-retest reliability = .85; intraclass correlation coefficient for internal reliability = .73; Cronbach’s alpha estimate of internal reliability = .89–.95. Concurrent validity was confirmed with a number of instruments, including the State-Trait Anxiety Inventory, Cohen PSS, the Optimism Scale, Scale of Perceived Social Support, and the Positive and Negative Affect Scale.

Dimensions of Grace Scale (DGS). The DGS (Bufford, Sisemore & Blackburn, 2015) is a recently developed scale combining items from three previously developed scales measuring aspects of the grace construct. The three previous scales are the Grace Scale (Payton et al., 2000; Spradlin, 2002), the Richmond Grace Scale (Sisemore et al., 2011; Watson et al., 2011), and the Amazing Grace Scale (Bassett & the Roberts Wesleyan Psychology Research Group, 2013). It utilizes a Likert-type scale, with individual responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The DGS measures five dimensions, or factors, of grace. Experiencing God’s

Grace (Factor 1) includes items such as “Because of God, I feel I have a greater sense of power and energy in my life.” Costly Grace (Factor 2) includes items such as “Knowing God will forgive lets me do anything I want.” Grace to Self (Factor 3) includes items such as “I seldom feel shame.” Grace from Others (Factor 4) includes items such as, “As a child I was confident that at least one of my parents loved me no matter what.” Grace to Others (Factor 5) includes “Others must earn my forgiveness.” The current scale includes seven items for each of the five dimensions of grace and one extra item for Experiencing God’s Grace. Bufford et al reported an alpha for the five factors ranging from .71 to .98. Acceptable validity was established using several religious/spirituality measures and psychological measures including: Adverse Childhood Experiences Questionnaire (ACE), ACORN, the Brief RCOPE, Gratitude Questionnaire-6, the Internalized Shame Scale, and the Spiritual Well-being Scale.

Duke Religion Index (DUREL). The DUREL is a five-item measure of religious involvement (Koenig & Bussing, 2010). It measures three major dimensions of religiosity: organizational, non-organizational, and intrinsic. The organizational and non-organizational dimensions are measured by one item each and have a possible range of 1 to 6 where 1 = *never* and 6 = *more than once per week*. The intrinsic subscale includes three items and is responded to on a Likert-type scale with individual responses ranging from 1 (*definitely not true*) to 5 (*definitely true of me*). The overall scale has high test-retest reliability of .91 (Storch, Strawser, & Storch., 2004) and an alpha ranging from .73 to .91 (Koenig, et al., 1997). High convergent validity, ranging from .71 to .86, has been demonstrated with other measures of religiosity (Koenig & Bussing, 2010).

Spiritual Well Being Scale (SWB). The SWB (Paloutzian & Ellison, 1982) consists of 20 items that measure spiritual well-being in regards to one's relationship with God (Religious Well-Being) and one's relationship with others and the world around them (Existential Well-Being). The SWB is responded to on a rating scale with individual responses ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). The alpha was .92 for overall SWB, .94 for Religious Well-Being and .86 for Existential Well-Being; Bufford, Paloutzian and Ellison (1991) reported alpha was greater than .84 for seven samples. Bufford and colleagues (1991) also reported test-retest reliability of above .85 in each of three samples. Validity for this scale was established in several samples; Bufford et al noted that it is a "good general index of well-being" (Bufford et al., 1991, p. 57).

Enrich Marital Satisfaction Scale (EMS). The EMS (Fowers & Olson, 1993) is a 15-item scale that includes a Marital Satisfaction scale with ten items and an Idealistic Distortion scale with five items. The idealistic scale corrects for a score on the satisfaction scale if the respondent portrays the marriage in "an impossibly positive way" (Fowers & Olson, 1993, p. 178). The EMS assesses the following areas of marriage found to be most important by Fournier, Olson, and Druckman (1983): idealistic distortion, marital satisfaction, personality issues, communication, conflict resolution, financial management, leisure activities, sexual relationship, children and parenting, family and friends, equalitarian roles, and religious orientation. Responses are made using a 5-point Likert-type scale from 1 (*strongly disagree*) to 5 (*strongly agree*); examples of items are, "My partner and I understand each other perfectly," and "I have some needs that are not being met by our relationship." Internal consistency reliability is .86; test-retest reliability also is .86. It has good concurrent and construct validity when compared to

other established scales (Fowers & Olson, 1993). This scale is an alternative for researchers who need a brief, yet valid and reliable measurement of marriage quality.

Gratitude Questionnaire-6 (GQ-6). The GQ-6 (McCullough, Emmons, & Tsang, 2002) is a 6-item scale which uses a 7-point Likert-type scale with individual responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*) to measure dispositional gratitude. Internal Consistency was .87. Additionally, the GQ-6 only exhibits small to moderate negative relations with indices of anxiety and depression (r 's = $-.20$ and $-.30$, respectively), indicating that gratitude is relatively independent of rather than the absence of anxiety and depression. Researchers found that gratitude provided incremental prediction of psychological well-being above the Big Five personality traits (Wood, Joseph, & Maltby, 2009). Examples of items are, "I feel thankful for what I have experienced in life" and "I am grateful to a wide variety of people."

Positive and Negative Affect Schedule (PANAS). The PANAS (Watson, Clark, & Tellegen, 1988) consists of two 10-item scales assessing respectively positive affect (PA) and negative affect (NA), which are rated on a 5-point scale with individual responses ranging from 1 (*very slightly or not at all*) to 5 (*extremely*). Positive affect included words such as attentive, interested, enthusiastic, determined, and alert. Negative affect included words such as distressed, hostile, irritable, guilty, and nervous. In addition, a time frame is given to the participants to which they are responding (i.e., moment, today, past few days, week, past few weeks, year, general), based on the administrators wishes. Interestingly, PA and NA are considered to be independent of each other; Crawford and Henry (2004) review the issue and research establishing the independence. Cronbach's Alpha for the positive affect and negative affect

scales is ranges between .84 and .90. The correlation between PA and NA is quite low, ranging from -.12 to -.23. Convergent validity ranges from .89 to .95.

Satisfaction with Life Scale (SWLS). The SWLS (Diener, Emmons, Larsen & Griffin, 1985; Pavot & Diener, 1993) is a five-item scale, which focuses on the satisfaction with life as a whole. It is one of the most widely used measures for research on well-being (Jayawickreme, Foregeard & Seligman, 2012, p. 331). “The SWLS is recommended as a complement to scales that focus on psychopathology or emotional well-being...” (Pavot & Diener, 1993, p. 164). Examples of items are: “I am satisfied with my life”, So far I have gotten the important things I want in life”. Responses vary on a 7-point Likert-type scale with individual responses ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Test-retest was .82 and the coefficient alpha was .87. The SWLS has adequate convergent validity with other established scales. This scale was administered to the whole congregation at all three occasions, but was not analyzed for this study.

Marlowe Crowne Social Desirability Scale-Form A. The Marlowe Crown was designed to assess participants’ tendency to respond in socially approved ways (Crowne & Marlowe, 1960). The scale originally contained 33 true/false items with items describing socially approved, yet uncommon behaviors (e.g., “I have never intensely disliked anyone”) and socially disapproved but common behaviors (e.g., “I like to gossip at times”). Crowne and Marlowe (1960) reported a 1-month test–retest correlation of .89. Reynolds (1982) developed three short-forms: A (11 items), B (12 items), and C (13 items). The Cronbach alphas were .59 for Form A and .72 for the full scale. The correlation between form A and the full MCSD was high ($r = .87$).

Procedure

As of yet, no church-based interventions focused on grace have been empirically studied and published. This was not a problem for this study since a central part of this project was collaboration with church leadership in order to develop an ecologically relevant intervention for the congregation—one that could realistically be replicated by the church at other times, or by other churches that are similar in theology and ecclesiology.

Congregational leadership asked interested participants to sign up for the online questionnaire during a Sunday morning service. Participation was limited to those at least 18 years old. No personally identifying information was gathered. Members from Congregation A were in the treatment group, while members from Congregation B were in the wait-list control group. After agreement to an online informed consent, participants were asked to complete a battery of measures taking approximately thirty minutes using *Survey Monkey* (see Appendix A). Participants completed measures at three times: (a) at the outset, before Group A participated in the intervention, (b) again after the intervention for Group A, and (c) after Group B completed the intervention. By this procedure, Group B served as a no treatment control group at time Two while Group A (the initial experimental group) completed measures again at a later follow up time to observe longitudinal changes. Participants who completed all three rounds of questionnaires were given a \$50 gift card. This study was approved by the Human Subjects Research Committee at George Fox University.

After collaboration with congregation leadership to design the intervention, it was decided that a relevant and replicable program would consist of three parts: (a) a grace-focused sermon series, (b) a grace-focused small group study, and (c) personal grace practices in which

individuals could engage. The congregational leadership named the intervention a “grace emphasis.” Each part of the intervention will be described below.

The sermon series consisted of the pastoral staff presenting a six-week sermon series on Sunday mornings, which focused on the biblical concept of grace. The small group study utilized the book *The Good and Beautiful God* by James Bryan Smith (2009) as its primary resource. This specific book was chosen because of its obvious topical relevance and because it comes from the Friends tradition, which allowed for theological congruence with congregational beliefs. Small groups met during the same six-week time period as the sermon series. Finally, personal grace practices were developed using some exercises from the book as well as some from other sources (e.g., meditating on a relevant bible passage). Participants could engage in these as their only form of participation or do so in tandem with the other two parts of the study (i.e., book study, sermon series). Many of these practices were individual in nature and did not require another person to participate alongside, while some of the practices were relational in nature, requiring the participant to practice a new behavior with another person. All of the practices were related to some aspect of grace, whether contemplating God’s goodness and grace or engaging in unmerited acts of kindness for someone else. Some were developed specifically for married participants to enact toward their partners, without their partners being aware of the exercise.

The study was carried out during the period from February 2015 to May 2015. Data were gathered in the beginning of February, the end of March, and the end of May.

Chapter 3

Results

Replacement of Missing Data

Four participants dropped out of the study after round one, and an additional three after round two; there were additional missing data at all three occasions. We chose to replace the missing data points by computing the mean score of that item for all participants, using that value as the replacement. We did this for all missing items. There were no measures with missing items that exceeded two percent of the total items for that measure (see Table 1). The total number of missing items for all measures for each occasion never exceeded half of one percent (0.5 for Time 1; 0.5 for Time 2; 0.5 for Time 3).

Table 1

Missing Data for All Three Occasions

Scale	Time 1		Time 2		Time 3	
	# missing	%	# missing	%	# missing	%
DGS (36 items)	13	0.7	12	0.7	10	0.6
SWB (20 items)	5	0.5	6	0.6	6	0.6
Enrich (15 items)	3	0.4	4	0.5	1	0.1
GQ-6 (6 items)	2	2.0	3	0.1	1	0.3
PANAS (20 items)	6	0.5	0	0.0	4	0.4

A one-way analysis of variance (ANOVA) was conducted to see if there were any significant demographic differences between the control group and the intervention group at the outset of the study. We found no significant demographic differences between the intervention group (Group A) and the control group (Group B) regarding gender, age, ethnicity, education or employment status.

Grace Orientation (DGS)

First, in looking at participants grace orientation as represented by the Dimensions of Grace Scale (DGS) score, we analyzed the scores of the two groups' to look for pre-intervention (Time 1) differences; analysis of variance revealed that Time 1 differences were not significant ($p = .11$; $M = 188.6$, $SD = 15.9$ for Group A, $M = 179.8$, $SD = 22.6$ for Group B).

A repeated-measures analysis of variance for treatment effects indicate that individuals in the intervention group ($M = 194.9$, $SD = 17.3$) increased their grace orientation compared to those in the wait-list control group ($M = 179.9$, $SD = 21.4$) at Time 2. Table 2 lists the descriptive statistics for the measures for all three occasions. Analysis of variance found significant main effects at Time 2 between Group A and Group B on the DGS ($F_{1,49} = 7.12$, $p = .01$). Next, we examined the effect size using the standardized mean difference, or Cohen's d , resulting in a moderate effect size ($d = 0.75$). However, while moderate, the effect size was found to approach Cohen's (1988) convention for a large effect ($d = .80$). We also examined, at Time 3, the effect of the intervention on the wait-list control group, after these participants had gone through the intervention ($M = 184.5$, $SD = 20.3$) indicating a similar magnitude of change. A repeated measures ANOVA was then conducted for significance testing on the change of the wait list control group after going through the intervention, which resulted in a significant change from

Time 2 to Time 3 ($F_{1,22} = 4.71, p = .042$). Figure 1 graphically exhibits the impact of the intervention for both groups throughout the three times of measurement.

Table 2

Means and Standard Deviations for Measures for All Three Occasions

Grp	Scale	Time 1 ($N = 55$)		Time 2* ($N = 51$)		Time 3 ($N = 48$)	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
A	DGS	188.6	15.9	194.9	17.3	194.6	15.8
B		179.8	22.6	179.9	21.4	184.5	20.3
A	SWB	105.3	14.0	105.8	11.7	107.0	11.8
B		97.4	15.5	99.4	13.3	101.7	11.5
A	Enrich	56.4	10.3	55.3	10.8	56.0	11.1
B		57.6	7.6	58.4	8.9	56.6	7.5
A	GQ-6	38.0	3.8	38.6	3.6	38.9	2.9
B		37.7	4.3	37.2	3.9	38.2	4.0
A	PANAS1	35.4	6.1	36.1	5.7	37.2	5.8
B		34.3	7.3	35.8	5.6	37.1	6.4
A	PANAS2	16.2	5.5	16.8	6.4	14.9	3.9
B		18.1	4.9	18.1	5.1	17.0	4.6

Note. A = Intervention group; B = Wait-list control group. *Time 2 is pre-test scores for the wait-list control group. Time 3 is the follow up scores for intervention group and post-test scores for wait-list control group.

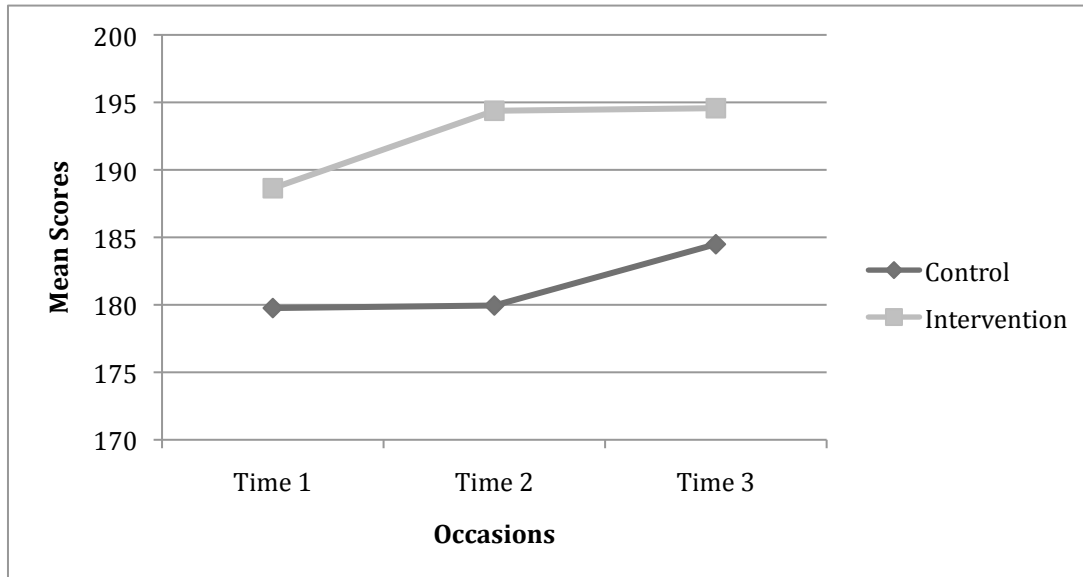


Figure 1. Dimensions of Grace Scale means across groups and occasions.

Furthermore, analysis of variance found significant effects between groups on the dimensions of grace scale when looking only at married participants ($F_{1,39} = 5.60, p = .02; d = 0.74$). Interestingly, an analysis of variance found no significant differences between groups on the dimensions of grace scale when looking only at non-married participants in the study ($N = 10, M = 190.8, SD = 10.3$ at Time 1, $M = 196, SD = 13.4$ at Time 2). Although a within groups test of significance found this last analysis to be insignificant for single participants (perhaps due to limited sample size), analyzing Cohen's d revealed a moderate effect size ($d = 0.6$).

We then looked at separate factors of the DGS at Time 2. Regarding, Factor 1 (Grace from God) there was a significant difference between groups at Time 2 ($F_{1,50} = 7.043, p = .011, d = 0.75$); interestingly, when using marital status as a covariate, the intervention group also showed significant changes on this factor ($F_{1,50} = 4.114, p = .048, d = 0.75$). Factors 2, 3, and 4

showed no changes. Factor 5 (Grace to Others) did not show any significant differences, but marital status was a significant covariate ($F_{1,50} = 4.126, p = .048, d = 0.45$).

A repeated measures ANOVA was conducted to analyze any change in Group A at Time 2 on the DGS. The within groups effect showed a significant difference and moderate effect size for Group A ($F_{1,27} = 5.55, p = .026, d = 0.64$). There were no differences at Time 3 for the this group, indicating there was no observable follow-up improvement two to three months after the intervention—and no decline during this period. Also, no within-groups difference was found for this group when looking at only married participants at Time 3.

We again looked at the specific grace factors to see if any changes happened within any of the five factors. Significant change was observed for Factor 1 ($F_{1,28} = 4.719, p = .039, d = 0.60$). Factor 5 approached significance ($F_{1,28} = 3.160, p = .087, d = 0.44$). When using marital status as a covariate, none of the specific factors showed a significant change. Factor 1 approached significance with a moderate effect size ($F_{1,21} = 3.66, p = .07, d = 0.6$), when looking only at married participants.

Spiritual Well-Being (SWB)

ANOVA indicated no difference at Time 2 between the two groups. A test of within groups contrast was made and showed no significant differences at Time 2 on the Spiritual Well Being scale for the congregation that received the intervention, even with marital status as a covariate. Furthermore, there were no differences at Time 3, thus no follow up improvement or treatment effect for Group A. Thus no significant SWB effects were found.

Gratitude (GQ-6)

Analysis of variance found no differences between groups after the intervention on the GQ-6 scale. A test of within groups contrast was made and showed no differences at Time 2 on the GQ6 scale for the congregation that received the intervention; however when using marital status as a covariate, the change approached significance, but with only a small effect size ($F_{1,50} = 3.143, p = .088, d = 0.2$). Furthermore, there were no differences at Time 3, thus no follow up improvement beyond what was measured after the initial intervention and no changes for Group A.

Emotional Well-being (PANAS)

Analysis of variance found no differences between groups after the intervention as a whole on the PANAS scale. A test of within groups contrast was made and showed no differences at Time 2 on the PANAS scale for the congregation that received the intervention, even with marital status as a covariate. Furthermore, there were no differences at Time 3, thus no follow up improvement beyond what was measured post-intervention and no changes for Group A.

Marital Satisfaction (Enrich)

Analysis of variance found no differences between groups after the intervention on the Enrich scale when looking at married participants. A test of within groups contrast was made and showed no differences at Time 2 on the Enrich scale for married participants in Group A. There also were no differences found at Time 3.

Distribution of Scores

Several of the hypotheses were not confirmed, therefore a question of measurement error arose. Specifically, is there a ceiling (or floor) effect for some of the measures resulting in the appearance of no change on several of the measures? Table 3 exhibits the skewness and kurtosis of the scores on all measures for all times. One of the hypotheses was that spiritual well-being as measured by the Spiritual Well Being Scale would increase as a result of participating in the intervention; however, this was not confirmed. After analyzing the skewness of the SWB scores it appears that at Time 1, Group A participants responded in a manner that created little room for improvement, creating a negatively skewed distribution of scores with a skewness of -1.3 ($SE = 0.44$). Similarly, when measuring gratitude, a construct that hypothetically would change after a grace intervention, results at Time 1 were influenced by a negatively skewed distribution, with skewness of -1.55 ($SE = 0.44$), and leptokurtic at 1.95 ($SE = 0.86$). Lastly, when analyzing the emotional impact of the intervention via the PANAS (Factor 2, negative affect), scores were positively skewed at 1.0 ($SE = 0.44$) indicating a floor effect.

Table 3

Skewness/Std Error and Kurtosis/Std Error of Participants' Scores for All Three Occasions

Grp	Scale	Time 1		Time 2		Time 3	
		Skew/SE	Kurtosis/ SE	Skew/SE	Kurtosis/ SE	Skew/SE	Kurtosis/ SE
A	DoG	-0.69/0.44	1.3/0.86	-0.11/0.44	-0.52/0.86	-0.46/0.46	-1.13/0.90
B		-0.56/0.5	1.0/0.97	-0.42/0.5	-0.47/0.95	-1.42/0.49*	3.09/0.95*
A	SWB	-1.3/0.44*	0.75/0.86	-0.97/0.44*	-0.08/0.86	-1.29/0.46*	0.75/0.89
B		-1.5/0.5*	4.3/0.95*	-0.4/0.5	-0.83/0.95	-0.23/0.49	-1.10/0.95
A	Enrich	-0.8/0.5	1.2/0.95	-1.1/0.5*	1.6/0.95	-1.1/0.5*	0.95/0.1*
B		0.26/0.6	-0.77/1.06	-0.78/0.56	0.93/1.06	-0.22/0.6	-0.9/1.06
A	GQ-6	-1.55/0.44*	1.95/0.86*	-1.1/0.44*	0.26/0.86	-0.43/0.46	-1.10/0.89
B		-2.4/0.5*	8.0/0.95*	-1.75/0.5*	5.1/0.95*	-1.10/0.49*	0.06/0.95
A	PANAS1	-0.60/0.44	0.76/0.86	-0.01/0.44	-0.2/0.86	-0.60/0.46	1.01/0.89
B		-0.09/0.49	-0.21/0.95	0.57/0.49	-0.45/0.95	-0.85/0.49	1.40/0.95
A	PANAS2	1.0/0.44*	0.06/0.86	1.55/0.44*	3.22/0.86*	0.47/0.46	-0.66/0.89
B		1.43/0.49*	2.76/0.95*	0.97/0.49	0.07/0.95	0.19/0.49	-0.77/0.95

Note. A = Intervention group; B = Wait-list control group. * = Significant skewness or kurtosis.

Chapter 4

Discussion

As hypothesized, participants' grace orientation, or their awareness, integration, and enactment of grace, significantly increased after having participated in their church's grace emphasis. For Group A, change was noticed at post-test, but no further change at the follow up over two months later. When the wait-list control group—Group B—participated in the grace emphasis between the second and third measurement occasions, they also showed an increase in their grace orientation, indicating that the change in grace scores was not due to specific congregational differences, or to extraneous events that occurred during the treatment period for Group A, but to the intervention itself. Furthermore, when looking at the change within the intervention group, they showed significant increases in their grace orientation, adding more confidence to the impact of the grace emphasis on its participants by controlling for individual differences.

More specifically, observing the different aspects of one's grace orientation, as measured by scores on specific factors of the Dimensions of Grace Scale, there were some promising findings. Only the *Grace from God* factor increased for participants who engaged in the grace emphasis when looking at the whole group. However, marital status, when a covariate, appears to interact with the grace emphasis, impacting not only with the *Grace from God* factor, but also the *Grace to Others* factor. When examining within-groups changes for specific factors, those who engaged in the grace emphasis showed significant increases on their *Grace from God* and

Grace to Others factors. When examining only married participants for within-groups changes on specific factors, only the *Grace from God* factor approached significance, while the other three grace factors (Costly Grace, Grace to Self, Grace from Others) showed no significant change.

One interesting finding regarding participants' grace scores was that those who were married evidenced greater change than those who were not married. This finding is interesting and might give some reason to believe that being married either helps mediate or encourage a grace-filled life and relationship with the other if motivated to increase in grace. Inversely, marital satisfaction was not observed to increase as a result of the grace intervention. This is curious, given Gottman's (2015) indication of repair being necessary to marital happiness and stability, which might be an example of grace being practiced between spouses who are motivated to improve their marriage.

Interestingly, there was also a surprising absence of significant increases in participants' scores on gratitude, spiritual well-being, and emotional well-being measures, especially given the correlation between grace scores and measures of psychological and spiritual well-being (Bufford et al., 2015; Sisemore et al., 2011; Watson et al., 2011; Watson et al., 1988a, 1988b). One reason for the absence of increases is that creating an intervention that will effect various constructs such as gratitude, spiritual well-being, marital satisfaction, and emotional well-being, is not as simple as creating a grace intervention, even though grace measures are correlated with many of these constructs.

Another reason would be the ceiling effect with some of the measures due to the population, specifically committed faith community members who are not a part of a clinical

sample. For example, Ledbetter et al. (1991) reported a ceiling effect on the Spiritual Well-Being Scale. The present study's score distribution likely implies that most participants score near the ceiling, and ceiling effects may limit sensitivity to increases in scores on gratitude, spiritual well-being, marital satisfaction, and emotional well-being. In contrast, a clinical sample or a non-Christian sample may have adequate range to show treatment effects on these measures.

Implications

One implication of the results is that when participants engage in an activity emphasizing grace, they report their grace orientation as having increased—they are more aware of grace in their lives and enact or extend grace more to others. However, if they are not engaged in the activity, then there is no change, and if they stop the activity, change does not continue to occur. However, after the intervention was over, a regression to pre-test levels was not observed, which indicates that the change that occurred was maintained at over two months post-intervention. The absence of continued change at Time 3 may reinforce the notion that increases in this aspect of well-being are contingent on a person's engagement in activities that promote that particular well-being domain. Well-being increases being contingent upon engagement is consonant with the research that shows how people who are more active in their faith/religious/spiritual community report higher levels of well-being (Day, 2010; Myers, 2009; Powell et al., 2003; Seeman et al., 2003). This finding is an encouragement and reminder for those who do value spiritual and religious aspects of life, that to not being actively engaged in them means it will likely be impossible to see improvement or increases in those areas of life above what they already experience. Consistent engagement may seem obvious; however, many people who want to grow in their spiritual life or health and well-being, might be reluctant to fully engage in

the activities of their religious establishment for various personal reasons. The results of this study indicate that engaging in religious and spiritual activities, maybe within the context of a faith community, can improve some areas of well being.

Another implication of the study, potentially confirming one of the hypotheses, is that an intimate and committed relationship may serve as a crucible through which grace is experienced, understood, and extended. While marriage is the particular relationship context chosen for this study, it likely is not the only relationship that fosters a gracious orientation to life. However, given that marriages are commonly intimate, intense, committed, relationships, few other relationships may provide the perfect combination whereby spouses get daily opportunities to become aware of grace and extend grace to the other spouse. Friendships and other relationships can provide a crucible, but there is typically less incentive to “make it work” with the other person in non-marital relationships. Overall, being married is not a causal factor of a grace orientation, it is simply an effective conductor for people who are invested in increasing their grace orientation. The results seem to agree with Keller’s (2011) theological ideas about marriage being the relational microcosm of the gospel and where the gospel is enacted and experienced at a human level. It is likely that anyone, unmarried or married, who is motivated to increase their grace orientation can find ways to engage in activities and relationships that will profoundly promote growth in this area.

Limitations

A small sample size created definite limitations in the power of analyses. Considering that only twelve of the participants in the whole sample were non-married, it was difficult to

confidently analyze any effects due to not being married. We used effect sizes to shed light on the magnitude of changes/differences independent of the statistical probability.

The ceiling effects on some of the measures created a problem in being able to accurately observe change in certain domains. Specifically, the negatively skewed scores on the Spiritual Well-Being Scale created a situation where there was little room for measuring improvement, essentially making the intervention appear to be ineffective when it may have been effective. The grace emphasis may have impacted participants' experience of gratitude, spiritual well-being, marital satisfaction and emotional well-being, but if their scores were significantly skewed at pre-test, the measures would not be able to capture the true impact the intervention had on participants' lives. One might be tempted to chalk this up to social desirability (reporting expected high spirituality scores) in test-taking, but it might be more likely that the people who participated in this study have already experienced many of the well-being benefits that were being measured.

Future Research

Regarding the sample, participants in this study were from a Friends (Quaker) tradition, which likely had an impact on how they interacted with the intervention and how they understood the scale items on the measures, particularly the spiritual-religious measures. It will be important to understand how Christians from different theological traditions respond to the intervention and the measures. Furthermore, being able to compare married participants to non-married participants had its limitations, since there were far more married participants than non-married. A larger sample size will allow for more robust or accurate findings. The effect sizes for results which were either significant or approached significance, indicates the potential for robust

findings in future research on grace interventions. It would be illuminating to examine the impact of a grace intervention on a clinical sample or another sample that would be less likely to top out on spiritual measures at pre-test. If a grace intervention led to significant increase in well-being in a clinical population, this would provide strong evidence that religious and faith activities are crucial to a return to health and well-being amongst its members. Findings such as this might also lead to the development of spiritual interventions that could be utilized in faith-based clinical settings.

Conclusion

This study, developing and examining the effects of an intervention focusing on grace, is a first of its kind. Sisemore et al. (2011) remarked on the need for a grace intervention, given that grace is highly correlated with psychological health and spiritual well-being outcomes (Bufford et al., 2015; Sisemore et al., 2011; Watson et al., 2011; Watson et al., 1988a, 1988b). Because of the theological focus of the Christian tradition on constructs such as forgiveness, grace, mercy, charity, love, compassion, and many others, it seemed appropriate, if not timely, to start evaluating these constructs from a positive psychology perspective, and to see if there are activities that will reliably increase well-being in these domains. It is encouraging to see that a brief grace intervention had a positive impact on participants' growth in grace.

It is fascinating to see that being married provides a potentially powerful context within which growth in grace can occur. At first glance, at least, this seems to confirm what Thomas (2000) says about marriage—it has the power to increase Christian character—if spouses desire this. Ultimately this is a promising first step in developing and examining the potential to increase well-being in life through spiritual interventions. Lastly, given that the majority of the world's population endorse belief or adherence to religious, spiritual, or faith ideas (Pew

Research Center, 2012), it seems like an appropriate endeavor to examine how this highly valued aspect of life can be enriching and growth promoting for it's believers.

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Appendix A

Informed Consent, Demographic Items, and Measures on Survey Monkey

Welcome and thank you for taking the time to complete this survey

Your church is taking part in a research grant from the John Templeton Foundation to further the dialogue between faith and science. The purpose of this study is to evaluate, overtime, how people grow in grace, and to see to what extent this is promoted through a collaborative effort involving positive psychology and Christian faith. By completing this questionnaire you understand that you are participating in this research study. You may withdraw from the project at any time (until the data is analyzed) without penalty.

This should take approximately 30 minutes to complete. You will receive \$10 for completing the questionnaire the first time, \$15 for the second time, and \$20 for the third time. The entire amount will be payable in the form of a gift card upon completion of the third questionnaire.

There are no known risks or concerns associated with the activities in this research. This study is for Jeff Moody's (investigator) doctoral dissertation and may be published in a scholarly journal. All data will be kept confidential with only the investigators of this research having access to your name and identifying information. The only demographic information that will be published will be gender, age, and ethnicity. There will be no reference to any individual's name in any published product resulting from this study. You may contact Jeff Moody by phone at (405) 620-3508 or by e-mail at jmoody12@georgefox.edu or the principal investigator, Dr. Mark McMinn at (503) 554-2380 or mmcminn@georgefox.edu, if you have questions or concerns about your participation in, or any part of, the research project.

* 1. Please enter the unique Identification Code that you received by email.

2. Age

3. Gender

- ☐ male
- ☐ female

4. Ethnicity/race

- ☐ Hispanic-Latino
- ☐ European-American
- ☐ African-American
- ☐ American Indian
- ☐ Pacific Islander
- ☐ Asian
- ☐ Other

5. Level of education

- ☐ High School diploma or equivalent
- ☐ Some college
- ☐ College degree
- ☐ Grad student
- ☐ Graduate degree

☐ Employed

☐ Unemployed

☐ Self-Employed

☐ Student

[illegible]

	Definitely not true	Tends not to be true	Unsure	Tends to be true	Definitely true of me
In my life, I experience the presence of the Divine (i.e., God)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religious beliefs are what really lie behind my whole approach to life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try hard to carry my religion over into all other dealings in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

10. The following scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you have felt this way during the past few weeks. Use the following scale to record your answers.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excited	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guilty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiastic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ashamed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inspired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Determined	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attentive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jittery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afraid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. The list that follows includes items you may or may not experience. Please consider how often you directly have this experience, and try to disregard whether you feel you should or should not have these experiences. A number of items use the word "God." If this word is not a comfortable one for you, please substitute another idea which calls to mind the divine or holy for you.

	Never or almost never	Once in a while	Some days	Most days	Every day	Many times a day
I feel God's presence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experience a connection to all life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find strength in my religion or spirituality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find comfort in my religion or spirituality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel deep inner peace or harmony.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I ask for God's help in the midst of daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel guided by God in the midst of daily activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel God's love for me, directly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel God's love for me, through others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am spiritually touched by the beauty of creation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel thankful for my blessings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a selfless caring for others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accept others even when they do things I think are wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I desire to be closer to God or in union with the divine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In general, how close do you feel to God?

- ☐ Not close
- ☐ Somewhat close
- ☐ Very close
- ☐ As close as possible

13. Positive psychology is the science of human flourishing, including topics such as gratitude, happiness, forgiveness, grace, humility, and wisdom. Please indicate your perspectives on positive psychology and the Christian faith by responding to the following items.

	1 (Strongly disagree)	2	3	4	5	6	7 (Strongly agree)
Positive psychology is a worthwhile endeavor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christians have things to learn from positive psychologists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive psychologists have things to learn from Christians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive psychology and Christianity share common values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological science can contribute to my faith	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important for science and faith to work together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Please respond to the following statements by choosing either true or false.

	False	True
1. It is sometimes hard for me to go on with my work if I am not encouraged.	<input type="radio"/>	<input type="radio"/>
2. I sometimes feel resentful when I don't get my way.	<input type="radio"/>	<input type="radio"/>
3. No matter who I'm talking to, I'm always a good listener.	<input type="radio"/>	<input type="radio"/>
4. There have been occasions when I took advantage of someone.	<input type="radio"/>	<input type="radio"/>
5. I'm always willing to admit it when I make a mistake.	<input type="radio"/>	<input type="radio"/>
6. I sometimes try to get even rather than forgive and forget.	<input type="radio"/>	<input type="radio"/>
7. I am always courteous even to people who are disagreeable.	<input type="radio"/>	<input type="radio"/>
8. I have never been irked when people expressed ideas very different from my own.	<input type="radio"/>	<input type="radio"/>
9. There have been times when I was quite jealous of the good fortune of others.	<input type="radio"/>	<input type="radio"/>
10. I am sometimes irritated by people who ask favors of me.	<input type="radio"/>	<input type="radio"/>
11. I have never deliberately said something that hurt someone's feelings.	<input type="radio"/>	<input type="radio"/>

15. For each of the following statements, choose the box that best indicates the extent of your agreement or disagreement as it describes your personal experiences:

[illegible]

16. **MARRIED PARTICIPANTS:** please respond to each of the following items regarding your marital relationship. If you are not married you can skip this section and go to the next section.

	Strongly Disagree	Moderately Disagree	Neither Agree nor Disagree	Moderately Agree	Strongly Agree
My partner and I understand each other perfectly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not pleased with the personality characteristics and personal habits of my partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very happy with how we handle role responsibilities in our marriage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My partner completely understands and sympathizes with my every mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not happy about our communication and feel my partner does not understand me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our relationship is a perfect success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very happy about how we make decisions and resolve conflicts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am unhappy about our financial position and the way we make financial decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have some needs that are not being met by our relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very happy with how we manage our leisure activities and the time we spend together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very pleased about how we express affection and relate sexually.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not satisfied with the way we each handle our responsibilities as parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have never regretted my relationship with my partner, not even for a moment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am dissatisfied about our relationship with my parents, in-laws, and/or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel very good about how we each practice our religious beliefs and values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Please respond to the following statements based on how much you agree or disagree with them.

[illegible]

[illegible]

	Strongly Disagree	Moderately Disagree	Mildly Disagree	Neutral	Mildly Agree	Moderately Agree	Strongly Agree
28. Sometimes when I pray for something I really want, I find that I end up with something even better.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I tend to dwell on my faults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. My beliefs about grace encourage me to be forgiving of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. As a child I was confident that at least one of my parents loved me no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. God is in the process of making me more like Jesus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. My parents always remember my mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Those who sin less than others require less grace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I generally give people what I get from them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. When offended or harmed by others I generally find it easy to forgive them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Which aspects of the Grace Emphasis did you participate in, and how involved were you?

	Not Involved	Minimally Involved	Moderately Involved	Very Involved
Sermon Series	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small Group/Book Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Grace Practice Handouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix B
Curriculum Vitae

Jeff A. Moody, M.A., M.S.

2514 E. 2nd Street
Newberg, OR 97132
Tel: (405) 620-3508
email: jmoody12@georgefox.edu

EDUCATION

Doctor of Psychology Candidate August 2012 to Present

George Fox University *Newberg, Oregon*
Graduate Department of Clinical Psychology: *APA accredited*

Master of Arts, Clinical Psychology May 2014

George Fox University *Newberg, Oregon*
Graduate Department of Clinical Psychology: *APA accredited*

Master of Science, Marriage & Family Therapy May 2005

Oklahoma Baptist University *Shawnee, Oklahoma*

Bachelor of Arts, Family Psychology May 2002

Oklahoma Baptist University *Shawnee, Oklahoma*

RELEVANT EMPLOYMENT EXPERIENCE

Psychotherapist—Private Practice June 2009 to August 2012

Jeff A. Moody, PLLC
Oklahoma City, OK

- *Description:* Established a private practice to provide services including psychotherapy for individuals, couples, and families, adults and adolescents for a wide range of mental health concerns including behavioral problems at home, family conflict, marital conflict, depression, anxiety disorders, anger management, and personality disorders. Twenty-five percent of my clientele were couples. Also, provided brief treatment for clients referred from their company's Employee Assistance Program.
- *Duties:* Accumulated over 3,000 hours of face-to-face clinical intervention. Provided all mental health services. Conducted all operations for business including marketing, tax and payroll, accounts receivable/payable, medical records management, insurance credentialing, and purchasing.

Senior Therapist August 2005 to February 2010

Sunbeam Family Services, Counseling Department
Oklahoma City, Oklahoma

- *Description:* SFS is a social services agency that provides services for seniors, children in foster care, early childhood, and counseling for children, adolescents, adults, couples and families. The Counseling Department provides psychotherapy services for all ages of people who had Medicaid or would pay a very low sliding scale fee.
- *Duties:* Accumulated over 4,000 hours of face-to-face clinical intervention. Provided psychotherapy for individuals, groups, couples and families including children, adolescents, and adults; provided therapy for elementary school-age children within school setting. Conducted anger management therapy groups for both court-ordered and self-referred clients. Provided intake psychosocial assessments for new clients. Completed agency and third-party payer (Medicaid) treatment plans. Conducted brief treatment for Employee Assistance Program clients. Helped get counseling department credentialed as a mental health provider for multiple insurance companies. Developed and oversaw the Counseling Internship Program, which included interviewing & accepting students for practicum placement, developing clinical training opportunities for students, and supervising students' clinical services.
- *Additional:* 60 hours of Assessment using STAXI-2.

VOLUNTEER SERVICE EXPERIENCE

Mentor/Tutor

August 2010 to May 2012

Stanley Hupfeld Academy, Oklahoma City

- *Description:* SHA is a charter school dedicated to at-risk children. SHA teams up with Integris Health to provide volunteers who will mentor and tutor particularly vulnerable children by providing academic and emotional support.
- *Duties:* Met weekly with mentee to help with current coursework in which he struggled; also addressed behavioral and emotional issues through reading, playing, and art activities.

Crisis Counselor

2006

Hurricane Katrina Evacuees, Oklahoma City, Oklahoma

- *Description:* Some of the people who were affected by the devastation of Hurricane Katrina and were displaced, sought refuge at Oklahoma City in a local convention center. Shelter, food, medical and mental health care were provided for them during this time.
- *Duties:* Provided brief counseling for people who were experiencing acute distress and for those who felt they needed someone to talk about the stress of being displaced and/or having lost family and friends in the storm.

Crisis Counselor

December 2007

Ice Storm Victims, Cox Convention Center
Oklahoma City, Oklahoma

- *Description:* The Oklahoma City ice storms in the winter of 2007 cutting off power to over 1,000,000 people, leaving them without heat, electricity and other essential utilities. Governor Brad Henry declared it a state of emergency. Hundreds of families were receiving shelter and care at the Cox Convention Center. Mental health professionals volunteered time to provide crisis counseling for those affected.
- *Duties:* Provided brief counseling for people who were experiencing acute distress and for those who felt they needed someone to talk about the stress of being temporarily displaced.

Volunteer Psychotherapist

October 2008 to January 2010

Council Road Baptist Church
Bethany, Oklahoma

- *Duties:* Provided pro-bono psychotherapy services for people referred by church staff at Council Road Baptist Church. 3 hours per week. This was a way to provide qualified mental health services to people who would otherwise seek out only pastoral advice and never consult a mental health professional outside of the church.

Summer Residential Intern

Summer 2003

Willow Springs Boys Ranch
Chandler, Oklahoma

- *Description:* WSBR is a long-term residential facility that takes boys from ages 7 until they graduate high school, obtain a GED or transition to an independent living program. It provides boys with a structured family-style environment and provides nurturing, security and self-discipline in order to help boys develop the tools to navigate the challenges of life. Willow Springs Boys Ranch strives to accomplish this mission through investing in the lives of boys in need, at-risk or in a family crisis.
- *Duties:* General supervision of residents. Teaching life skills, social skills, and positive decision-making skills. Led group discussions. Prepared meals, and supervised duties and chores. Transported kids to various destinations. Corresponded with director and house parents about client progress.

SUPERVISED CLINICAL EXPERIENCE

Assessment Clinician

June 2015 to Present

NW Family Psychology
Vancouver, WA & Clackamas, OR

- *Description:* The NW Family Psychology practicum is an outpatient assessment site specializing mainly in forensic evaluations, but also clinical evaluations.
- *Duties:* Interviewing clients, administering psychological tests, scoring and interpreting tests, and writing comprehensive psychological and neuropsychological assessment reports. Clients include forensic issues such as parental capacity and risk, psychosexual risk, and child psychological

evaluations for placement and permanency issues as well as treatment recommendations.
Evaluation of children involves infants and toddlers as well as older children and adolescents.

- *Supervisor:* Jeff A. Lee, PhD

Assessment Clinician (Supplemental Experience)

Spring 2015 to Present

George Fox University, Graduate Dept of Clinical Psychology
Newberg, OR

- *Description:* Various faculty members refer clients for psychological testing services and provide the supervision for the services.
- *Duties:* Conducted interviews, administered psychological tests, scored and interpreted results, wrote comprehensive psychological assessment report, and provided feedback to clients. Provided services for clergy candidate fitness-for-duty and child behavior problems.
- *Supervisor:* Nancy Thurston, PsyD, ABPP (clergy fitness)
- *Supervisor:* Elizabeth Hamilton, PhD (child behavior)

Psychotherapist & Assessment Clinician

August 2014 to May 2015

Concordia University, Counseling & Testing Center
Portland, Oregon

- *Description:* The Counseling & Testing Center serves a diverse population of college students (30% first generation) by providing psychotherapy, psychological testing, and organizational skills. College students varied in ethnic background, age, sex and sexual orientation.
- *Duties:* Conducted individual psychotherapy with full-time college students. Worked with students in a brief solution-focused approach as well as cognitive behavioral and short-term psychodynamic models depending on client needs and duration of expected treatment. Conducted psychological testing with students to assess for major underlying psychopathological symptoms and processes for treatment and intervention planning purposes. Conducted psychological testing with students to assess for ADHD and/or Learning Disorders. This included clinical interviewing, administering full batteries of assessments, writing psychological reports, and giving feedback to student-clients.
- *Supervisor:* Joel Gregor, PsyD (assessment)
- *Supervisor:* Jaklin Peake, MA, LPC (therapy)

Assessment Clinician (Supplemental Experience)

Fall 2014

George Fox University, Behavioral Health Clinic
Newberg, Oregon

- *Description:* The Behavioral Health Clinic is a community mental health setting operated by George Fox University faculty, interns and practicum students. The BHC provides therapy services as well as a wide range of psychological testing services.

- *Duties:* Conducted psychological testing for patients in the community needing ADHD and Learning Disorder assessments. Conducted clinical interviews, administered full batteries of tests, completed psychological reports, provided feedback to patients, and received supervision from clinic director who is a licensed psychologist.
- *Supervisor:* Joel Gregor, PsyD

Psychotherapist

August 2013 to August 2014

Cedar Hills Hospital &
Cedar Hills Outpatient Services
Portland, Oregon

- *Description:* Cedar Hills Hospital & Cedar Hills Outpatient Services is a private inpatient psychiatric and chemical dependency hospital and intensive outpatient/partial hospitalization program serving adult patients with a variety of acute mental health issues including chemical dependency, chronic pain, military specific trauma, post-traumatic stress disorder, dual diagnosis, personality disorders, and severe and persistent mental illness. Patients work toward recovery with an interprofessional team of therapists, psychiatrists, psychiatric nurse practitioners, social workers, recreational therapists, mental health technicians and registered nurses.
- *Duties:*
 - **Inpatient General Psychiatric Unit (3 month rotation)**—provided group therapy, treatment planning, suicide risk assessment, individual check in meetings, and discharge planning for patients. Participated in multi-disciplinary treatment team meetings, group supervision and individual supervision.
 - **Inpatient Pain Management & Chemical Dependency Unit (3 month rotation)**—provided group therapy, treatment planning, suicide risk assessment, individual check in meetings, and discharge planning for patients. Participated in multi-disciplinary treatment team meetings, group supervision and individual supervision.
 - **Partial Hospitalization/Intensive Outpatient Unit (3 month rotation)**—provided group therapy for patients in a 6-8 week general psychiatric program. Provided treatment planning, risk assessment, and discharge planning for patients in the general psychiatric, and chemical dependency. Some experience with active duty military who participated in the general psychiatric program. Participated in multi-disciplinary treatment team meetings, group supervision, and individual supervision.
 - **Intensive Outpatient Behavioral Pain Management Program (3 month rotation)**—This program was housed in the Intensive Outpatient Unit. I provided group therapy for patients in a 12-week group utilizing a Cognitive-Behavioral program. Was responsible for conducting treatment planning interview as well as group therapy three times per week.
- *Supervisor:* Jon Benson, PsyD; Mike Siegel, MA

Pre-Practicum Clinical Experience

August 2012 to May 2013

George Fox University
Graduate Dept. of Clinical Psychology
Newberg, Oregon

- *Description:* First year doctoral students met with undergraduate volunteers who wanted to address real but non-complex and non-severe personal problems with doctoral psychology students who were learning to develop basic therapy skills.
- *Duties:* This consisted of practicing client-centered Rogerian therapy skills with undergraduate students, including developing rapport, using reflections and empathy, also completed treatment plans and intake interviews, progress notes, and administered and scored ORS and SRS for outcomes data.

Child & Family Therapist (M.S. MFT Practicum)

June 2004 to June 2005

Youth Services for Oklahoma County
Youth Counseling Center
Oklahoma City, Oklahoma

- *Description:* The Youth Counseling Center is a program that serves ethnically diverse and socioeconomically disadvantaged youth and families who receive Medicaid or have no financial means to receive mental health services elsewhere. Many of the youth clients are involved with the juvenile justice system and are required to receive services.
- *Duties:* Conducted phone-screenings, conducted intake psychosocial assessments. Provided psychotherapy for children, adolescents, parents, and families. Co-led court-ordered adolescent anger management groups through. Taught court-ordered family anger management classes, which required at least one parent to participate with the referred youth. Completed over 500 hours of face-to-face intervention services and 1000 hours of total time.
- *Supervisor:* Ron Beasley, Ph.D. (Licensed Psychologist)

CLINICAL SUPERVISORY EXPERIENCE

Clinical Team—Fourth Year Oversight

- *Description:* Each year students from the Graduate Department of Clinical Psychology are assigned to a team led by a core faculty member. Teams are composed of students from each year in the program. Clinical teams meet weekly and discuss therapy or assessment cases from practicum experiences. A fourth year student is assigned to a second year student with whom they mentor and provide clinical oversight and supervision.
- *Duties:* Meet weekly with second year student, assist in the development of the student's clinical and assessment skills; help in the development of the student's theoretical orientation and personal

style of therapy; evaluate student's development of clinical and professional skills; provide feedback on performance across multiple domains.

- *Supervisor:* Carlos Taloyo, Ph.D.

Supervisor for Master's level Practicum Students

August 2009-June 2010

Sunbeam Family Services, Counseling Dept.

Oklahoma City, Oklahoma

- *Description:* As part of my duties as Internship Coordinator at SFS, I supervised practicum students from local university graduate programs in counseling.
- *Duties:* Met weekly with students to discuss their clinical work and to help them develop proficiency in necessary administrative tasks such as completing clinical documentation, utilizing electronic medical records, and interfacing with other departments (e.g. billing, utilization review, medical records, intake).

PROFESSIONAL AFFILIATIONS

Current

Society for Personality Assessment of Graduate Students	2015-Present
American Psychology Law Society, Student Member	2015-Present
Society for Clinical Psychology, Student Member	2015-Present
Society for Personality Assessment, Student Member	2015-Present
American Psychological Association of Graduate Students	2012-Present
American Psychological Association, Student Member	2012-Present
APA Div.39, Psychoanalysis 2013-Present, Student Member	2012-Present

Past

American Psychological Association, Affiliate Member	2008-2012
APA Div.39, Psychoanalysis, Member	2010-2012
Oklahoma Society for Psychoanalytic Studies, Member	2009-2012
American Assoc. for Marriage and Family Therapy, Member	2004-2008
Oklahoma Assoc. for Marriage and Family Therapy, Member	2004-2008

STUDENT LEADERSHIP POSITIONS

American Psychology-Law Society, Campus Representative

August 2015—August 2016

- *Duties:* A student member of AP-LS is responsible for communications to the student body, consisting of creating interest in forensic psychology and providing a forum for interested students to get more information and become more involved with AP-LS and forensic psychology in general.

Psychodynamic Consultation Group, 4th Year Coordinator

Fall 2015—Spring 2016

- *Duties:* Every year a fourth year member of the group is chosen to organize this group, get the word out to 3rd and 4th year doctoral students, and organize clinical case presenters.

LICENSES & CERTIFICATIONS

Licensed Marriage & Family Therapist (LMFT) #T0863
Oregon Board of Licensed Professional Counselors and Therapists

March 12, 2013 to Dec 31, 2015

Licensed Marital & Family Therapist (LMFT) #902
Oklahoma State Dept. of Health, Protective Health Services

November 26, 2007 to Present

GRADUATE ASSISTANTSHIPS

Teaching Assistant—Psychodynamic Psychotherapy starts Spring 2016

- This position is for 3rd and 4th years doctoral students who help second-year doctoral students in their development of psychodynamic case formulation and technique through a small group case consultation format.

Teaching Assistant—Personality Assessment starts Spring 2016

- Assisted professor in scoring of assignments (psychological evaluation reports), which included full batteries of personality assessments, including MMPI-2, MMPI-2-RF, MCMI-III, PAI, and 16PF.
- Assisted students by teaching them how to use the scoring software.

Teaching Assistant—Cognitive-Behavioral Therapy Fall 2015

- This is a fourth-year TA position consisting of coaching second-year doctoral students on the Cognitive-Behavioral assessment and intervention skills that were being taught by the professor. This included interventions from 1st, 2nd, and 3rd wave cognitive behavioral models.

Teaching Assistant—Projective Assessment Fall 2015

- Assisted in teaching students the administration and scoring of the Rorschach Inkblot Test using the Exner's Comprehensive System.
- Assisted professor in scoring of assignments, which included both administration of single assessment and full batteries of projective assessments, including Rorschach, Thematic Apperception Test, Rotter Incomplete Sentences, and House Tree Person.
- Assisted students by teaching them how to use the RIAP 5 and ROR-SCAN scoring software.

Teaching Assistant—Projective Assessment Fall 2014

- Assisted in teaching students the administration and scoring of the Rorschach Inkblot Test using the Exner's Comprehensive System.
- Assisted professor in scoring of assignments, which included both administration of single assessment and full batteries of projective assessments, including Rorschach, Thematic Apperception Test, Rotter Incomplete Sentences, and House Tree Person.
- Assisted students by teaching them how to use the RIAP 5 and ROR-SCAN scoring software.

RESEARCH EXPERIENCE

George Fox University

Summer 2015—Present

Graduate Dept. of Clinical Psychology

Newberg, Oregon

Principal Investigator: Nancy Thurston, Psy.D., ABPP

- *Description:* Currently conducting a needs assessment of seminary training programs to evaluate clergy fitness-for-duty protocol in use to help develop and promote standardized psychological evaluation protocols that are psychometrically sound and can more accurately predict outcomes of clergy candidates. Also, designing a retrospective-prospective study to examine which MMPI-2 and 16 PF scale elevations are most correlated with clergy failure and most accurately predict clergy failure.
- *Duties:* Conducting literature review, developing a needs assessment questionnaire to collect data from the seminary training programs. Team meetings to discuss current literature, research design, data access issues, and future plans to present results at professional conference.

George Fox University

Spring 2013—Present

Graduate Dept. of Clinical Psychology

Newberg, Oregon

Dissertation Chair: Rodger Bufford, Ph.D.

Committee Members: Mark McMinn, Ph.D. ABPP & Mary Peterson, Ph.D., ABPP

- *Description:* Currently working on grant-funded research through the John Templeton Foundation. The grant is funding work on a dissertation focusing on the dialogue between *science and spirituality*, specifically Positive Psychology within a faith community.
 - Awarded \$10,000 for dissertation research.
 - Additionally awarded a \$750 grant through the Richter Scholars Program to cover additional research costs
 - Title: *The Effects of a Grace Intervention on a Christian Congregation: Positive Psychology in the Church.*

University of Oklahoma Health Sciences Center

Spring 2007— Spring 2008

College of Medicine

Dept of Psychiatry & Behavioral Sciences

Biological Psychology Program

Oklahoma City, Oklahoma

Principal Investigator: Larry Gonzalez, Ph.D.

- *Description:* Studied the effects of chronic ethanol exposure on the neuroanatomy (hippocampus and amygdala) of mice. Used three experimental measures of the effects: Acoustic Startle, Prepulse Inhibition, and Long-term Potentiation.

- *Duties:* Preparing animals for experimental conditions, administering experimental conditions (ethanol), conducting measures (startle response), and taking care of the laboratory animals in an ethical manner. Conducted and wrote up literature review for lead researcher for preparation of a manuscript for publication.

Sunbeam Family Services

July 2006 to Feb 2010

Counseling Department

Oklahoma City, Oklahoma

Supervisor: Terri Woodland, M.Ed., Clinical Director

School-Based Counseling Services

- *Description:* Used a brief outcomes measure developed by the agency to measure global academic and behavioral functioning of children referred to counseling within the school setting. Collected and analyzed outcome data to document progress and support grants requests for money from major contributors such as United Way and Target.

Counseling Services

- *Description:* Collected and analyzed outcome data to document progress in the anger management therapy groups using the STAXI-2 as the outcome measure. Results were used to support grant renewal requests from the primary financial supporter, United Way.

**University of Oklahoma Health Sciences Center,
College of Medicine**

Fall 2004

Family Medicine Center

Oklahoma City, Oklahoma

Supervisor: Vicki Harris-Wyatt, Ph.D.

Principal Investigator: Robert Hamm, Ph.D.

- *Description:* The study investigated the knowledge that people have about the Human Papillomavirus (HPV). The sample consisted of Caucasian, African-American and Native American male and female subjects between the ages of 18 and 64.
- *Duties:* Coded transcripts for data analysis.

**Oklahoma Baptist University,
Psi Chi Chapter**

Spring 2001

Shawnee, Oklahoma

Faculty Advisor: Bret Roark, Ph.D.

- *Description:* This was an archival study that investigated the potential for cultural bias and inadequate validity in measuring alcoholism in a Native American population by the SASSI screening instrument.
- *Duties:* Research design planning, and data collection, which included taking a random sample of completed SASSI forms and pulling data from the desired items.

RESEARCH GRANTS RECEIVED

John Templeton Foundation

Spring 2014

Awarded \$10,000 for dissertation research on Positive Psychology and Spirituality.

Richter Scholars Program

Fall 2014

Awarded \$750 for dissertation research to help pay for research expenditures.

RESEARCH PRESENTATIONS (Accepted & Upcoming)

McMinn, M., Bufford, R., McLaughlin, P., Moody, J., Geczy-Haskins, L. & Uhder, J. (March, 2016).

Grace, Gratitude, and Wisdom Go to Church: Investigating Positive Psychology in Christian Faith Communities.

Presentation made at the Annual International Convention for the Christian Association for Psychological Studies (Los Angeles, CA).

ADMINISTRATIVE LEADERSHIP EXPERIENCE

Internship Coordinator

January 2009 to June 2010

Sunbeam Family Services Counseling Dept.
Oklahoma City, Oklahoma

- *Duties:* I handled the development and execution of the application, interviewing, and acceptance procedures for master's level counseling practicum students from local universities. I also managed the day-to-day activities and departmental training tasks for all interns, such as medical records, computer programs, intake procedures, and coordinating interns with supervisors.

Insurance Panel Coordinator

January 2009 to December 2009

Sunbeam Family Services Counseling Dept.
Oklahoma City, Oklahoma

- *Duties:* I handled all tasks involved in getting all eligible providers in the clinic credentialed with all major health insurance panels. This included researching what insurance companies had open panels, gathering all necessary paperwork, training staff on how to complete the tasks needed, and getting all paperwork into insurance companies in a timely manner.

Development of Anger Management Program

January 2006 to March 2006

Sunbeam Family Services Counseling Dept.
Oklahoma City, Oklahoma

- *Duties:* This included development of a 12-week curriculum and marketing the group to local attorneys, law firms, and other mental health and social service agencies.

EDUCATIONAL ACHIEVEMENTS

Psi Chi, International Honor Society in Psychology	Spring 2000 to Spring 2002
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PROFESSIONAL TRAINING & EDUCATION

Relational Psychoanalysis and the Christian Faith: A Heuristic Dialogue Marie Hoffman, Ph.D. George Fox University	September 30, 2015
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Relational Psychoanalytic Clinical Team George Fox University Nancy Thurston, PsyD, ABPP, Psychoanalyst	Aug 2014-May 2015
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Psychodynamic Consultation Group (Ongoing Group) George Fox University Kurt Free, Ph.D.	Aug 2013—Present
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“Case Conference in Psychoanalytic Psychotherapy” Oklahoma Society for Psychoanalytic Studies Marian Stephenson, MSW, Psychoanalyst & Sondra Shehab, MSW, Psychoanalyst	Sept 2011—Nov 2011
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“Case Conference in Relational Psychoanalysis” Oklahoma Society for Psychoanalytic Studies & Psychoanalytic Institute of Northern California Lee Rather, PhD	June 2011—Sept 2011
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“Case Conference: Listening for Defenses” Oklahoma Society for Psychoanalytic Studies Jeff Fine-Thomas, LMFT	April 2011—June 2011
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“Case Conference: Listening for Latent Content” Oklahoma Society for Psychoanalytic Studies, Michael Kampschaefer, PsyD, ABPP, Psychoanalyst	Feb 2011—March 2011
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“One Year Course in Psychoanalytic Psychotherapy” Oklahoma Society for Psychoanalytic Studies	Sept 2009—May 2010
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ADDITIONAL EDUCATIONAL EXPERIENCES

Psychodynamic Reading Group George Fox University, Doctor of Psychology Students	Fall 2012—Spring 2013
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AREAS OF PSYCHOLOGICAL ASSESSMENT SUPERVISED EXPERIENCE

- Cognitive/Intellectual Evaluations
- Psychoeducational/Neurodevelopmental Evaluations

- Neuropsychological Evaluations
- Parental Capacity Evaluations
- Treatment Planning Evaluations
- Clergy Candidate-Fitness for Duty Evaluations
- Child Behavioral Evaluations
- Child Developmental Evaluations
- Psychosexual Risk Evaluations

Integrative Reports:	Adults	Children
36	20	16
Psychodiagnostic Assessment Measures Learned and Supervised On		
<ul style="list-style-type: none"> ○ 16PF ○ Achenbach Youth Self-Report for Ages 11-18 ○ Adaptive Behavior Assessment System-2 (ABAS-2) ○ Adult Adolescent Parenting Inventory (AAPI) ○ Substance Abuse Subtle Screening Inventory-3 (SASSI-3) ○ Arlin Test of Formal Reasoning (ATFR) ○ Alcohol Use Disorder Identification Test (AUDIT) ○ Behavioral Assessment System for Children-2 (BASC-2) Child 6-11 ○ Behavioral Assessment System for Children-2 (BASC-2) Structured Interview ○ Bayley Scales of Infant and Toddler Development-3 ○ Behavior Rating Inventory of Executive Function-Adult (BRIEF-A) ○ Behavior Rating Inventory of Executive Function-Parent ○ Brief Symptom Inventory (BSI) ○ Child Behavior Checklist (CBCL) ○ College Adjustment Scales ○ Conners 3-Short Form ○ Conners Adult ADHD Rating Scales-Long Version ○ Counseling Center Assessment of Psych Symptoms (CCAPS-64) ○ D-KEFS: Color-Word Interference Test ○ D-KEFS: Trails Making Test ○ Folstein Mini-Mental Status Exam ○ House Tree Person Drawing Test ○ Incomplete Sentence Blank ○ Kaufman Assessment Battery for Children-II (KABC-II) ○ Millon Adolescent Clinical Inventory (MACI) ○ Millon Clinical Multiaxial Inventory-3 (MCMI-III) ○ Minnesota Multiphasic Personality Inventory-2 (MMPI-2) ○ Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) ○ Multiphasic Sex Inventory-2 (MSI) ○ NEPSY-2 ○ Novaco Anger Scale and Provocation Inventory (NAS-PI) ○ Parenting Stress Inventory ○ Personality Assessment Inventory (PAI) ○ Roberts-2 ○ Rorschach Inkblot Test ○ Shipley-2 ○ Stanford Binet Intelligence Test-5 (SB5) ○ Structured Assessment of Violence Risk in Youth (SAVRY) ○ Trail Making Test A & B 		

- Wechsler Adult Intelligence Scale-IV (WAIS-IV)
- Wechsler Intelligence Scale for Children-IV (WISC-IV)
- Wechsler Individual Achievement Test-III (WIAT-III)
- Wide Range Achievement Test-4 (WRAT-4)

REFERENCES

Jaklin Peake, M.A., LPC	(supervised therapy)	(503) 701-9110; jpeake@cu-portland.edu
Joel Gregor, Psy.D.	(supervised assessment)	(503) 554-2367; jogregor@georgefox.edu
Rodger Bufford, PhD	(dissertation chair/research advisor)	(503) 554-2374; rbufford@georgefox.edu
Nancy Thurston, PsyD, ABPP	(supervised therapy & assessment)	(503) 554-2378; nthursto@georgefox.edu
Jeff A. Lee, PhD	(supervised forensic assessment)	(503) 347-3997; jeffl@nwfamilypsychology.com