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Graduate Student Professional Quality of Life Impact of Self-Compassion, Psychological Flexibility, and ACEs

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by

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Graduate Student Professional Quality of Life

Impact of self-compassion, psychological flexibility, and ACEs on the career experience of graduate students in helping professions

by

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Abstract

Traumatic childhood events have the potential to shape later life experiences and choices (Layne et al., 2014). Felitti et al. (1998) found that higher numbers of adverse childhood experiences (ACEs) correlate to an increase in health risks and risky behaviors in adulthood. There is currently a lack of research regarding ACEs scores among graduate students in the helping profession. Thomas (2016) noted that graduate students in the helping profession have been overlooked in ACEs research although they tend to have higher rates of adverse childhood experiences than peers in comparable graduate programs. The current study sought to discover the rate of ACEs and if, among graduate students in the helping profession, self-compassion and psychological flexibility ameliorate the impact of ACEs on professional quality of life. Ninety-two participants were sampled from doctoral and master's programs at George Fox University. Data analysis shed light on how ACEs scores, level of Self-Compassion, and level of Psychological Flexibility predicted self-reported Professional Quality of Life. A strong positive relationship was found between the abilities of self-compassion and psychological flexibility. In this sample, 25.8% endorsed 4 or more ACEs. Overall, they reported significantly more ACEs than the Felitti et al. (1998) sample and were more likely to report emotional abuse, emotional neglect, parental separation or divorce, having a household member incarcerated, and a household member struggling with mental health concerns. These adversities should become a strong consideration in program development, student support systems, and early career guidance. The present findings suggest that psychological flexibility and self-compassion may be important antidotes to the adverse impact of childhood suffering. Level of psychological

inflexibility was shown to predict burnout; a concerning element of professional work. These data point to the importance of strengthening responses characterized by psychological flexibility and self-compassion during the educational stage of early career. The results of this study have implications for individuals, organizations, and the populations served by helping professionals. Often, the focus of trauma-informed policies is on the consumer. These data indicate the need for increased awareness of the trauma histories of providers and the development of self-compassion and psychological flexibility skills.

Keywords: adverse childhood experiences, self-compassion, psychological flexibility, professional quality of life, graduate students, burnout

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Chapter 1

Introduction

Adverse Childhood Experiences

Traumatic childhood events have been shown to shape later life experiences and choices (Layne, Briggs, & Courtois, 2014). Greeson et al. (2014) highlighted how diverse types of childhood trauma, accumulated over time, lead to significant concerning externalizing and internalizing behaviors. Felitti et al. (1998) completed the ground-breaking Adverse Childhood Experiences (ACEs) study as a joint effort with the Centers for Disease Control (CDC) and Kaiser-Permanente to uncover possible connections between negative early-life experiences and later health outcomes. Participants were asked questions about adverse situations they experienced before age 18 and current health concerns or behaviors. The original study and subsequent ones have focused on physical abuse, sexual abuse, neglect, and emotional abuse as categories of trauma (Dube, Williamson, Thompson, Felitti, & Anda, 2004; Spinazolla et al., 2014). Felitti et al. (1998) found that higher numbers of adverse childhood experiences (4 or more) correlated to higher adult health risks and risky behaviors. High ACEs scores have also been linked to risky behaviors and functional impairment during adolescence (Greeson et al., 2014; Layne et al., (2014)). Outcomes associated with high ACEs scores include smoking, unplanned pregnancies, sexually transmitted infections, substance abuse, suicide, and many common causes of death reported in the United States (Dube et al., 2004).

Graduate Students in the Helping Profession

There is currently a lack of research regarding ACEs scores among graduate students in the helping profession (including counseling, social work, psychology). Thomas (2016) noted that graduate students in the helping profession have been overlooked in ACEs research although they tend to have higher rates of adverse childhood experiences than peers in comparable graduate programs. In an earlier study, Esaki and Larkin (2013) found that 27.6% of child service providers reported an ACEs score of four or more. Similarly, Hiles Howard et al. (2015) reported that professionals in helping professions have more ACEs than the normative sample. They found that 25.1% of professionals reported four or more ACEs compared to 12.5% of the original sample by Felitti et al. (1998). Thomas (2016) found that the average number of ACEs reported by graduate students in an MSW program was also significantly higher than in the general population.

Shannon, Simmelink, Im, Becher, and Crook-Lyon (2014) observed that the very nature of graduate studies in the helping profession can be unique for students with trauma histories. There are often classroom and practicum situations that require students to confront their own personal traumas. Students with traumatic histories tend to report the following behaviors during training: re-experiencing of the trauma, intrusive thoughts, intense emotional reactions, attempts to avoid triggers, hyperarousal, and an increase in self-awareness (Shannon et al., 2014). While training for work in a trauma-focused field, an increased awareness of one's own adverse life experiences could potentially become a strength. Strait and Bolman (2016), also recognized that when helping professionals become aware of their own ACEs scores it can translate into increased awareness and understanding of the impact of ACEs in their clients' lives. Further,

there is evidence that the higher ACEs scores in helping professionals correlate with a higher level of resilience and lower levels of compassion fatigue (Hiles Howard et al., 2015).

Self-Compassion and Psychological Flexibility

Completing training to become a competent practitioner requires emotional, psychological, social, and physical wellness. Marshall and Brockman (2016) found that the constructs of self-compassion and psychological flexibility are strongly linked and correlate to a person's overall sense of emotional well-being. Bond et al. (2011) describes psychological flexibility as an openness to fully experiencing negative emotions or events. This choice to remain flexible in the face of adversity often allows a person to live in a manner consistent with his or her values and goals. Neff (2003b) defines self-compassion as a perspective of one's own difficulties in life characterized by kindness; it is a choice to respond without judgement or avoidance. Among students training to become helping professionals, Neff insists that self-compassion is closely tied to a person's willingness to connect with the suffering of others and offer graceful approaches to healing. For graduate students in the helping profession, self-compassion has been shown to be a viable form of self-care in that it can be accomplished regardless of circumstances (Nelson, Hall, Anderson, Birtles, & Hemming, 2018). Nelson et al. demonstrated that strengthening the skill of self-compassion is both helpful to the health of graduate students and also relates to the ability of counseling students to then demonstrate compassion or empathy in clinical work.

Marshall and Brockman (2016) noted there is currently limited research on the link between self-compassion and psychological flexibility. Their study found that elements of self-compassion (such as mindfulness, kindness to self, and concept of shared humanity) are related

to overall life satisfaction. Results indicated a significant positive relationship between self-compassion and psychological flexibility. Marshall and Brockman (2016) stated that while cognitive or psychological inflexibility has ties to anxiety and depression, self-compassion may be a better predictor of well-being than psychological flexibility.

Beaumont, Durkin, Hollins Martin, and Carson (2016) apply these concepts to student therapists in training. Their research clearly acknowledges the role of self-compassion in a therapist's ability to care for others. Beaumont et al. (2016) discussed how a client can progress more slowly and become dissatisfied with treatment when compassion is not evident in the therapeutic alliance. They show how higher levels of self-compassion are associated with reduced burnout and increased well-being, whereas attitudes of self-judgment are linked to compassion fatigue, burnout, and lower levels of well-being. Beaumont and Hollins Martin (2016) advocated for more explicit training of self-compassion and self-care strategies to students in the helping profession. These are concepts that can be learned and refined in the relative protection of graduate school (Shannon et al., 2014). For example, Klimecki, Leiberg, Ricard, and Singer (2014) analyzed emotional patterns and neural plasticity during and after specific empathy and compassion trainings. Graduate students in the helping profession are often trained to feel and demonstrate empathy. Results showed that empathy training led to an increase in empathy but also in negative affect in response to difficult situations. Compassion training resolved this concern. Klimecki et al. (2014) found that compassion training strengthened positive affect, decreased negative affect back to baseline levels, and generated a willingness to acknowledge the presence of suffering without participants being drawn into the negative affect.

Present Study

In the present study, the goal was to explore the possible role of self-compassion and psychological flexibility for students with higher ACEs scores completing graduate training in helping careers. To consider if these skills may be the difference between choosing and succeeding in altruistic careers instead of potentially harmful life paths and health choices, the current study seeks to discover if self-compassion and psychological flexibility ameliorate the impact of ACEs on professional quality of life. This study explores the following specific hypotheses:

1. The average ACEs scores of graduate students in the helping profession will be higher than the general population (compared to data collected in the original ACEs study);
2. Self-Compassion and Psychological Inflexibility will be negatively correlated: meaning the skills of Self-Compassion and Psychological Flexibility will be positively correlated;
3. ACEs scores will be positively correlated with reported Professional Quality of Life: as indicated by Professional Quality of Life subscales of Compassion Satisfaction, Burnout, and Secondary Traumatic Stress;
4. Students with higher ACEs scores will report higher levels of Self-Compassion and lower levels of Psychological Inflexibility; and
5. Professional Quality of Life (subscales Compassion Satisfaction, Burnout, and Secondary Traumatic Stress) will be more strongly correlated to Self-Compassion than to Psychological Flexibility.

Chapter 2

Methods

Participants

In this study, participants were gathered from two graduate programs at George Fox University. Participants represented the Graduate School of Clinical Psychology Doctoral Program and the Master of Social Work Program. Participants were included based on current enrollment in a graduate level program. The researcher gathered responses from 105 graduate students: 92 of these were complete enough to be included in data analysis. Table 1 displays the demographic characteristics of the sample. Of the participants, the mean age was 28.87 (*SD* = 8.27); with 28.3% identified as male and 70.7% identified as female, with 1.1% indicating they preferred not to answer.

Reported ethnicities included 2.2% Asian American/East Asian American, 1.1% African-American/Black/Afro-Caribbean, 66.3% European-American/Non-Hispanic White, 8.7% Latino/Hispanic, 4.3% Middle Eastern/Arab American, 1.1% Other, and 9.8% Prefer Not to Answer. There were 78% of the participants from the Doctoral Clinical Psychology Program and 22% from the Master of Social Work Program. Year of study breakdown included 33.7% First Year, 29.2% Second Year, 20.2% Third Year, and 16.9% Fourth Year of training.

Materials: Predictors

Acceptance and Action Questionnaire, Version Two (AAQ-2). The AAQ-2 is a 7-item scale that measures the concept of experiential avoidance or psychological inflexibility. Answers range from *Never True* to *Always True* on a 7-point Likert-type scale (see Appendix E).

Table 1

Demographic Characteristics of the Sample

Variable	*n*	%	*M*(*SD*)
Age	84		28.87(8.271)
Gender	92		
Male	26	28.3%	
Female	65	70.7%	
Other	0	--	
Prefer Not to Answer	1	1.1%	
Ethnicity	92		
Asian American/East Asian American	2	2.2%	
South Asian/Indian American	0	--	
African-American/Black/Afro-Caribbean	1	1.1%	
European-American/Non-Hispanic White	61	66.3%	
Native-American/Alaskan Native	0	--	
Latino/Hispanic	8	8.7%	
Middle Eastern/Arab American	4	4.3%	
Other	1	1.1%	
Prefer Not to Answer	9	9.8%	
Program	91		
MSW	20	22%	
PsyD	71	78%	
Year of Training	89		
First	30	33.7%	
Second	26	29.2%	
Third	18	20.2%	
Fourth	15	16.9%	

Higher scores indicate higher levels of psychological inflexibility. Bond et al. (2011) found that 12-month test-retest reliability is .79, the mean alpha coefficient is .84, and that the measure demonstrates acceptable divergent validity. The current study found a coefficient alpha of .866.

Adverse Childhood Experience Questionnaire (ACEs). The ACEs questionnaire is a 10-item yes/no questionnaire that categorizes traumatic experiences that occurred before the participant was 18-years-old (see Appendix F). Total scores range from 0-10. Questions highlight possible areas of emotional, physical, and sexual abuse. Higher scores are often associated with risky health behaviors in adulthood and negative outcomes (Felitti et al., 1998). Dube et al. (2004) found test-retest reliability for specific ACEs categories; emotional abuse (.66), physical abuse (.55), and sexual abuse (.69). Esaki & Larkin (2013) found internal consistency with a coefficient alpha of .734 and Bufford, Sisemore, and Blackburn (2017) reported an alpha of .75. The current study found a coefficient alpha of .754.

Demographic Questions. This sample was described with respect to age, gender, ethnicity, training involvement, and importance of personal faith (see Appendix B).

Self-Compassion Scale (SCS). The SCS is a 26-item scale that measures the compassionate attitude an individual feels towards himself/herself when in a difficult situations (see Appendix D). Answers range from *Almost Never* to *Almost Always* on a 5-point Likert-type scale. Data is averaged to determine an overall self-compassion score (Neff & Pommier, 2013). Both divergent (with measures of social desirability) and convergent (with therapist and peer ratings) validity have shown strong confirming results and test-retest reliability for the overall scale is .93 (Neff, 2003a). The current study found a coefficient alpha of .938.

Materials: Dependent Variable

Professional Quality of Life Scale, Version Five (ProQOL-5). The ProQOL-5 is a 30-item questionnaire that measures positive and negative characteristics of professional roles within the previous 30 days (see Appendix C). The survey is specifically designed for clinicians in helping professions. Answers range from *Never* to *Very Often* on a 5-point Likert-type scale. Subscales include Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. The scale's manual reports the measure's validity due to its use in over 200 studies. Somoray, Shakespeare-Finch, and Armstrong (2017) reported Cronbach's alpha coefficients for Compassion Satisfaction (.90), Burnout (.77), and Secondary Traumatic Stress (.81). The current study found coefficient alphas of: Compassion Satisfaction (.839), Burnout (.665), and Secondary Traumatic Stress (.797).

Procedures

Participants were invited to participate in an online survey, created on Survey Monkey. The researcher emailed a hyperlink to cohorts of participants in each graduate training program. Each student who chose to participate followed the link to the Survey Monkey survey. This survey was designed to collect anonymous responses, so no IP addresses or otherwise identifying information not knowingly provided by the participant was collected. The students completed the survey after reading and agreeing to the informed consent (see Appendix A). Completion of the survey took, on average, approximately 7 minutes. To increase response rate, the researcher presented the survey with an option for approximately 1 in every 20 participants to win an Amazon gift card. Once IRB approval was secured, responses were gathered on the Survey Monkey site and downloaded to an SPSS program after completion of the data collection stage.

Chapter 3

Results

Descriptive statistics were computed for the measures of Psychological Inflexibility, ACEs, Self-Compassion, and Professional Quality of Life utilized in the current study. Table 2 illustrates these data. The measure of Psychological Inflexibility (AAQ-2) had 88 completed responses (M = 20.43, SD = 7). The measure of ACEs had 89 completed responses (M = 2.24, SD = 2.22). The Self-Compassion Scale (SCS) had 90 completed responses (M = 3.20, SD = .64). The Professional Quality of Life Scale (ProQOL-5) is comprised of three subscales: the Compassion Satisfaction subscale had 90 completed responses (M = 41.47, SD = 4.34), the Burnout subscale had 92 completed responses (M = 21.83, SD = 4.37), and the Secondary Trauma subscale had 90 completed responses (M = 20.90, SD = 5.36).

Pearson correlations were calculated between the measures of Psychological Inflexibility (AAQ-2), ACEs, Self-Compassion (SCS), and Professional Quality of Life (Burnout, Compassion Satisfaction, and Secondary Trauma subscales). Table 3 presents these data. AAQ-2 scores were strongly negatively correlated with SCS scores (r_{87} = -.639, p = .0001) and moderately negatively correlated with Compassion Satisfaction subscale scores (r_{87} = -.285, p = .008). AAQ-2 scores were positively correlated with ACEs scores (r_{87} = .231, p = .033), Burnout subscale scores (r_{87} = .552, p = .0001), and Secondary Trauma subscale scores (r_{87} = .484, p = .0001). ACEs scores were negatively correlated with SCS scores (r_{88} = -.212, p = .049). SCS scores were negatively correlated with Burnout subscale scores (r_{89} = -.498, p = .0001) and

Table 2

Descriptive Statistics for Measures of Psychological Inflexibility, ACEs, Self-Compassion, and Professional Quality of Life

	N	Mean	*SD*	Skew	Skew SE	Kurtosis	Kurtosis SE	α
AAQ-2 Score	88	20.43	7.00	.657	.257	1.05	.508	.866
ACEs Score	89	2.24	2.22	1.126	.255	1.25	.506	.754
SCS Score	90	82.84	16.89	.080	.254	.011	.503	.938
ProQOL-5 Subscales								
Compassion Satisfaction	90	41.47	4.34	-.360	.254	-.002	.503	.839
Burnout	92	21.83	4.37	.175	.251	.087	.498	.665
Secondary Trauma	90	20.90	5.36	.799	.254	.256	.503	.797

Note: AAQ-2 = Acceptance and Action Questionnaire, Version 2; ACEs = Adverse Childhood Experiences, SCS = Self Compassion Scale, ProQOL-5 = Professional Quality of Life Scale, Version 5.

Secondary Trauma subscale scores (r_{89} = -.297, p = .005). Compassion Satisfaction subscale scores were negatively correlated with Burnout subscale scores (r_{89} = -.555, p = .0001). Burnout subscale scores were positively correlated with Secondary Trauma subscale scores (r_{9} = .591, p = .0001). The remaining correlations were not significant.

Table 3

Correlational Data Between Measures of Psychological Inflexibility, ACEs, Self-Compassion, and Professional Quality of Life

Variable	AAQ Score	ACEs Score	SCS Score	ProQOL-5 Compassion Satisfaction	ProQOL-5 Burnout	ProQOL-5 Secondary Trauma
AAQ-2 Score	1					
ACEs Score	.231*	1				
SCS Score	-.639**	-.212*	1			
ProQOL-5 Subscales						
Compassion Satisfaction	-.285**	.008	.179	1		
Burnout	.552**	.036	-.498**	-.555**	1	
Secondary Trauma	.484**	.185	-.297**	-.205	.591**	1

Notes. * Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed). N ≥ 88. AAQ-2 = Acceptance and Action Questionnaire, Version 2; ACEs = Adverse Childhood Experiences, SCS = Self Compassion Scale, ProQOL-5 = Professional Quality of Life Scale, Version 5.

Hypothesis 1

The first hypothesis speculated that the percentage of graduate students in the helping profession with ACEs scores of 4 or more would be higher than that found in the original Kaiser/CDC study. In Table 4 below, the breakdown of ACEs scores is displayed for the present sample and from Felitti et al (1998). As Table 4 illustrates, 12.5% of participants in the original study endorsed 4 or more ACEs whereas in the current study 25.8% of participants endorsed the

same amount. A Chi Square analysis showed the samples are significantly different (x_2 = 19.0684, p = .000762).

Table 4

Comparison of ACEs Score Totals in Current Study and Original Kaiser/CDC Participants

ACEs Score Total	% of Participants n = 92	% Kaiser/CDC Study n = 17,337
0	28.1%	36.1%
1	18.0%	26.0%
2	13.5%	15.9%
3	14.6%	9.5%
4 or More	25.8%	12.5%

Table 5 shows further detailed comparison of specific item differences in the two participant populations. A Chi Square analysis showed the samples are significantly different on the items of Emotional Abuse (x_2 = 46.3175, p = <.00001), Physical Abuse (x_2 = 7.7285, p = .005436), Emotional Neglect (x_2 = 11.0702, p = .000877), and Household Mental Illness (x_2 = 54.4708, p = <.00001). Most striking, however, was the report of household mental illness for 50% of the participants, compared with 19.4% in the Kaiser/CDC Study sample. In contrast, physical abuse was less common among the present sample (15.2% vs 28.3%).

Table 5

Comparison of ACEs Item Scores in Current Study and Original Kaiser/CDC Participants

ACEs Item	% of Participants *n* = 92	% Kaiser/CDC Study *n* = 17,337	Chi2	Sig.
1. Emotional abuse	**32.6%**	10.6%	46.3	< .001
2. Physical abuse	15.2%	**28.3%**	7.7	.005
3. Sexual abuse	20.7%	20.7%	≤ .0	.943
4. Emotional neglect	**27.2%**	14.8%	11.1	.001
5. Physical neglect	5.4%	9.9%	2.0	.152
6. Parental separation or divorce	28.3%	23.3%	1.3	.262
7. Mother treated violently	9.8%	12.7%	.7	.402
8. Household substance abuse	26.1%	26.9%	≤ .0	.860
9. Household mental illness	**50.0%**	19.4%	54.5	< .001
10. Incarcerated household member	7.6%	4.7%	1.7	.189

Note: Significantly higher scores in bold.

Hypothesis 2

The second hypothesis in this study proposed that measures of Self-Compassion (SCS) and Psychological Inflexibility (AAQ-2) would be negatively correlated. A Pearson correlation was calculated to explore this relationship and resulted in a significant negative relationship (r_{87} = -.639, p = .005). This correlation accounts for 40.8% of the variance.

Hypothesis 3

The third hypothesis posited that ACEs scores would be positively correlated with the subscales of Professional Quality of Life. These subscales include Burnout, Compassion Satisfaction, and Secondary Trauma. Pearson correlations were completed to address this

question. Overall, no significant correlations were found between ACEs scores and Burnout (r = .036, p = .739), Compassion Satisfaction (r = .008, p = .943), or Secondary Trauma (r = .185, p = .086).

Hypothesis 4

The fourth hypothesis proposed that ACEs scores would be correlated positively with higher Self-Compassion (SCS) and negatively with Psychological Inflexibility (AAQ-2). Pearson correlations were conducted and found a slight positive relationship between Psychological Inflexibility (AAQ-2) and ACEs scores (r = .231, p = .033) and a slight negative relationship between Self-Compassion (SCS) and ACEs scores (r = -.212, p = .049). A supplementary one-way ANOVA was also calculated and a significant effect for ACEs scores and SCS total was found ($F_{(4, 83)} = 3.69$; p = .008) indicating differences related to ACEs scores. The post-hoc analysis was not significant.

Hypothesis 5

The fifth hypothesis posited that the subscales of Professional Quality of Life (Burnout, Compassion Satisfaction, and Secondary Trauma) would be more strongly correlated to Self-Compassion (SCS) than to Psychological Inflexibility (AAQ-2). First, Pearson correlations were calculated between the variables. Self-Compassion (SCS) was negatively correlated with Burnout (r = -.498, p = .0001, r_2 = 25%) and Secondary Trauma (r = -.297, p = .005, r_2 = 8.8%) but had no significant relationship with Compassion Satisfaction (r = .179, p = .093). Psychological Inflexibility (AAQ-2) was positively correlated with Burnout (r = .552, p = .0001, r_2 = 30%) and Secondary Trauma (r = .484, p = .0001, r_2 = 23%) and negatively correlated with Compassion Satisfaction (r = -.285, p = .008, r_2 = 8.1%). Burnout was found to have significant

correlations with the other subscales of Professional Quality of Life, with a negative correlation to Compassion Satisfaction (r = -.555, p = .0001, r_2 = 30.8%) and a positive correlation to Secondary Trauma (r = .591, p = .0001, r_2 = 34.9%). The absolute value of these correlations did not differ.

Second, a hierarchical multiple regression was calculated to explore how the variables in this study may predict the subscale scores of Burnout. Demographic variables (age, ethnicity, gender, and current year of training) were entered together in Stage One. Then the study measures, including AAQ-2, SCS, Compassion Satisfaction subscale, and Secondary Trauma subscale, were entered step-wise in Stage Two. The demographic variables entered ($F_{(4,69)}$ = 3.104, p = .021) with an R_2 of .152. In the second stage, predictor variables were entered in a stepwise fashion. AAQ-2 entered first ($F_{(1,68)}$ = 38.206, p = .0001, ΔR_2 = .305) with a total R_2 of .457. Next Compassion Satisfaction ($F_{(1,67)}$ = 13.576, p = .0001, ΔR_2 = .091) entered, resulting in a total R_2 of .549. Third, Secondary Trauma ($F_{(1,66)}$ = 13.003, p = .001, ΔR_2 = .074) and a total R_2 of .623. Finally, SCS entered ($F_{(1,65)}$ = 12.823, p = .001, ΔR_2 = .062) resulting in a total R_2 of .685. The total variance accounted for in this regression model 68.5% with the AAQ-2 score accounting for the largest portion of the variance at 30.5%. ACEs did not contribute any unique variance to predicting Burnout in this sample.

Chapter 4

Discussion

This study sought to address the potential relationship between adverse childhood experiences, self-compassion, psychological flexibility, and professional quality of life. The impact of ACEs on functioning and overall health in adulthood has been well-studied since the original Kaiser/CDC results (Felitti et al., 1998). Many organizations, schools, and individuals have translated this research to provide trauma-informed services and assistance. Along with recognizing the potential health concerns has come research on resilience, coping, and post-traumatic growth after experiencing childhood trauma (Amnie, 2018). While these aspects of ACEs have been widely considered, the population where research has been lacking is the helpers themselves (Thomas, 2016). What about the people who have dedicated their professional lives to treating trauma, providing health care, and spending enormous amounts of time with clients who have experienced horrific life events? Anecdotally, there has long been belief that people pursue careers in these helping professions after childhoods or lives marked by difficulty. Considering the impactful nature of adverse childhood events, this study addressed the qualities of helping professionals that allow them to thrive in roles and environments where they commonly encounter traumas similar to their own. Specifically, could the skills related to high levels of self-compassion and psychological flexibility ameliorate the documented adverse effects of childhood trauma and be the key to helping professionals maintain quality of life and persevere in difficult work?

The participants in this study were students currently seeking graduate degrees in clinical psychology and social work. This places them in a unique, early-career position where they are first beginning to encounter the trauma experiences of others in a professional capacity. It should be noted that to have accomplished the task of being accepted into graduate studies perhaps indicates a certain drive, resiliency, and self-awareness that may diverge from that of their contemporaries. The sampling may be representative of the programs it was selected from but may not speak directly to other training programs, other aspects of the helping profession or other stages of career. Further, taking into consideration the self-report nature of data collection, the size of the sample, and limits in diversity, generalization of these results may not be straightforward.

This research examined the relationship between personal history of ACEs, the skills of self-compassion and psychological flexibility, and perception of professional life functioning. First, the question of quantity and characteristics of ACEs in the sample was addressed. Participants in this study diverged from the ACEs reported in the original Kaiser/CDC sample (Felitti et al., 1998) in profound ways. Graduate students in the helping profession reported higher levels of total ACEs scores (25.8% with a score of 4 or more compared to the 12.5% in the general population sample (Felitti et al., 1998). Four or higher ACEs is considered the tipping point for more severe potential outcomes with regards to mental and physical health (Felitti et al.,1998; Greeson et al., 2014; Layne et al., 2014). With over a quarter of the students indicating at least 4 ACEs, graduate programs and educators should take into consideration the unique needs that may be present in their student bodies.

While the total number of ACEs was significant, the types of ACEs more prevalent in the student sample is also weighty. This sample was more likely to have experienced emotional abuse, emotional neglect, or having a household member who struggled with mental illness. Notably, 50% of this sample indicated growing up with a person with mental illness in the home compared to 19.4% of the general sample (Felitti et al., 1998). Spinazolla et al. (2014) found that emotional abuse or neglect has predictive effects comparable to those of physical or sexual abuse on clinical impairments. Specifically, Spinazolla et al. (2014) reported that emotional abuse or neglect is a greater predictor than physical or sexual abuse for 27 of the 30 negative outcomes included in their study. These disparities in type of traumatic childhood experiences may be part of the reason these particular people seeking careers in the helping profession. Further study could focus on the differences in type of adverse experiences, the potential aspect of chronicity or acuteness of the experience, and the distinctive needs in the process of healing when considering these different ACEs items. The results of this study strongly align with the anecdotal and limited quantitative data previously collected on ACEs in this population (Felitti et al., 1998). These data establish a preliminary picture of the foundational life experiences that students entering these careers bring with them and raises questions about which ingredients are needed for resilience, positive health behaviors, and satisfaction with professional and personal life paths.

This study sought to illustrate the role of self-compassion and psychological flexibility in the functioning of helping profession graduate students. Aligning with the previous literature (Esaki & Larkin, 2013; Hiles Howard et al., 2015; Thomas, 2016), data displayed a strong relationship between the antecedent skills of psychological flexibility and self-compassion to

professional quality of life experiences of burnout and secondary trauma. The former are the elements of a person's worldview and responses that may allow that person to roll with the punches, treat themselves with kindness, gain healthy perspective, seek kind ways of healing, and have a willingness to experience both the painful and joyful aspects of life. These data support our hypothesis that they may be invaluable tools for students in helping professions. Self-compassion and psychological flexibility predict the capacity to carry higher levels of ACEs while enabling students to care empathically for the needs of others.

One of the most surprising results of these data was the small relationships between ACEs and psychological inflexibility and between ACEs and self-compassion. ACEs also did not contribute to predicting burnout in the regression analysis. Results show slight movement in the opposite direction as hypothesized. The minimal relationship between ACEs and these two skills is important to note. For this particular sample, having a higher number of ACEs did not drastically reduce their ability to respond to childhood trauma with self-compassion and flexibility. This may be indicative of the development of effective coping strategies, resilience, and repetitive healthy choices that have helped these students overcome difficult pasts. Graduate students in this field should continue to develop these skills whether they have a significant trauma history or not, as the literature shows the healthy and protective consequences of nurturing these abilities.

Concerns regarding burnout and professional satisfaction have risen as organizations and individuals become more aware of trauma-informed care and training (Beaumont & Hollins Martin, 2016; Klimecki et al., 2014). This study addressed multiple aspects of professional quality of life, including burnout, compassion satisfaction, and secondary trauma. With the

unique trauma background of this particular population, one of the striking findings was the lack of relationship between ACEs scores and these elements of professional quality of life. This speaks to the concern that organizations, schools, or individuals may carry that ACEs could lead a helping professional to be more susceptible to burnout or secondary trauma. Further study may consider if this relationship could shift as professionals move through different stages of their career. What the data demonstrate now is that students with higher ACEs scores are not necessarily more likely to be impacted by burnout or secondary trauma and may have developed strategies and skills that allow them to operate professionally during encounters with others' trauma.

The results indicated a pathway to lowered susceptibility and heightened resiliency to burnout. Choosing a career of caring for others, listening to the deepest hurts and needs of clients, and deciding to remain steady and present is not something done lightly. Psychological flexibility and self-compassion were shown to be powerful predictors of lower levels of burnout and secondary trauma. Self-compassion has an inverse relationship with both burnout and secondary trauma. Conversely, psychological inflexibility aligned with secondary trauma. A multiple regression revealed the depths of impact that graduate students' responses have on the experience of burnout. Overall, 68.5% of the variance of burnout was accounted for by demographics, psychological inflexibility, compassion satisfaction, secondary trauma, and self-compassion scores. Psychological inflexibility was the major contributor to burnout, accounting for 30.5% of the variance. One of the most encouraging components of these findings is that there are a multitude of ways to increase self-compassion, decrease psychological inflexibility, and establish these patterns of resilience that can lead to a successful and satisfying career in the

helping profession (Beaumont & Martin, 2016; Marshall & Brockman, 2016; Nelson et al., 2018; Shannon et al., 2014; Strait & Bolman, 2016).

The results of this study have implications for individuals, organizations, and the populations served by helping professionals. Often, the focus of trauma-informed policies is on the consumer. While affirming the deep worth of this focus, this study clearly indicates the need for increased awareness of the trauma histories of the providers. Adverse childhood experiences can lead to a variety of outcomes. Frequently, the outcomes are determined by the response to these traumas, the resources available, and the mental and emotional skills developed by the individual. The fact that 25.8% of this sample endorsed 4 or more ACEs should become a strong consideration in program development, student support systems, and early career guidance. The training period of careers in these fields is a distinct experience that has a phenomenal amount of power and opportunity to hone the skills of self-compassion and psychological flexibility. Recognizing the difficult pasts that students bring with them should play a foundational role in the formative educational process. The present findings suggest, at least among trainees in the helping professions, that psychological flexibility and self-compassion may be important antidotes to the adverse impact of childhood suffering.

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Appendix A

Informed Consent

Graduate Student Professional Quality of Life
Informed Consent

The purpose of this survey is to examine the relationship between childhood experiences and your professional quality of life as a graduate student in a helping profession. If you choose to participate, you will be asked to complete an online survey that will take approximately 10 minutes to complete.

Due to the nature of some questions, the survey may bring up unpleasant memories or feelings. Please be aware of possible resources should this happen. Resources may be found at the Health and Counseling Center at George Fox, your county's Crisis Hotline, a pastoral/religious contact, or personal therapist. If necessary, please seek help by going to the Emergency Room or calling 911.

Care will be taken to maintain as much confidentiality as possible. Personal identifying information will not be collected. All data will be de-identified and stored as password protected digital information. If you have any questions or concerns about this research you may contact the researcher, Heather Harris, MA (hharris10@georgefox.edu), or faculty advisor Rodger Bufford, PhD (rbufford@georgefox.edu).

Consent

I have read the description of this research regarding graduate students in clinical psychology, and have voluntarily chosen to participate. I understand that the questionnaire information is to be received and maintained in confidence and used for research purposes only. I also understand that if I wish to discontinue participation at any time prior to the completion of the survey, I may do so without penalty. I am aware that if I complete the survey, it is assumed that consent is given.

Appendix B

Demographic Survey

Age: _____

Gender:
- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Prefer Not to Answer

Ethnicity: Please select as many as apply:
- ☐ Asian American/ East Asian American
- ☐ South Asian or Indian American
- ☐ African-American/Black/Afro-Caribbean
- ☐ European-American/Non-Hispanic/White
- ☐ Native-American or Alaskan Native
- ☐ Latino/Hispanic
- ☐ Middle Easter or Arab American
- ☐ Other
- ☐ Prefer Not to Answer

Current Program:
- ☐ Doctorate in Clinical Psychology
- ☐ Master of Social Work

Year in Graduate Training:
- ☐ First year
- ☐ Second year
- ☐ Third year
- ☐ Fourth year
- ☐ Fifth year

Have you begun practicum training?
- ☐ Yes
- ☐ No

Spirituality/faith is important to me in my daily life:
- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Strongly agree

Spirituality/faith is important to me when I am facing a difficult situation:
- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neutral
- ☐ Somewhat agree
- ☐ Strongly agree

Appendix C

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue (ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.

29. I am a very caring person.
30. I am happy that I chose to do this work.

Appendix D

Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner

1. I'm disapproving and judgmental about my own flaws and inadequacies.

2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

5. I try to be loving towards myself when I'm feeling emotional pain.

6. When I fail at something important to me I become consumed by feelings of inadequacy.

7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

8. When times are really difficult, I tend to be tough on myself.

9. When something upsets me I try to keep my emotions in balance.

10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

11. I'm intolerant and impatient towards those aspects of my personality I don't like.

12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

14. When something painful happens I try to take a balanced view of the situation.

15. I try to see my failings as part of the human condition.

16. When I see aspects of myself that I don't like, I get down on myself.

17. When I fail at something important to me I try to keep things in perspective.

18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

19. I'm kind to myself when I'm experiencing suffering.

20. When something upsets me I get carried away with my feelings.

21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

22. When I'm feeling down I try to approach my feelings with curiosity and openness.

23. I'm tolerant of my own flaws and inadequacies.

24. When something painful happens I tend to blow the incident out of proportion.

25. When I fail at something that's important to me, I tend to feel alone in my failure.

26. I try to be understanding and patient towards those aspects of my personality I don't like.

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. ***Self and Identity, 2, 223-250.***

Appendix E

Psychological Inflexibility

AAQ-II

Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

1	2	3	4	5	6	7
never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true

1.	My painful experiences and memories make it difficult for me to live a life that I would value.	1	2	3	4	5	6	7
2.	I'm afraid of my feelings.	1	2	3	4	5	6	7
3.	I worry about not being able to control my worries and feelings.	1	2	3	4	5	6	7
4.	My painful memories prevent me from having a fulfilling life.	1	2	3	4	5	6	7
5.	Emotions cause problems in my life.	1	2	3	4	5	6	7
6.	It seems like most people are handling their lives better than I am.	1	2	3	4	5	6	7
7.	Worries get in the way of my success.	1	2	3	4	5	6	7

This is a one-factor measure of psychological inflexibility, or experiential avoidance. Score the scale by summing the seven items. Higher scores equal greater levels of psychological inflexibility.

Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (in press). Preliminary psychometric properties of the Acceptance and Action Questionnaire – II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy*.

Appendix F

Adverse Childhood Experiences

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ... Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household **often** ... Push, grab, slap, or throw something at you?
or **Ever** hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you **ever**... Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?

4. Did you **often** feel that ... No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?

5. Did you **often** feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents **ever** separated or divorced?

7. Was your mother or stepmother: **Often** pushed, grabbed, slapped, or had something thrown at her?
or **Sometimes or often** kicked, bitten, hit with a fist, or hit with something hard?
or **Ever** repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Appendix G

Curriculum Vitae

Heather L. Harris

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Education

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

Doctoral Candidate in Clinical Psychology Expected June 2020

- Dissertation- Graduate Student Professional Quality of Life: Impact of self-compassion, psychological flexibility, and ACEs

MA - *Master of Arts in Clinical Psychology* April 2017

George Fox University, Newberg, OR

BA - *Bachelor of Arts in Psychology* Dec 2013

Honors

Letter of Commendation

- Chosen by unanimous vote among the faculty to receive a letter of commendation.
- Awarded this honor at the end of my second year of training.
- This honor is given to less than 5% of students in our program.

Clinical Experience

Doctoral Internship June 2019-June 2020

Alaska Psychology Internship Consortium: APA Accredited
Providence Family Medicine Center: Alaska Family Medicine Residency

- Operated as a Behavioral Health Provider in an integrated family medicine clinic - continuity care clinic for the Alaska Family Medicine Residency.
- Provided both brief and long-term intervention and treatment for medical, behavioral health, and chemical dependency concerns within an integrated primary care setting.
- Provided interdisciplinary consultation to create biopsychosocial-spiritual/cultural treatment plans for medical and behavioral health presentations within the

primary care team. Team included PCP's, Family Medicine Residents, RN Case Managers, Social Workers, Psychiatry, Pharmacy, and Health Navigators.

- Conducted integrated assessments as well as brief screenings for diagnostic clarification, risk assessment, maternal prenatal evaluations, chronic pain evaluations, and N-648 Evaluations.
- Completing rotations in the areas of Group Medical Visits, Refugee Screening and Healthcare, Obstetrics and Gynecology, Perinatal Mood and Anxiety Disorders, Geriatric and Palliative Care, Home Visits for Geriatric and Palliative Care, Chronic Pain Assessment and Treatment, Opioid Use Disorder and MAT in the primary care setting, and Trans-Cultural Medicine.
- Training activities and ongoing consultative role with family medicine residents.
- Engaged in Alaska Specific Experiential Trainings including travelling to villages and learning about the unique historical and cultural factors that influence behavioral health in Alaska.
- Clinical writing, professional communication, and concurrent charting in EPIC electronic health record.
- *Supervisors*: Sarah Dewane, PhD, ABPP; Virginia Parret, PhD; Raymond Pastorino, JD, PhD

Pre-Intern and Practicum II, Behavioral Health Provider May 2017-May 2019
Providence Medical Group: Newberg and Sherwood Primary Care

- Provided intervention and treatment for medical, mental health, and chemical dependency presentations in an integrated primary care setting following a primary care behavioral health model.
- Developed comprehensive biopsychosocial treatment plans for common medical presentations within primary care medical team.
- Worked with individuals, family, and couples.
- Completed comprehensive assessments as well as brief screenings for diagnostic clarification.
- Active member of interdisciplinary team; including PCPs, PharmD, PAs, RNs, and case management.
- Participated in weekly Case Management meetings with interdisciplinary team to manage care for complex patients.
- Clinical writing and professional communication within the EPIC electronic health record.
- Mentorship of Practicum II student at primary care behavioral health site as a component of my Pre-Intern training.

- Conducted emergent suicide risk assessments for students transferred from local school district as part of community outreach project.
- Weekly individual and group supervision.
- *Supervisor:* Jeri Turgesen, PsyD, ABPP

Crisis Consultation Team, Behavioral Health Consultant May 2017-May 2019
Providence Newberg and Willamette Valley hospitals

- Conducted emergent, crisis screenings and evidence-based risk-assessment for suicidal, homicidal, and psychotic patients. Determined need for legal holds when necessary.
- Interdisciplinary consultation with medical staff.
- Utilized evidence-based screens to determine if patients need inpatient, intensive outpatient, or outpatient support.
- Coordinated care, facility placement and medical transportation for patients requiring inpatient psychiatric hospitalization or specialty level care.
- Provided resources and psychoeducation for patients and patient's support systems.
- Coordinated with local community-based agencies for emergent call coverage.
- Weekly group supervision for case presentation and feedback.
- Position as head student coordinator: involved in training new team members, coordinating schedules, and representing consultation team in variety of settings.
- *Supervisors:* Mary Peterson, PhD, ABPP; Luann Foster, PsyD; Joel Gregor, PsyD; William Buhrow, PsyD

Evergreen Clinical, Therapist June 2018-May 2019

- Provided individual, long-term therapy from an ACT framework in a private practice environment. Clientele included urban, uninsured/underinsured individuals with a variety of diversity factors.
- ACT-Focused supervision and training.
- *Supervisor:* Brian Goff, PhD

Practicum I, Student Therapist Trainee Aug. 2016-May 2017
St. Paul Middle and High School

- Conducted weekly individual and group therapy sessions with students.
- Taught class-wide social-emotional learning intervention curriculum.
- Conducted comprehensive diagnostic assessments and IEP driven assessments. Wrote and formulated integrated reports.
- Facilitated parent meetings.

- Provided consultation and feedback to school staff and administration related to student presentation and needs.
- Advocated for student needs within the school system.
- *Supervisor:* Elizabeth Hamilton, PhD

Clinical Consultative Team Member Aug. 2015-May 2019

- George Fox University, Newberg, Oregon
- Weekly case consultation group: meets to present and discuss cases from a variety of theoretical orientations and clinical perspectives.
- *Supervisor*: Rodger Bufford, PhD (2015-2016)
- *Supervisor:* Marie-Christine Goodworth, PhD (2016-2017)
- *Supervisor:* Mary Peterson, PhD, ABPP (2017-2018)
- *Supervisor:* Elizabeth Hamilton, PhD (2018-2019)

Group Facilitator: **The Dougy Center** April 2016-May 2019

- Facilitated bi-monthly support groups for children who have lost a parent, sibling, or loved one.
- Worked with children ages 3 to 13 who have recently lost a parent. Provide support and resources to surviving parents or guardians.

Pre-practicum, Student Therapist Trainee 2015-2016

- George Fox University, Newberg, Oregon
- Provided 10 weekly sessions to two undergraduate students from Person-Centered perspective. Received weekly-supervision from a master's level Pre-Intern student.
- *Supervisors*: Glena Andrews, PhD, MSCP; Nathan Haskell, MA

Medical Director, Counselor: **Camp Kiwanilong SYP** June 2007-Aug. 2014

- Handled all medical and mental health emergencies for camp attendees.
- Worked with both campers and staff as a counselor, mentor, and medical director within the scope of my previous training as a Wilderness First Responder.
- Coordinated with DHS, police departments, doctors, therapists, and parents when needed.
- Provided general research and psychoeducation to staff and parents regarding psychiatric medications and mental health issues impacting campers.
- Developed facility and program-specific emergency action plans, medical emergency plans in consultation with ED physicians, and mental health emergency protocols.

Workshop Director, Family Support Team: **Juliette's House** Aug. 2012-Dec. 2013

- Developed curriculum for a "Safe Touch" class for families affected by abuse.
- Assisted families throughout the assessment process including coordination of social and medical histories, medical evaluation, and forensic interviews concerning the suspected abuse.
- Followed up with families to provide resources, legal assistance, and support.

Peer-Reviewed Conference Presentations

- Shumway, K., Peterson, M., Foster, L., & **Harris, H.** (2018, October). High Stakes: Preparing Your Team for Suicide and Psychosis Risk Assessment. Presentation at the Collaborative Family Healthcare Association (CFHA) Conference, Rochester, NY.
- **Harris, H.,** Conklin, C., Karam, S., Stricklen, J. (2018, August). Speak Up! The Right to Refuse Abuse: A Pilot Study in Rural Oregon Schools. Poster presented at the American Psychological Association (APA) Conference, San Francisco, CA.
- Shumway, K., Hamilton, E., **Harris, H.,** Gathercoal, K. (2017, August). Class-wide Socioeconomic Education in Rural Schools: An Intervention Study. Poster presented at the American Psychological Association (APA) Conference, Washington, DC.
    - ***Awarded the Division 16 Student Poster Award***

Research Experience

Dissertation: **Graduate Student Professional Quality of Life**: **Impact of self-compassion, psychological flexibility, and ACEs**

- Study examining how self-compassion and psychological flexibility may ameliorate the negative effects of adverse childhood experiences on graduate students in the helping profession.
- *Defense: November 25, 2019*
- *Dissertation Committee:* Rodger Bufford, PhD, Marie-Christine Goodworth, PhD, and Mark McMinn, PhD, ABPP

Member: Research Vertical Team 2016-2019

- Engaged in bi-monthly vertical research team to develop and address research competencies. Engaged in dissertation development, planning and implementation.
- Various areas of team interest and focus: Adverse Childhood Experiences Scale, Doctoral Training Programs for Clinical Psychology, Resiliency, Trauma, Attachment, Child and Adolescent Interventions, Grace, Spirituality/Religion.
- *Faculty Advisor:* Rodger Bufford, PhD

***Lead Consultant/Research Assistant:* Juliette's House** Nov. 2016-Aug. 2018

- Consulted with Juliette's House, a local child abuse intervention center, to research and implement a teacher curriculum. Goals included assisting Oregon's schools in meeting the legislative requirements of implementing a child sexual abuse prevention instructional program for all state schools.
- Supported curriculum design to be in line with the newly passed Oregon Legislature, Senate Bill 856.
- Worked to develop outcome measures to further assess efficacy of the curriculum.
- Networked with local educational systems to implement curriculum with the goal of widespread impact.
- *Faculty Advisor:* Marie-Christine Goodworth, PhD

***Consultant/Research Assistant:* The Dougy Center** Sept. 2016-May 2019

- Consulting with The Dougy Center to create psychoeducational tools to be provided to families who have recently lost a loved one.
- Providing access to research articles and resources to facilitate further staff training.
- *Faculty Advisor:* Rodger Bufford, PhD

Principal Researcher: College Adjustment in Relation to Proximity of University to Home

- Principle researcher for a study focusing on college adjustment in light of participants' scores of independence, adaptability, and extraversion.
- *Advisor:* Susan L. O'Donnell, PhD

Research Lead: Christian Medical Missions Must Recognize Spiritual Diversity to Practice a Holistic Approach to Medicine

- Project lead for a project addressing individual cultural factors influencing how a medical mission operates. Goals included exploring the impact of integrating the expertise (possibly spiritual) of the locals into medical treatment plans with an emphasis on establishing multidisciplinary teams.
- Formulated project goals, developed methods and provided direction for study implementation. Supported data collection, interpretation, and presentation.
- *Advisor:* Terry Steele, PhD
- *Input From:* Winston Seegobin, PsyD, Sarita Gallagher, PhD

Affiliations and Interest Groups

American Psychological Association

- Student Associate (2015 – Present)

Collaborative Family Healthcare Association

- Student Member (April 2018 – Present)

National Register of Health Service Psychologists

- Student Member/Credential Banking (August 2019 – Present)

Association for Contextual Behavioral Science

- Student Affiliate (October 2016 - Present)

Alaska Psychological Association

- Student Member (November 2019 – Present)

Oregon Chapter of the Association for Contextual Behavioral Science

- Affiliate (February 2018 – June 2019)

GSCP Pediatric Psychology Special Interest Group

- Student Member (September 2015 – May 2019)

GSCP Health Psychology Special Interest Group

- Student Member (September 2015 – May 2019)

Training in Supervision

Crisis Consultation Team Student Coordinator

- Supervised supervision in coordinating the training of new crisis team members.
- Facilitate ongoing training, complete necessary administrative work, and coordinate with supervising psychologists, county staff members, and hospital staff members.
- *Supervisors:* Mary Peterson, PhD, ABPP; Luann Foster, PsyD

"Supertrainer"

- Provide supervised supervision in trainee development.
- Provide one-on-one training to established crisis consultation team members on an as-needed basis.
- Shadow trainee's work in the emergency department to provide real-time feedback and develop an individualized set of training goals to ensure team-member competency.
- Directly model skills to provide teaching and re-evaluate team members through the coaching process.
- *Supervisors:* Mary Peterson, PhD, ABPP; Luann Foster, PsyD

Providence Medical Group

- Provide supervised supervision of a Practicum II student.
- Shadow in clinic to provide real-time feedback and consultation. Support understanding of clinic workflow, patient care, consultation and documentation within an integrated primary care setting.
- *Supervisor:* Jeri Turgesen, PsyD, ABPP

2nd Year Mentor

- As a fourth-year doctoral trainee, complete weekly mentoring meetings with a current second-year student. Goals include professional development, competency development and peer-based support.
- *Supervisor:* Glena Andrews, PhD, MSCP

1st Year Mentor

- As a second-year doctoral trainee, provided mentorship for an incoming first-year student during their transition to graduate school and throughout the first year.
- *Supervisor:* Glena Andrews, PhD, MSCP

Teaching Experience

Teaching Assistant: Undergraduate Advanced Counseling

- Fall 2017 & 2018
- Facilitated small group of undergraduate students in learning counseling techniques and theory.
- Created an experiential didactic curriculum to be implemented on a weekly basis with the full class.
- Professor: Kristina Kays, PsyD

Teaching Assistant: Cognitive Assessment

- Fall 2017
- Facilitated small group of PsyD students and assisted in teaching cognitive, memory, and achievement assessments.
- Professor: Celeste Jones, PsyD

Teaching Assistant: Psychometrics

- Spring 2017 & 2018
- Provided weekly TA meetings to assist in teaching the material in the PsyD psychometrics course.
- Professor: Mark McMinn, PhD (2017); Luann Foster, PsyD (2018)

Teaching Assistant: Learning, Cognition, and Emotion

- Summer 2017
- Assisted with class formatting and grading for this PsyD course.
- Professor: Marie-Christine Goodworth, PhD

Instructor: Strong Kids: Social-Emotional Learning Curriculum

- Teaching a 12-week course to all 7th and 8th graders at St. Paul Middle School. Focus on positive living, interpreting emotions, intervening at the level of thoughts and behaviors, understanding others' emotions, and goal setting.
- *Supervisor:* Elizabeth Hamilton, PhD

Instructor: Safe Touch: Family Workshop at Juliette's House

- Developed a curriculum for a "Safe Touch" class. The course became a four-week-long, group learning experience for families (2013).

Guest Speaker: George Fox University: Undergraduate General Psychology

- Guest speaker on mood disorders, suicide, self-harm, and treatment. (November 2015)

Guest Speaker: George Fox University: Undergraduate History and Systems of Psychology

- Guest speaker on Gestalt Theory. (March 2016)
- Substitute for Susan L. O'Donnell, PhD

Volunteer Work

Collaborative Family Healthcare Association Conference 2018

- Student Volunteer: assisted with registration, monitored sessions, and helped set up and tear down various events.
- Rochester, New York (October 18-20, 2018)
- Denver, Colorado (October 17-19, 2019)

Graduate School of Clinical Psychology Community Gathering Team

- Student Representative (September 2016 – May 2018)
- Coordinator (September 2017 – May 2018)

Serve Day: Juliette's House, Child Abuse Intervention Center

- Each year, our program shuts down academic schedules for the day and volunteers at Juliette's House. This often entails yard work, painting, cleaning, and paperwork assistance. (2015-2018)