PhD Students and Dissertations by Cohort Year

2005

1. **Amy Blanchard (2008)**
   Major Professor: Jennifer Hodgson, PhD
   Title: The Experience of Depressive Symptoms in Pregnancy from a Couple's Perspective: A Phenomenological Study
   Abstract: This dissertation consists of two articles. The first article presented is a literature review written to identify and review studies of depression, pregnancy, and social support published in the last 10 years. A total of 26 articles were included in the review. The main outcomes fell into three subsections (a) the association of depressive symptoms and social support, (b) couple relationships, depressive symptoms, and pregnancy, and (c) interventions and treatments for depressive symptoms during pregnancy. Overall, the literature review illustrated a positive association between low levels of social support and an increase in depressive symptoms reported during pregnancy and that partner support was a key component within the general social support construct. The second article extends current literature and is the first known qualitative phenomenological study conducted with couples experiencing depression during pregnancy. Couples were interviewed together and data was collected and analyzed according to Colaizzi's phenomenological research design. The following five themes emerged: (a) Challenges and stressors associated with pregnancy and depressive symptoms (physical complaints, lifestyle changes, and tremendous financial pressures including work stress, transportation, and housing issues), (b) Pregnancy amplifies mood states (women who screened positive for depressive symptoms described symptoms that are associated with depression such as crying more, feeling more emotional, getting mad easier, and being more irritable. The male participant expressed confusion by the FEMALE PARTICIPANTS's mood, which sometimes left them feeling frustrated), (c) Relationship dynamics that influence depressive symptoms (FEMALE PARTICIPANTS's explained that when their partner is perceptive of their needs they feel better. They described that listening, offering encouraging words, respecting barriers, and just being there helped them. Whereas, instigating arguments through trigger words, seemingly harmless name-calling, approaching the FEMALE PARTICIPANTS when she wanted to be alone and vice versa were not helpful), (d) Pregnancy and the influence of depressive symptoms on relationship dynamics (Cohabitating couples seemed to be expressing a paradoxical view of commitment. They wanted to know their partner will always be there to help raise the child but not necessarily as a marital partner; female participants' did express fears and concerns about being a single parent. They doubted if their current relationship was strong enough to survive the transition to parenthood. This study revealed an uncomfortable level of insecurity and internal conflict, particularly for the FEMALE PARTICIPANTSs. They seemed unsure about whether to keep a certain emotional distance so as not to rely on someone that might not be there in the future. They wanted more signs of reassurance that their partner would be a part of their lives but

also cognitively believed that it was best for them to not move to commitment hastily.)., and (e) Reliance on external sources of support (most unexpected finding in this study was that all participants reported having good support systems and being provided with emotional and instrumental/material support from those around them for which they expressed deep gratitude. This finding is in conflict with previous studies indicating pregnant women with depressive symptoms will likely lack adequate social support (e.g., Adewuya et al., 2007; Jesse & Swanson, 2007; Rahman et al., 2003). One explanation for this dissimilar finding could be that in this study it was not the other support persons that made the greatest impact on depressive symptoms but that of the partner. It may be that the couple relationship is more powerful than other significant relationships).

2. **Patrick Meadors (2008)**
   Major Professor: Angela Lamson, PhD
   Title: Secondary Traumatization in Pediatric Healthcare Providers: Conceptual Confusion in Literature
   Abstract: This dissertation consists of two articles that will address very important theoretical and research aims. The first article provided in the dissertation is a literature review, which has the primary purpose of untangling the many concepts related to secondary traumatization. There has been an influx of research within the past decade on secondary trauma and many authors have coined separate terms that may be describing the same phenomenon with little or no regard for the overlap or uniqueness in the terms. While some researchers might argue that differentiating the terms (e.g., Secondary Traumatic Stress, Compassion Fatigue, Vicarious Traumatization, and Burnout) does not matter, we believe that it is essential to untangle these concepts and clarify the elements that are related to each of the concepts and as a result initiate a process that will allow future researchers to explore how each of the concepts are measured and further assess the relationships between the trauma related concepts. The second article focuses on how the terms post-traumatic stress disorder, secondary traumatic stress, compassion fatigue, and burnout are similar or different in neonatal intensive care, pediatric intensive care and pediatric providers. More importantly, this study will be an extension of a pilot study conducted in 2006 that focused on the understanding of secondary traumatization within pediatric healthcare providers (Meadors & Lamson, 2008). Most of the research on secondary traumatization is focused on mental health providers and very little empirical research has focused on the impact of secondary trauma within healthcare and no known quantitative research (with the exception of Meadors & Lamson, 2008) has focused specifically within pediatrics. It is our hope that these articles will shed light on the neglected topic of secondary trauma within pediatric healthcare and eventually improve the culture and care for the carers on these units. In order to best care for our patients and their families, it is essential that we learn how to care for our providers

3. **Janie Taylor (2012)**
   Major Professor: Jennifer Hodgson, PhD
   Title: The Shared Experience of Personalized Spiritual Care Services between Hospital Chaplains and Hospital-based Healthcare Providers
   Abstract: The research highlighted in this dissertation offers contributions to both the implementation of and literature related to the biopsychosocial-spiritual (BPS-S) approach to healthcare, in particular as it relates to the spiritual care and support hospital-based healthcare providers (HBHPs) receive from hospital chaplains (HCs). Foundational insight into how to integrate hospital chaplaincy support and spiritual care into hospital-based healthcare delivery systems aligns well with the Institute of Medicine's 2001 mandate to defragment our ailing healthcare system and reduce deficits in patient care. Moving past a myopic and strictly biomedical viewpoint of what is included in "patient care" invited investigation about the systemic interplay between provider spiritual health and patient health outcomes. Even though HBHPs who participated in this phenomenological study appreciated the spiritual care received by hospital chaplains, and noted that they were able to provide better patient care as a result, they reported that the true value of the care did not appear to be recognized by hospital administrators. The lack of hospital chaplain inclusion on treatment teams in some units also raised questions about the need for a seamless and well-integrated hospital-based care delivery system. Participants in the study indicated that when HCs are not comfortable in certain units that they become more manualized and less personal. This serves to reduce referrals and HBHPs' confidence in the HC service. However, according to the participants, it is HCs' personalities and relationship building skills that gain them better access to patients and providers. Implications from this study are applied to clinical, research, and educational opportunities in the area of hospital chaplaincy.

4. **Ryan Anderson (2008)**
   Major Professor: Jennifer Hodgson, PhD
   Title: Medical Family Therapy in Cancer Care
   Abstract: This study utilized a phenomenological approach to explore the experience of seven patients and seven family members who received Medical Family Therapy (MedFT) as a part of their cancer care treatment. Participants' narratives resulted in the formation ofl3 thematic clusters that included how MedFTs are exceptional and necessary, kept everybody in touch,enhance patients' feelings of being cared for, and are persistent in offering help. The professional characteristics, strategies, and interventions
   that patients and families identified as helpful included the MedFTs' personality traits, consistent presence, flexibility in location and timing, aid in communication and building relationships, and real-time intervention. Lastly, thematic clusters included areas for growth in MedFT that would lead this specialty toward becoming more fully accepted by the health care system with needed improvements in publicity, advertising, after hours services, and strategies for growing the profession.

2006

5. **Lisa Tyndall (2010)**
Major Professor: Jennifer Hodgson, PhD
Title: Medical Family Therapy: Conceptual Clarification and Consensus of an Emerging Profession
Abstract: The term Medical Family Therapy (MedFT) was coined in the early 1990s (McDaniel, Hepworth, & Doherty, 1992a) by a team of family therapists and a family psychologist. Since then there has been growing interest in MedFT, including the expansion of training programs and an increasing prevalence in the academic literature. While this growth is exciting, if MedFT is going to continue to move forward and gain credibility in the healthcare system, its practitioners, researchers, and scholars must first establish a common lexicon, that can thereby ground the MedFT's professional identity, regulatory oversight, and scientist-practitioner models. The first article presented in this dissertation highlights the available literature on MedFT and identifies ways to further MedFT research initiatives and possibilities. The second article is based upon based on responses from an expert panel of MedFTs and includes an analysis of their perspectives on how MedFT should be defined, practiced, and taught. The first article is a non-systemic literature review that illustrates the state of MedFT as well as reports on the similarities and differences present in its myriad of available definitions. Additionally, the article presents the theoretical foundation and skill set of MedFTs as found in the applied clinical literature and foundational research. Researchers who have studied MedFT interventions or incorporated MedFTs as interventionists in models of clinical care are also reviewed. Overall, 65 articles were reviewed and three distinct themes emerged from the process: 1) the inception of MedFT, 2) MedFT skills and applications, and 3) MedFT Effectiveness and Efficacy Research. During the review of these articles, variations in the definition of MedFT included or excluded concepts such as: collaboration, family systems, or the biopsychosocial perspective. These variations appeared to reflect the qualifications and educational background of the practitioners, the focus and generalizability of the research. Additionally, these variations will affect the future of MedFT as either an orientation to be practiced by a wide variety of professions or a profession to be licensed independently. Upon reviewing the literature and articulating the existing gaps, it is clear that the most salient need for future research is a cohesive definition of MedFT, quality science that demonstrates its effectiveness, and educational guidelines for those desiring to be MedFT practitioners. Therefore, three recommendations are made: 1) those with expertise in MedFT must reach a consensus on a definition from which practice, training, and research can grow, 2) the MedFT intervention framework must be strengthened through research, and 3) agreement must also be reached on a MedFT curriculum with which to train future practitioners and scholars. The second article is the results of a research study conducted to address two of the recommendations suggested in the literature review. A modified Delphi (Dalkey, 1972; Linstone & Turoff, 1975) study was conducted bringing together 37 panelists with MedFT

expertise to identify the current definition of MedFT, its scope of practice, and educational competencies believed to be essential to those who practice it. After analyzing these data, we discovered that several of the foundational elements of MedFT discussed in McDaniel et al. (1992a) still hold true, including the importance of collaboration, the connection to marriage and family therapy as a parent discipline, and the overarching goals of agency and communion. The biopsychosocial (BPS) model (Engel 1977; 1980) also a foundational element of MedFT (McDaniel et al., 1992a), remained fundamental; however, the expert panel also argued for the inclusion of the spiritual dimension of health to be addressed. Panelists endorsed MedFT as primarily an orientation, a way of thinking; leaving it open to be practiced in a wide array of settings with a variety of conditions. However, some panelists also believed MedFT to be a developing profession. Also discovered was a general consensus for what a core MedFT curriculum would include. MedFT students should have a strong theoretical base and clinical skill set in family systems theory and the BPS framework, as well as comfort and skill working within medical settings and collaborating with medical professionals. MedFTs should be familiar with a variety of diseases, illnesses, disorders, and disabilities, as well as have taken courses in areas such as psychopharmacology, MedFT theory, medical culture and collaboration, and families and illness. Panelists called for MedFTs to be involved in the creation of healthcare policy, but also provide psychosocial support to medical professionals in an effort to help them to avoid caregiver burnout, compassion fatigue, and improve patient care. Recommendations for future research, clinical practice, and education in MedFT are offered.

6. **April Hames (2010)**
   Major Professor: Mark White, PhD
   Title: African American women with type 2 diabetes: A biopsychosocial-spiritual approach
   Abstract: This dissertation consists of two articles written to address the context of type 2 diabetes care in African American women. In addition, the proposal and required Institutional Review Board (IRB) documentation are included as Appendices. The first article is a review of the existing literature regarding the psychosocial and spiritual aspects of type 2 diabetes management and outcomes in African American women. The aim of conducting this review of extant literature was to identify what further research was needed specifically in African American women with type 2 diabetes as there is very little to date. The second article was written to identify and explore several demographic and biopsychosocial-spiritual variables associated with type 2 diabetes control in African American women. A set of variables were found to predict diabetes control over time (hemoglobin A1c (HbA1c)), body mass index (BMI), and depression severity. The focus of type 2 diabetes management has been predominantly biomedical. With major disparities in morbidity and mortality and a growing disease burden, the psychosocial-spiritual context of diabetes is important to consider. For this non-systematic review, articles were found in Google Scholar, EBSCO, and reference sections of resultant articles. Search terms included ―type 2 diabetes management,‖ ―family,‖ and ―African American‖ and were set as follows: ―type 2 diabetes management and family‖ and ―type 2

diabetes management and African American.‖ A total of 41 articles met inclusion criteria. Several factors associated with type 2 diabetes management in African American women were identified including: psychosocial support, socioeconomic status, culture, gender and sex, mental health, and spirituality. African American women‘s health appeared particularly sensitive to family context and spiritual wellbeing. Culture, socioeconomic status, and mental health were also associated with their diabetes-related health outcomes. Future researchers should address the multiplicative influence of these factors specifically in relation to African American women and their diabetes management and outcomes.

The second article was written to report the biopsychosocial-spiritual variables related to type 2 diabetes management in African American women. A cross-sectional survey of African American women with type 2 diabetes (n=58) was utilized to explore demographic and biopsychosocial-spiritual variables related to diabetes control (HbA1c). Associations between BMI and depression severity (PHQ-9) and demographic and biopsychosocial-spiritual variables were explored. Participants were surveyed with the following scales: Diabetes Care Profile, Patient Health Questionnaire-9 (PHQ-9), Family Crisis Orientation Personal Evaluation, Illness Cognition, Health Distress, and Basic Adlerian Scales for Interpersonal Success. BMI and current HbA1c were extracted from participants‘ medical records. According to hierarchical regression analyses, the biopsychosocial model trended toward significant prediction of the variance in HbA1c (Adjusted R2=0.10, p=0.06); the demographic and biopsychological model explained 27% (Adjusted R2=0.27, p<0.001) of the variance in BMI; and the demographic and biopsychosocial-spiritual model explained 52% (Adjusted R2=0.52, p<0.001) of the variance in depression. Disability status was a significant individual predictor of BMI (β=0.32, p=0.02). Health distress (β=-0.34, p=0.01) and social/personal factors (β=0.34, p=0.03) were individually significant predictors of PHQ-9. A revised framework of biopsychosocial-spiritual factors may be more predictive of HbA1c and diabetes risk factors in this population. This warrants further investigation in efforts to improve type 2 diabetes management and outcomes.

2007

7. **Keeley Pratt (2010)**
   Major Professor: Angela Lamson, PhD
   Title: Medical Family Therapy Meets Childhood Obesity
   Abstract: The dissertation is a compilation of two journal articles. The first article is a literature review that addresses integrated care for childhood obesity with consideration for clinical, operational, and financial practices. The purpose of the first article is to explore the evolution of pediatric care for children who are overweight by addressing: 1) terms, recent expert recommendations, 2) a structure for synthesizing clinical, operational, and financial practices, and 3) recommendations that bridge medical and other healthcare options for pediatric overweight patients and their families. The second article is an exploration of longitudinal

systemic experiences of childhood obesity with children and their families who participated in research at the Pediatric Healthy Weight Research and Treatment Center. The purpose of this article is to identify changes in outcomes from initial visits at the PHWRTC to follow-up visits. In addition, we explored variables associated with or predictive of the variability in changes from the initial visits to follow-up visits. Outcomes for children and caregivers included: quality of life, depression, and relative body mass index.

8. **Kenny Phelps (2010)**
   Major Professor: Jennifer Hodgson, PhD
   Title: Satisfaction with Life and Biopsychosocial-Spiritual Health among Underserved Patients with Diabetes
   Abstract: The prevalence of type 2 diabetes continues to escalate, especially among vulnerable and underserved populations (CDC, 2008); however, the current landscape of literature has not kept pace with the trends of those most affected. Available data have often pertained to nonunderserved groups and only address part of patients' physical, mental, social, or spiritual lives. The literature review and research articles included in this dissertation integrate available knowledge pertaining to the comprehensive experiences of underserved groups with type 2 diabetes and specifically the understudied concept of satisfaction with life (SWL) among African American and Hispanic minority groups. The first article presented is a literature review written to synthesize studies of underserved populations with type 2 diabetes, including individuals who were of a minority ethnic group, socioeconomically disadvantaged, elderly, uninsured, and/or of lower educational level. The objective of this review was to amalgamate current evidence for underserved groups using a biopsychosocial-spiritual framework (Engel, 1977; Hodgson, Lamson, & Reese, 2007; Wright, Watson, & Bell, 1996). Themes and gaps in knowledge from approximately 1995 to the present were identified. Fifty-one studies were reviewed and grouped into three themes pertaining to overall health and disease management, including: psychological influences; marital, familial, and environmental influences; and spiritual influences. Researchers documented a number of psychological, social, and spiritual variables influencing glycemic control. In particular, depression and relational conflict adversely influenced glycemic control in some cases, whereas availability of social support or spiritual resources frequently assisted in better disease management. Lack of demographic data and attention to diverse groups, as well as, incomplete empirical knowledge prompt the need for further research of the influences of disease management among underserved groups. Three recommendations are suggested: 1) further exploration of the relationship between psychosocial-spiritual influences on diabetes management for uniquely underserved groups; 2) investigation of demographic differences or similarities; and 3) development and use of clinical models incorporating a multidisciplinary, collaborative stance in addressing diabetes for vulnerable populations. The second article extends current literature and aims to meet a number of the above mentioned recommendations. This article is focused on two groups with noted health disparities, African American and Hispanic minorities with type 2 diabetes. It was written to examine associations found between

biomedical markers of disease management and psychosocial constructs and assess the correlates and predictors of variability for SWL. Data were collected from 142 minority patients (65 African American and 77 Hispanic) during their first visit within a collaborative care program. Pearson product moment correlations, multiple linear regressions, and one-way analysis of variance were used to examine research questions in this descriptive, quantitative study. Only one weak, significant relationship was noted for BMI and somatization; otherwise, no noteworthy relationships were documented between psychosocial or spiritual constructs and biomedical markers of disease management (HbA1c and body mass index). Psychological distress, social support, and spirituality accounted for 63% of the variance in SWL for African American participants and 29% of the variance in SWL for Hispanic participants. Social support was the strongest predictor of SWL for African American participants, while psychological distress was the strongest predictor of SWL for Hispanic participants. Social support moderated the relationship between psychological distress and SWL for Hispanic participants, while social support did not moderate this relationship for African American participants. Spirituality did not moderate the relationship between psychological distress and SWL for either ethnic group. Clinicians and researchers who work with and study minority patients with uncontrolled type 2 diabetes may see improvement in patients' SWL when screening for and treating psychopathology, interpersonal strain, and existential struggles. Attention to ethnic variation in research and clinical practice is important since dissimilarity existed in the determinants of SWL and moderators of psychological distress and SWL

9. **Kristen Dreyfus (2014)**
   Major Professor: Jennifer Hodgson, PhD
   Title: Adult Attachment Theory and Diabetes Mellitus: An Examination of Healthcare Utilization and Biopsychosocial Health
   Abstract: Diabetes mellitus (DM) impacts hundreds of millions of individuals and their families around the globe. To explore the relational aspects of care and healthcare utilization two research articles were written: (a) a systematic literature review synthesized published research articles on diabetes and adult attachment theory; and (b) a descriptive cross-sectional study examined patient depictions consisting of relationship style, mental and physical well-being and healthcare utilization rates. The findings from the systematic literature review supported the need for additional prospective research focused upon diverse populations, and attachment style as the theoretical basis for understanding high utilizers of health care among patients with DM who experience barriers to quality health care. The cross-sectional study with a predominantly rural African American (AA) sample examined demographic, psychosocial (e.g., depression and social support), and behavioral data (e.g., primary care, specialty care, and behavioral health care utilization), by relationship style. There were 55 secure patients (37.2%); 21 fearful (14.2%); 13 preoccupied (8.8%); and 59 dismissing (39.9%). Compared to estimates of the general population as well as previous medical populations, the study sample consisted of slightly fewer secure patients, and slightly more dismissing ones. The findings showed most AAs were in the

dismissing relationship category, which had the highest HbA1c values, yet reported the least amount of DM related distress. Preoccupied patients, who in previous studies tended to utilize more healthcare resources than other relationship types, actually utilized the least amount of outpatient primary care and specialty care, but more behavioral health. This study supports the need for: (a) more research on attachment styles among diverse populations with chronic disease; (b) further exploration of the relational aspects of care to assist in the development of behavioral and psychosocial patient profiles; and (c) expansion of studies about attachment styles in rural settings where socioeconomic and access to care issues may be barriers to quality health care. Recommendations based upon findings from both articles are presented for future research, clinical practice, policy awareness and development, and for the field of Medical Family Therapy.

2008

10. **Dan Marlowe (2011)**
    Major Professor: Jennifer Hodgson, PhD
    Title: Medical Family Therapy in a Primary Care Setting: A Model of Integration
    Abstract: As the profession of marriage and family therapy (MFT), as well as the emerging sub-discipline of medical family therapy (MedFT), continue to grow and evolve within the current mental health care system, the arena of primary care presents an ideal environment for professionals who are relationally and systemically inclined. As such, this context is seen as a potential home for MedFTs hoping to provide integrated and collaborative health care. In order to address the unique practice based and cultural needs that manifest in medical contexts, the function of MedFTs in these sites must be apparent and accurately identified and described. Such a description is important not only to demonstrate the utility of MedFTs to potential stakeholders (e.g., physicians, medical staff, medical administration), but also to trainers who are charged with the preparation of future generations of MFTs and MedFTs for this type of work. The following dissertation seeks to address this issue from two interrelated venues: (a) to discuss how MedFT is connected to the profession of MFT in both conceptual and practical terms, and (b) to discuss a framework for integrated primary care, utilizing MedFTs, that does not service a targeted population.

11. **Jackie Williams Reade (2011)**
    Major Professor: Angela Lamson, PhD
    Title: The Clinical, Operational, and Financial Worlds of Neonatal Palliative Care: An Ethnographic Investigation
    Abstract: In this focused ethnography the researcher sought to gain a multidisciplinary perspective on the cultural context of neonatal palliative care, including Peek's three world view of clinical, operational, and financial elements that impacted such care. The perspectives of thirty-six health-related professionals (pediatric clinical, allied health, financial, and operational

staff) informed the identification of institutional cultural issues that affected the provision of neonatal palliative care at a tertiary care regional medical center. The researcher conducted semi-structured interviews that explored the personal and professional experiences of study participants related to the care of dying neonates in general and the planning of a formal neonatal palliative care program in particular. Study findings revealed that participants experienced a tension between balancing intense emotional responses to caring for dying infants and their desire to be competent and compassionate care and service providers. Their experiences are influenced by the relationships with the patients, colleagues on their healthcare team, and contextual factors present in their medical institution.

2009

12. **Mary Lisa Pories (2014)**
    Major Professor: Jennifer Hodgson, PhD
    Title: The Lived Experience of Couples After Bariatric Surgery
    Abstract: Obesity is a worldwide epidemic. Diet, exercise, and medical therapies alone have not been enough to stem the tide of this epidemic. Bariatric surgery has been found not only to be the most effective intervention for morbid obesity, but also results in substantial improvement in many of the associated co-morbid conditions. However, it is not clear what impact the surgery and subsequent life-style changes have on the patients' couple relationships. In order to explore the impact of bariatric surgery on the couple relationship, two research articles were completed: (a) a systematic literature review was used to explore existing research on the impact bariatric surgery on the marital/couple relationship and (b) a phenomenological study was conducted to explore and better understand the impact of weight loss surgery on the couple relationship. The results of the literature review demonstrated that very little is known on this topic. Of the published studies focusing primarily on the effects of weight loss surgery and couples, the vast majority of these studies were conducted between the years 1977 and 1991, with the most current study published in 2000. The more recent studies found that many couple relationships improved or remained stable after an initial adjustment period post-surgically. The research study revealed that the participant couples experienced the following five emerging thematic experiences: (a) changes in physical health; (b) changes in emotional health; (c) changes in eating habits; (d) greater intimacy in the relationship and; (e) the joint journey, where all couples felt their post-operative success was part of a joint effort. Recommendations from both articles are offered for clinicians, researchers, policy makers and medical family therapists.

13. **Melissa Lewis (2012)**
    Major Professor: Angela Lamson, PhD
    Title: Biopsychosocial Health of Military Members and Their Spouses
    Abstract: Military members and their spouses experience unique stressors compared to civilian couples, making them vulnerable for physical, psychological, and relational health concerns. A

systematic literature search, exhaustive search, cross-sectional study, and policy brief were completed to explore the biopsychosocial health of military members. Literature trends reveal that the role of the military spouse is no longer secondary, but is crucial to the health of the military and veteran couple. It is recommended that spouses be a part of the biopsychosocial assessment that service members receive and also be assessed themselves for stress derived symptoms such as hypertension, post traumatic stress, and depression. Assessments for health should occur sooner after deployment and at more frequent intervals given the dynamic nature of stress on health over time. The health of service members and veterans is couched within their personal and familial relationships, thus marriage and family therapists/medical family therapists are well prepared to attend to the dynamics between health, stress, and relational well-being across the lifespan of military and veteran couples. Recommendations for future research on military couples includes a need for couple-centered interventions using experimental methodology, a broader variety of interventions that target couples, and appropriate dyadic survey and assessment tools to determine the efficacy of couple's interventions for military, reserve, and veteran populations.

14. **Matt Martin (2012)**
Major Professor: Mark White, PhD
Title: Integrated Primary Care: A Systematic Review of Study Design and Program Characteristics
Abstract: Integrated primary care (IPC), the integration of medical and behavioral health professionals, is a viable part of the solution for the United States' fragmented health care delivery system. Over the past decade or so, efforts have been made to examine the theory behind and effectiveness of this health care framework. As researchers and program developers continue to examine the impact of IPC on patient populations, it is becoming increasingly important to highlight the study design and program characteristic trends of IPC to ascertain the next steps in research development. This researcher sought to identify those trends by using a systematic review design to examine studies of IPC. Of the two systematic reviews conducted for this dissertation, the first review includes information from 112 articles regarding study design, sampling procedure, patient population characteristics, treatment outcome, geographical setting, and psychosocial measurement. The findings of this review indicate that a majority of researchers examined depression outcomes using experimental designs and that the average participant in such studies was a Caucasian female in her early 50s. Moreover, the researcher found that almost none of the IPC programs were oriented towards family systems. For the second systematic review, the researcher extracted data from 76 of the 112 articles to examine the characteristics of each IPC program including communication practices, models, interventions, provider type, training and supervision practices, and setting. Findings from this review show that most IPC programs include psychoeducation, medication, follow-up contacts, psychotherapy, and at least one care management strategy as part of treatment but that less than half of researchers are reporting communication between providers and even fewer are reporting

collaboration practices. Moreover, the findings indicate that a third of researchers trained and/or supervised behavioral health providers to work in an IPC program, and a fourth recruited nurses as behavioral health providers. Suggestions for future research include more diverse research methods and patient populations as well as a focus on increasing communication and collaboration between providers.

2010

15. Christine Borst (2013)

Major Professor: Jennifer Hodgson, PhD

Title: Parental Influences on Child Health Care Utilization in a Rural Population

Abstract: Children in rural areas experience health disparities above and beyond their urban and suburban counterparts. In order to explore the needs of children and their families in rural health care settings, two research articles were completed: (a) a systematic literature review used to explore brief interventions for use in pediatric primary care and (b) a descriptive cross-sectional study done to analyze the influence of parental biopsychosocial characteristics on child health care utilization. The systematic review revealed a considerable need for empirically supported biopsychosocial brief interventions designed for use with under-served, rural children and their families. The research study revealed a relationship between parent biopsychosocial characteristics (e.g., mental health quality of life) and child health care utilization (both acute and non-acute) in a rural southeastern community health clinic; relationships were also identified between child medical chart diagnoses (e.g., asthma, depression, obesity) and parental scores on biopsychosocial measures. Recommendations developed from both articles are extended for clinicians, researchers, and policy makers who care about the needs of the rural and under-served children and families. Specific recommendations are also made for those who employ a relational lens to their research and who practice from a Medical Family Therapy orientation.

16. Jen Harsh (2013)

Major Professor: Jennifer Hodgson, PhD

Title: Medical Providers' Views of Medically Unexplained Illness and Medically Unexplained Symptoms

Abstract: Patients who present with medically unexplained illnesses or medically unexplained symptoms (MUI/S) tend to be higher utilizers of healthcare services and have significantly greater healthcare costs than other patients, which adds stress and strain for both the patient and provider. Although MUI/S are commonly seen in primary care, and the cost to both patients and the medical system is great, there is not sufficient information available regarding how providers can increase their level of confidence and decrease their level of frustration when working with patients who present with MUI/S. Through a systematic review of the literature and a qualitative phenomenological study, the goals of this dissertation were 1) to report on the qualitative and quantitative research literature regarding medical providers' views of MUI/S, and 2) to discover

medical providers' experiences of caring for patients with MUI/S and the personal and professional factors that contributed to their clinical approaches. Results from these studies indicate that providers often experience a lack of confidence in their ability to effectively treat patients with MUI/S, as well as frustration surrounding their encounters with this group of patients. Additional resources that could assist providers in their ability to provide effective care and acquire confidence in their abilities to treat patients with MUI/S need to be developed.

2011

17. Jonathan Wilson (2014)

Major Professors: Damon Rappleyea, PhD and Jennifer Hodgson, PhD
Title: Healthcare Providers' Experiences with Screening for Intimate Partner Violence Among Migrant and Seasonal Farmworking Women: A Phenomenological Study
Abstract: Migrant and seasonal farmworking (MSFW) women experience greater levels of intimate partner violence (IPV) and have lower awareness of available resources than the general population. Although healthcare providers have the capacity to screen for IPV and provide resources to MSFW patients who have been victimized by IPV, most healthcare providers who work with MSFW patients choose not to screen for IPV. In order to develop a better understanding of the lived experiences of healthcare providers who serve the MSFW community and have encountered patients who have experienced IPV, two research articles were completed: (a) a policy brief designed to explore previous literature pertaining to IPV screenings in healthcare settings and to recommend policies that may help improve the detection, intervention, resources, and available science with respect to the MSFW population, and (b) a descriptive phenomenological study designed to capture the lived experiences of screening for and addressing IPV of nine healthcare providers. The policy brief revealed that (a) IPV prevalence among the MSFW community is higher than the general population; (b) awareness of resources among MSFW women who have been victimized by IPV is low; and (c) no studies have been published regarding IPV screenings of MSFW women in healthcare settings. The research study revealed four emergent themes describing the experiences of healthcare providers who have screened for or addressed IPV among their MSFW women patients: provider-centered factors, patient-centered factors, clinic-centered factors, and community-centered factors. Implications and recommendations developed from both articles are extended for clinicians, researchers, and policy makers who care about the needs of members of the MSFW community who have experienced IPV and the healthcare providers who serve them.

18. Grace Pratt (Wilson) (2014)

Major Professor: Angela Lamson, PhD
Title: Trauma, Coping, & the Couple Relationship: An Investigation of Pregnant Couples' Biopsychosocial-Spiritual Health

Abstract: Pregnancy and trauma are each complex biopsychosocial-spiritual processes with implications for the couple relationship, but there is not enough research on the ways that the two constructs are connected. Two articles were completed for this study: (a) a systematic review of literature published on the impact of traumatic stress on obstetric, neonatal, and postnatal outcomes and (b) a dyadic research study of couples' experiences with traumatic stress, pregnancy coping, and the couple relationship. The findings reported in the systematic review indicate that maternal trauma can impact maternal obstetric physical and mental health, fetal prenatal health, and maternal postnatal outcomes. The research study revealed that maternal and partner pregnancy stress, trauma, and relationship report are related, and discussed patterns of moderation and indirect effects between the variables. Based on these findings, implications and recommendations are provided for researchers, practitioners, and policymakers who work with pregnant couples and trauma survivors. Finally, recommendations are made specifically for Medical Family Therapy researchers and practitioners.

2012

19. **Aubry Koehler (2015)**
Major Professor: Jennifer Hodgson, PhD
Title: Biopsychosocial-Spiritual Factors Impacting African American Patients Cardiac Rehabilitation Referral and Participation
Abstract: African Americans carry a heavier burden of cardiovascular risk factors and have higher rates of death from coronary heart disease than any other racial/ethnic group in the United States, yet they are also less likely to be referred to, participate in, or benefit from Cardiac Rehabilitation (CR). In order to investigate the demographic and biopsychosocial-spiritual factors impacting African American patients' referral to and participation in CR, three research articles were completed: (a) a systematic review of the literature regarding this topic; (b) a descriptive phenomenological study designed to explore the lived experience of seven African American patients recovering from cardiac events and/or surgeries; and (c) a policy brief synthesizing the findings from a systematic review of the literature and a mixed methods study to offer policy-, programmatic-, and individual-level recommendations to best support African American patients' recovery from cardiac events and/or experiences. The systematic review demonstrated a paucity of studies on the demographic and biopsychosocial-spiritual factors impacting African American patients' CR referral and attendance. The studies that were identified demonstrated that, among African American patients, there was a lower likelihood for CR referral, a higher likelihood of enrolling in CR with more cardiovascular risk factors, and a lower likelihood of CR participation and completion due to factors related to low socioeconomic status. The phenomenological study resulted in six emergent themes relevant to the lived experience of seven African Americans (4 men and 3 women) who had experienced a cardiac event and/or surgery: (a) Participants valued medical providers' involvement during treatment and recovery; (b) Social support and participants' need for it changed post-event/surgery; (c)

Participants' pre- and post-event/surgery experiences affected health outcomes; (d) Participants' sense of agency affected their life perspectives and health behaviors; (e) Participants experienced inconsistent referral to and utilization of CR; and (f) Participants' investment in faith was intensified or maintained. The policy brief emphasized the role of patients' education and income levels in their likelihood to attend CR. Recommendations for improving cardiac outcomes for African American patients in the rural Southeast included systematizing orders for CR on discharge paperwork, assessing and accounting for patients' levels of social support and spiritual resources, and coaching medical providers to reinforce treatment recommendations in a way that is understandable to patients and opens up discussion regarding potential biopsychosocial-spiritual barriers to implementing these recommendations.

20. Roberta Bellamy (2015)

Major Professor: Angela Lamson, PhD

Title: Latina Immigrants, HIV, and Their Experiences with Healthcare Providers in the U.S. and Their Home Country

Abstract: The intersection of factors associated with immigration in the Latina population and available culturally sensitive health care has not been well examined. There is a scarcity of research available that examines factors specific to the Latina population that contribute to HIV/AIDS education, screening, and care, despite the vulnerable state of Latinas for contracting HIV/AIDS. For the Latina immigrant population, perceptions of U.S. providers of patients in relation to encounters with providers from their countries of origin are important, and may influence subsequent patient and healthcare provider interactions, including potential for screening, education, and care in the U.S. Two articles were completed for this study: (a) a systematic review of literature presented on the efficacy for using Latino community-based organizations as a more culturally appropriate and effective way to raise the awareness of need for HIV information and screenings with Latinas, and (b) a community-based participatory research study, pertaining to sexual health education and screening of Latina immigrants. Based on these findings, recommendations are made for researchers, healthcare providers, and policymakers who work with Latina immigrants seeking or in need of HIV/AIDS education, screening, or health care.

2013

21. Francisco Limon (2016)

Major Professor: Angela Lamson, PhD

Title: Screening for Depression in Latino Immigrants

Abstract: Latino farmworkers experience depression at significantly higher rates than non-Latino Whites and usually they seek help for their mental health needs at primary care settings. Despite the high prevalence of depression in this population, primary care providers fail to detect the disorder in approximately 60% of the clinically depressed Latino farmworkers. Several

depression-screening instruments have been translated into Spanish to address the mental health needs of monolingual Spanish speaking Latinos in the US, however the adequacy of these instruments is still unclear. The objective of this dissertation was to evaluate the effectiveness of the Latino Farmworker Affective Scale (LFAS-15) as compared to the Patient Health Questionnaire (PHQ-9), Centers for Epidemiological Studies Depression scale (CESD-10), Brief Symptom Inventory (BSI), and the DSM-IV Structured Clinical Interview for Depression (SCID) in accurately detecting depressive symptoms in Latino farmworkers. The LFAS-15 demonstrated good internal consistency with a Cronbach's alpha of .925 (n=15), good convergent validity with the Structured Clinical Interview for Depression (r=.669, p<.001), and good sensitivity and specificity (AUC) of .939, SE=.024, p<.001).

22. Ashley Maag (2016)

Major Professor: Angela Lamson, PhD

Title: Attachment Based Treatment for Pediatric Obesity in Integrated Behavioral Health Care

Abstract: Pediatric obesity is a growing health concern afflicting the United States. Pediatric obesity, as a health epidemic, not only costs billions of dollars to our nation, but also negatively impacts the biological, psychological, and social health of individuals and families. Despite these negative consequences, most pediatric obesity interventions are only attending to biological causes and intra-individual concerns. However, researchers are increasing their focus on the role of parent-child relationships, such as attachment, in the reduction of pediatric obesity. This dissertation incorporates an attachment-based integrated behavioral health care model for pediatric obesity prevention and treatment and then test the constructs in the model, utilizing a survey methodology within an integrated behavioral health care context.

23. Irina Kolobova (2016)

Major Professor: Jennifer Hodgson, PhD

Title: Understanding the Needs and Quality of Life of Caregivers for Adolescents and Young Adults Diagnosed with Cancer

Abstract: Nearly 70,000 adolescents and young adults (AYA; ages 15-39) are diagnosed with cancer each year. Despite AYAs being identified in the late 1990s as a biopsychosocially distinct population from children and adults, they continue to experience stagnant survival rates and report complex unmet psychosocial needs. In order to explore the complexity of AYA patients' unmet psychosocial needs, two research articles were completed: (a) a systematic literature review examined which demographic variables are associated with disparities in incidence and mortality rates, access to care, and unmet supportive care needs among young adults with cancer, and (b) a descriptive cross-sectional study examined the interconnectedness of distress and coping among young adults with cancer and their caregivers. The systematic review revealed that some groups of AYA oncology patients, including non-White patients, those without insurance and those who live in neighborhoods with a lower socioeconomic status, experience additional disparities with regard to incidence and mortality rates, access to care, and unmet supportive care

needs. The research study revealed that there was a mix of caregivers who provide AYA patients support including parents, spouses, friends, dating partners, and non-parent family members and that coping and distress are interconnected among AYA patients and their caregivers. Results from both articles form the basis for recommendations intended for researchers, healthcare providers, and policy makers in their efforts to improve the biopsychosocial well-being of AYA oncology patients and their caregivers. Recommendations included the need for more dyadic and social network research designs, more clinical and research attention to the caregivers of AYAs, and increased training and education for healthcare providers who care for AYAs.

24. Meghan Lacks (2016)

Major Professor: Angela Lamson, PhD

Title: The Biopsychosocial-Spiritual Health of Active Duty Women: Service Members in Need of Service

Abstract: Given the growing number of women who serve in the military, it is critical that mental health clinicians, medical providers, researchers, and policy makers are aware of the unique biological, psychological, social, and spiritual health concerns of active duty women. A holistic approach to health and health care recognizes that the mind, body, and spirit are all relevant in the context of health and illness and thus essential to determining readiness and fit for duty. While the health of women veterans has received some attention in the research, a chasm exists in the literature on the biopsychosocial-spiritual (BPSS) health of active duty women. This dissertation includes six chapters, comprising an introduction to the dissertation, a literature review on active duty women's biopsychosocial-spiritual health, two publishable manuscripts: (a) a systematic review of research published on the BPSS health of active duty women, and (b) an empirical research study on the BPSS health experiences of active duty women, and a discussion chapter that offers future clinical, research, and policy implication to better serve this population.

2014

25. Amelia Muse (2017)

Major Professor: Angela Lamson, PhD

Title: A Three World View Meta-Evaluation of Integrated Behavioral Health Care

Abstract: Integrated behavioral health care (IBHC), the simultaneous interface of medical and behavioral health care, is an emerging solution for the delivery of behavioral health in primary care contexts. While significant scholarship has been devoted to conceptualizing integrated care, little seems to be known about how IBHC is evaluated at the clinical, operational, and financial levels. This dissertation's intent is to evaluate IBHC according to those three levels as conceptualized by Peek's Three World view (2008). The success and sustainability of IBHC depends equally on the clinical, operational, and financial worlds of healthcare. This dissertation includes a systematic review on IBHC evaluation research, and presents the methodology and results from a survey distributed nationwide to 145 medical and behavioral health providers and

administrators working in IBHC primary care settings. This dissertation concludes with research, evaluation, policy, and training implications and recommendations for measuring clinical, operational, and financial outcomes of integrated behavioral health care.

26. Daniel Blocker (2017)

Major Professor: Damon Rappleyea, PhD

Title: Coping and Chronic Illness: How Technology Moderates Couple Distress

Abstract: Type 2 diabetes (T2D) places considerable strain on patients, their families, and the healthcare system. To promote improved outcomes, it is necessary to assess psychosocial factors that impede or enhance T2D self-management. Through six chapters, this dissertation project sought to understand associations within the context of rural places of residence and integrated behavioral healthcare (IBHC) settings. The first chapter introduces the key psychosocial factors of interests and the organizational model used to guide the review and analysis. The second chapter is a publishable systematic review of the literature examining psychosocial factors of patients with T2D living in rural places of residence. Gaps found in the literature included the need for research that included multiple psychosocial factors, better measures of social support, and measures of online support. The third chapter and fourth chapter include the literature and methodology that informed the original research in fifth chapter. The fifth chapter is a cross-sectional study examining the associations of psychosocial factors of patients within an IBHC setting. Significant findings included evidence of an association between support from children and improved T2D outcomes. The sixth chapter identifies future research direction, implications for clinical settings, and identifying a place for medical family therapists in this ongoing effort.

27. Mary Moran (2018)

Major Professor: Jennifer Hodgson, PhD

Title: Health and Well-Being of Physical Trauma Survivors: Who Follows Up?

Abstract: Given the growing number of physical trauma survivors, it is imperative that mental health clinicians, medical providers, researchers, and policy makers are aware of their unique biological, psychological, and social health concerns, as well as the role of their primary support persons. Resiliency theory proposes that within each individual there are protective factors and negative outcomes. This dissertation was written to help identify the protective factors and negative outcomes that impact physical trauma survivors' biological, psychological, and social health, an area of the literature that is underexplored. This dissertation includes three articles: (a) a systematic review of literature published on the protective factors and negative outcomes of traumatic musculoskeletal injury survivors, (b) a research study on the health and well-being of physical trauma survivors, and (c) a policy brief synthesizing the findings from a systematic review of the literature and descriptive quantitative study to offer policy-, programmatic-, and screening recommendations to best support physical trauma patients' BPS recovery. The research question that guided the systematic review was, "What are the biopsychosocial-spiritual (BPS-S) protective factors that impact negative health outcomes among adult survivors of

traumatic musculoskeletal injuries?" According to the studies reviewed, the biological factors that impacted negative outcomes included patients who underwent longer hospitalizations and whose perceptions of their injuries were more severe reported poorer physical functioning during follow-ups. The connection between biological health and psychological health was found among physical trauma patients' whose injuries were worse (measured by hospitalization) or perceptions of injuries was worse reported higher PTSD symptom severity. Additionally, patients with psychiatric histories had a higher likelihood of worse physical functioning. A positive correlation was found between depression and PTSD at baseline and during multiple follow-up time points with higher depression scores predicting greater likelihood for manifesting PTSD. It was surprising and unfortunate that there were no studies admitted to the systematic review that evaluated social or spiritual factors of physical trauma patients. In general, the systematic review pointed to the need for more studies looking at the biopsychosocial-spiritual health factors of traumatic musculoskeletal injury survivors, particularly within the United States. Specifically, researchers reported the importance of age and time passed after the injury on negative recovery outcomes and the utilization of pharmacological interventions as a protective factor for physical trauma patients. Additional research with larger sample sizes and more diverse demographic samples are needed to further these findings. The research question that guided the dissertation research study was, "What are the health and well-being factors that impact physical trauma survivor patients' adherence to follow up appointments?" The dissertation research study found older and self-pay/uninsured patients were less likely to attend follow-up appointments. Whereas patients who experienced motor vehicle accidents or motorcycle crashes (whether it was the vehicle or pedestrian) were more likely to attend the follow-up appointments than any other modality of injury (e.g., gunshot wounds, stabbings, assaults, falls, or others), as well as patients who reported higher levels of PTSD symptoms or higher levels of general health and well-being. Upon completion of a binary logistic regression on studies' independent variables, which controlled for other factors, including patients' health insurance type (e.g., Medicaid/Medicare, private insurance, and self-pay/uninsured), race, the presence of any substances (e.g., ethanol alcohol or legal/illegal substances), the distance from the patient home to the follow-up clinic, or the injury severity score of the patient. The systematic review and dissertation research study were the inspiration for the final chapter's policy brief advocating for mandatory mental health screening, brief intervention, referral, and treatment in outpatient and inpatient trauma care facilities.

2015

28. Erin Cobb (2018)

Major Professor: Angela Lamson, PhD

Title: Adverse Childhood Experiences and Disordered Eating in the Military

Abstract: Over the last two decades, researchers, clinicians, and policy makers have increasingly acknowledged the impact of adverse childhood experiences (ACEs; Felitti et al.,

1998) on adult health outcomes. Although the prevalence of disordered eating in military populations has been acknowledged in the literature, little seems to be known about its connection to childhood adversity. This dissertation explores the interplay between ACEs, disordered eating, protective factors, and health outcomes. A better understanding of these relationships is essential to develop policies, as well as clinical, research, and training practices that can effectively attend to the needs of military Service members. This dissertation includes a systematic review of research with military populations that attends to the relationship between childhood adversity and disordered eating, and presents the methodology and results from a survey distributed internationally to 135 active duty Service members. This dissertation concludes with recommendations for integrating key findings into existing screening, treatment, and prevention practices.

29. David Haralson (2018)

Major Professor: Jennifer Hodgson, PhD & Andy Brimhall, PhD

Title: Creating a Latino-Adapted Parenting Program for Primary Care: A Delphi Study

Abstract: Latino children suffer from many health disparities compared to their non-Latino peers. One way to minimize these health disparities is by empowering Latino parents through the use of parenting services. Primary care agencies, the location where most Latino families prefer to have their physical and mental health care needs met, remain an ideal setting for implementing such parenting services. However, little to no research has been done on how well-adapted primary care parenting services are to the beliefs, values, and practices of Latino families. The first manuscript is a conceptual paper which adds to the cross-cultural and community health literature by comparing existing primary care parenting programs, evaluating how well-adapted they are to the cultural needs of Latino families, and offering suggestions for further improvement. The findings from this study demonstrate that parenting programs that are implemented in primary care settings are severely lacking in their Latino cultural adaptations.

Building off the findings from the first manuscript, the second study sought expert consensus on the best ways for adapting or creating a parenting programs for Latino families in a primary care setting. To achieve this goal, a Delphi study was implemented. The purpose of a Delphi study is to develop a consensus among a group of experts on a particular topic. In order to achieve consensus, researchers administered a series of questionnaires to 28 experts in the field of Latino culture, primary care parenting services for Latino parents, and first-generation Latino parents. After the first survey was taken, a rigorous qualitative analysis was implemented to sort out the overall themes and categories. A second survey was created based on the 7 themes and 89 categories that were discovered. For the second survey, participants were given a list of 89 categorical statements and were asked to mark how important they felt each statement was to the building of a primary care parenting program for first-generation Latino parents. Descriptive statistics were analyzed and a third survey was given to the participants. For the third and final survey, the participants' statements were listed from most important to least important and the participants were asked to mark the extent to which they agreed with the final results. In

conclusion, the researchers discussed the strengths and limitations of this study and provided recommendations for building future primary care parenting program for Latino families.

30. **Glenda Mutinda (2019)**
Major Professor: Jennifer Hodgson, PhD
Title: Stressful Life Events, Discrimination, Compliance, and Social Support Among African Americans with Managed Versus Unmanaged Hypertension
Abstract: Essential hypertension disproportionately affects African Americans at a staggering 41% of the population. This population health crisis has multiple, complex biopsychosocial-spiritual components that impact the disease management process among African Americans. The purpose of this dissertation is to compare the relationships between stressful life events, discrimination, and social support among African Americans with managed versus unmanaged hypertension. It includes a systematic review of the utility of social support in hypertension management among African Americans, as well as the methodology and results from an online survey disseminated to 150 African Americans in the United States. Implications for research, clinical practice, policy, and training to improve the quality of healthcare for African Americans with essential hypertension are provided.

2016

31. **Jessica Goodman (2019)**
Major Professor: Angela Lamson, PhD
Title: Operationalizing Frequent Emergency Department Use: A Systemic Perspective
Abstract: Frequent emergency department (ED) use has been the topic of much conversation, research, and debate in recent years as the healthcare sector in the U.S. makes the transition from volume- to value-based care. Although there are systemic factors associated with frequent ED use, this phenomenon is operationalized in research and media solely by the number of visits a patient makes to the ED. This linear, unidimensional way of framing the problem leads to interventions and policies that focus on reducing the number of ED visits, while ignoring value-based measures of care such as health outcomes or whether patients are receiving appropriate kinds of care. This dissertation includes six chapters, comprising (a) an introduction to the dissertation, (b) a literature review examining the way in which frequent ED use is defined, and informs research, interventions, media, and policy, (c) a systematic review of research that defines frequent ED use, (d) a chapter outlining the methodology for the empirical research study, (e) an empirical research study using machine learning algorithms to develop ED patient cohorts or clusters based on systemic data, and finally (f) a policy brief in which recommendations are made based on the empirical findings of the original research from this dissertation.

32. Eunicia Jones (2019)

Major Professor: Andy Brimhall, PhD

Title: Racial and Religious Reconciliation: A Grounded Theory Study on African-American Latter Day Saints

Abstract: Race relations between Black and White Americans continue to be tense. For African Americans, this is rooted in mistreatment by White Americans that has led to negative health outcomes. For many African Americans, religion has been one way to cope with this mistreatment and find hope in their circumstances. While many African Americans worship in Black Churches, some choose to worship in predominantly White churches. Unfortunately, there is not a lot of research on the experience of African Americans who worship in predominantly White spaces. Research using a cohesive theory that provides more context for their processes as they reconcile their racial and religious identities is needed. The current study sought to address this gap in literature by focusing on the experiences of African American Latter-day Saints using a theoretical framework combining acculturation theory and the biopsychosocial-spiritual (BPSS) framework. The history of African American Latter-day Saints using these theoretical frameworks were provided. Constructivist grounded theory was used to gather more information on the processes of African American Latter-day Saints and then construct the themes into a coherent theory that may help others understand their experiences in more detail. Through the data collection and analysis processes, five main themes emerged: (1) racial socialization, (2) trust, (3) cultural location, (4) coping, and (5) BPSS health. The first theme, racial socialization, was the central theme that informed the rest of the themes, and all of the themes had a reciprocal relationship with each other. The results lead to several recommendations for researchers, clinicians, and the LDS community. Researchers should look more deeply at the variation in acculturation strategies, explore how different strategies can lead to both positive and negative BPSS health, and expand the acculturation model to account for more than one cultural identity at a time. Clinicians must practice cultural humility, address the intersection of race and faith, explore cultural locations, and promote protective and nourishing coping mechanisms with clients. The LDS community should focus efforts on the local and general geographical levels to decrease the distance some African Americans Latter-day Saints feel in their church spaces.

33. Florence Lewis (2019)

Major Professor: Damon Rappleyea, PhD

Title: Identifying the unmet behavioral health needs that resettled refugee youth present within primary health care settings

Abstract: The following is a six-chapter dissertation explore the behavioral health needs of resettled refugee youth in primary health care settings. All six chapters were based in Urie Bronfenbrenner's Ecological Systems Theory. A literature review was completed examining current research on the behavioral health needs of resettled refugee youth globally to inform treatment of refugee youth in primary care settings. Literature was organized using Ecological Systems Theory. Systematic implications were provided which included need for assessment

tools for primary care, focus on family functioning and benefits to primary care behavioral health interventions as a means of addressing barriers to behavioral health care utilization. A systematic review was also conducted analyzing the unmet behavioral health needs in primary health care settings among racial and ethnic minority children in the United States. This systematic review was conducted to examine what themes are currently in the literature regarding racial and ethnic minority children, which is the larger group that refugee youth belong to. As part of the inclusion criteria for this systematic review, studies only including samples of racial and ethnic minority samples that were 50% or more were included. A methodology outlined the details to the explanatory, sequential, mixed-methods design created to assess the behavioral health needs of resettled refugee youth in primary health care settings. As the quantitative portion to the mixed-methods study, the North Carolina Child Health Assessment and Monitoring Program (CHAMP) 2005 was analyzed to determine certain factors that may increase the likelihood of diagnosis of a behavioral health need in a general pediatric population. The results of the quantitative phase were used to construct an interview guide for the semi-structured interviews with primary health care providers were treat refugee youth and families. Results of the two-phase analysis were compared. There were similarities and differences among the two results along with new themes arising from the qualitative analysis. At the close of the study, implications were made including ways that key concepts of Medical Family Therapy could be applied to the treatment of this population in primary health care setting along with the need for trauma-informed, family-focused, culturally attuned care.

34. Braden Brown (2019)

Major Professors: Jake Jenson, PhD & Jennifer Hodgson, PhD

Title: Beyond the Lines: Exploring the Impact of Adverse Childhood Experiences on NCAA Student-Athlete Health

Abstract: National Collegiate Athletic Association (NCAA) student-athletes are faced with unique stressors that put them at increased risk for various biopsychosocial-spiritual (BPSS) health concerns. Additionally, given the high prevalence of adverse childhood experiences (ACEs) in diverse populations, it is likely that many student-athletes are also coping with challenges stemming from negative childhood events. Despite a substantial amount of evidence linking ACEs to deleterious BPSS health outcomes in both young adult and adult populations, little is known about the impact of ACEs on the overall health of student-athletes. This dissertation is comprised of the following six chapters: (a) an introduction to the dissertation, (b) a literature review exploring BPSS health concerns experienced by NCAA student-athletes and the impact of ACEs on health outcomes, (c) a systematic review examining the effectiveness of interventions being used to improve BPSS health outcomes among student-athletes, (d) a proposed methodology for the original research study, (e) an original research study exploring the interplay between ACEs and BPSS health outcomes among Division I, II, and III NCAA student-athletes ($N = 477$) who represented 20 sports across 53 universities, and (f) a series of implications and recommendations for researchers, clinicians, and NCAA athletics personnel.

35. Özlem Köse (2019)

Major Professor: Jennifer Hodgson, PhD

Title: Women's Obesity and Sexual Quality: A Dyadic Study on Women and Their Male Partners

Abstract: Research supports a relationship between people with obesity and decreases in psychosocial functioning as it relates to their sexual health. While sexual health problems are more commonly found in women with obesity than men, contributing factors outside of biological ones have been relatively unexplored. In addition, few have investigated obesity as a dyadic experience, seeing its impact on sexual health with individuals only. This manuscript style dissertation was designed to extend the literature on the effects of women's obesity on both partners' sexual health within heterosexual relationships. The first article, a systematic review, reviewed 172 studies to better understand the biological, psychosocial, and contextual factors impacting obesity and sexual functioning. Overall, less research is available regarding the association between excessive weight and female sexual functioning; whereas, the same association for the men was supported by the majority of the studies included in this review. The findings from the systematic review indicated the need for more robust research on the effects of women's obesity and multiple biopsychosocial health dynamics associated with quality of sex, as well as demonstrating the need for moving from individual-level research to dyadic studies accounting for the interdependence of both partners' sexual quality within a romantic relationship context.

The second article was a dyadic cross-sectional quantitative survey designed to study the association between biological, psychological, and interpersonal domains of health and quality of sex life in women with obesity and their male romantic partners. Results from the dissertation highlighted the critical importance of dyadically studying the biopsychosocial dynamics of health to better explain quality of sex in the context of obesity and romantic relationships. The results of actor-partner interdependence model (APIM) suggested that female obesity parameters (i.e., body mass index and waist circumference) did not have an actor or partner effect on quality of sex while controlling other biopsychosocial health factors (i.e., sexual functioning, body image self-consciousness during sexual intimacy with a partner, and couple's attachment behaviors) in the model. Expectedly, sexual functioning and couple's attachment behaviors had positive actor effects on quality of sex in women with obesity and their male partners. This finding indicated that both women with obesity and their male partners reported having higher quality of sex within their romantic relationship with their current partner when their own sexual functioning and secure attachment behaviors were higher. Aside from the actor effect, female sexual functioning had a positive partner effect on male's quality of sex suggesting that male partners had higher quality of sex when their female partners had lower sexual dysfunction. Lastly, the actor–partner interdependence moderation model (APIMoM) unveiled a dyadic synergistic interaction effect of sexual functioning between waist circumference and quality of

sex. When female partners' sexual functioning was higher, higher waist circumference of male partners was associated with lower quality of sex among female partners.

Based on findings from the dissertation, recommendations for clinical work, research, policy, and the field of medical family therapy included: (a) conceptualizing women's obesity and its impact on their sexual quality from a systemic biopsychosocial perspective and utilizing dyadic research methods to account for interdependent relationships among reflect this standpoint, (b) addressing systemic and ongoing interactions between both partners' biopsychosocial health dynamics and sexual quality integrating the romantic partner into the treatment model, (c) implementing changes in current policies to strengthen interprofessional collaboration and training healthcare providers in regards to detrimental effects of obesity and other biopsychosocial health factors on individuals' and their partners' sexual quality within romantic dyads, and (d) advocating for patient- and family-centered systemic biopsychosocial-spiritual care to better serve sexual health needs of women with obesity and their male partners.

36. Erin Sesemann (2019)

Major Professors: Kit Didericksen, PhD & Angela Lamson, PhD

Title: Healthcare employees' burnout, job stress, health, and workplace social networks: Addressing the quadruple aim

Abstract: With the goal of optimizing its performance, the health care field has widely accepted the Triple Aim, which called on health care organizations to provide high quality, accessible care by attending to 1) population health, 2) patients' experience of care, and 3) per capita cost for healthcare. Expanding from a Triple to Quadruple Aim by including a fourth aim targeted at improving the health and wellbeing of healthcare employees holds great potential for being an effective approach to improve the performance of health care. This dissertation is focused on increasing the scientific understanding about the fourth aim (i.e., healthcare providers' health and wellbeing) of the Quadruple Aim through examining the associations between job stress, workplace social networks, and employees' burnout and physical health through the framework of social network theory. There are six chapters in this dissertation, including: (a) an introduction chapter into the Triple to Quadruple Aim Framework, (b) literature review chapter that introduces social network theory as a theoretical foundation to examine the influence of workplace interpersonal relationship on employees' health and wellbeing, (c) systematic review of empirical articles to examine how workplace social networks are associated with workplace health outcomes, (d) methodology chapter describing the original quantitative research study, (e) original research reporting the results of the quantitative study that examined how workplace social networks changed the association between employees' job stress and employee health outcomes (i.e., burnout, and physical health), and (f) discussion chapter that appraised the study's contributions to science, applied the results to future research recommendations to advance the national movements, and offered practice recommendations for healthcare organizations.

2017

37. Rachel Williams (2020)

Major Professor: Jennifer Hodgson, PhD

Title: ALS and Family Functioning

Abstract: Amyotrophic Lateral Sclerosis (ALS) is the most common progressive and fatal neurodegenerative disease and yet a cure remains unknown. Given the growing number of patients with ALS, it is imperative that behavioral health clinicians, medical providers, researchers, and policy makers are aware of their and their support persons' unique biological, psychological, social, and spiritual health concerns, the impact of the disease on family functioning, and the general care management of those living with ALS. This dissertation was written to help identify the impact of ALS on patients and their support persons' family functioning and biopsychosocial-spiritual (BPS-S) health. It includes three manuscripts: (a) a systematic review of the impacts of ALS on immediate family members' health and interactional patterns, (b) a descriptive phenomenological study designed to explore the lived experience of eight patients and nine support persons living with ALS, and (c) a perspective piece that presents an argument for requiring increased competencies in medical education and residency education programs around ALS diagnosis, treatment, and family-centered care. The systematic review resulted in 3,557 articles with 3,509 meeting exclusion criteria and 48 meeting inclusion criteria for full review. The articles in the systematic review demonstrated that previous literature on the BPS-S health outcomes of support persons of patients with ALS is disjointed, with the health components studied independent of one another rather than simultanesouly for a comprehensive understanding. The literature reviewed also revealed a limitation in the amount of research that has focused on the impact of ALS on family functioning. The phenomenological study conducted as a part of this dissertation resulted in five themes relevant to patients and support persons' experiences living with ALS: (a) Dynamic transformations of relational systems, (b) Biological changes and well-being, (c) Emotional processes, (d) Impacts on spirituality, and (e) Healthcare system interactions. The novel findings of this study include: (a) a broader understanding of patients' with ALS (PALS) and SPs' experiences with the impact of ALS on family functioning due to the inclusion of multiple participants in the same interview; (b) participants explanation of progression of physical symptoms and subsequent decrease in verbal communication abilities resulting in a more isolated and frustrated state; (c) participants reporting on their ability to reach acceptance and choose positivity; (d) and the participant's expressing the need for medical providers outside of ALS clinics to have increased knowledge of proper ALS care. It is then recommended that future research should focus on the immediate and longitudinal whole health needs of PALS and SPs and their interactional effects, participant's perspectives on the lack of knowledge by non-ALS specialists, and studies that continue to include multiple family members and SPs conjointly with the PALS to ensure that more robust systemic perspectives are represented. The final manuscript is a perspective piece based on existing literature in combination with findings from this disseration. It is used to highlight the

need for increased education among medical professionals on ALS diagnosis, interdisciplinary treatment, BPS-S and family-centered care.

38. Rebecca Levy (2020)

Major Professor: Damon Rappleyea, PhD

Title: Suicide Assessment in Emergency Departments: An Examination of Clinician Stress, Coping and Perceptions of Contextual Variables

Abstract: Underserved populations have the higher risk to die by suicide. When patients are suffering from suicidal ideation, patients are directed to the emergency department. In order to investigate the experiences of emergency department (ED) clinicians when assessing underserved population patients who present to the ED, three research articles were completed: (a) systematic review of literature of this topic; (b) hermeneutical phenomenological study designed to best grasp the lived experience of ED clinicians assessing patients part of underserved populations (c) policy brief of recommendations about how to better provide care for patients who present to the ED with SI. The systematic review demonstrated the lack of studies about how ED clinicians assess and perceive patients who presented to the ED with SI. The phenomenological study results in four emergent themes of the lived experience of ED clinicians assessing patients with SI: (1) ED clinicians' interest in environment variety; (2) ED clinicians expressed lack of clarity of their ED role with patients presenting with SI; (3) ED clinicians observed disjointed care resulting in inappropriate placement of patients with SI to ED, and (4) ED clinicians experience contextual variables. The policy brief emphasized the need for change in the way patients who present with SI and identify in underserved populations are cared for in the ED. Recommendations are made for more psychiatric EDs as well as more education for clinicians.

39. Natalie Richardson (2020)

Major Professor: Angela Lamson, PhD

Title: Injuries of the Mind, Body, and Sound: A Qualitative Exploration of the Impact of Military Service on Veterans' Values and Beliefs

Abstract: Military service often requires engaging in activities, witnessing acts, or immediate decision-making that may violate the moral codes and personal values to which most individuals ascribe. If unacknowledged, these factors can lead to injuries that can affect the physical, psychological, social, and spiritual health of military men and women. The term moral injury has been assigned to these soul-ceasing experiences. Although researchers have attempted to define moral injury and what leads to such experiences, inconsistencies across definitions exist. In addition, nearly all existing definitions have lacked empirical support. Thus, an in-depth literature review, systematic review, and phenomenological qualitative study were completed to explore how moral injury has been conceptualized and defined across the literature and to respond to the need for an empirically-based, veteran-informed definitional understanding of such injuries. Findings from a qualitative study with United States veterans revealed that moral

injuries can be conceptualized by chronic, deep-rooted experiences of (a) betrayal, (b) moral ambivalence, (c) soul injuries, and (d) lack of reconciliation. Recommendations for future research and clinical practice with moral injury must consider the systemic roots and implications for these injuries of the soul. Rather than viewing moral injury as a construct distinct to the field of psychology, trauma, or theology, applying a more systemic framework may be most appropriate for capturing the multi-level implications. For instance, a biopsychosocial-spiritual lens may support the cellular to society and spiritual implications of moral injuries. Additionally, Bronfenbrenner's ecological theory was proposed as a potentially influential theory in grounding future assessments and interventions for the constructs by emphasizing the interplay between context, personal characteristics/values, and multi-level systemic influences on the development of moral injury.

2018

40. Afarin Rajaei (2021)

Major Professor: Jake Jensen, PhD

Title: Adaptive Processes Through Crisis: A Biopsychosocial-Spiritual Examination of Couples Family Cancer

Abstract: Cancer affects not only individuals, but also family members--most notably romantic partners (Tatrow & Montgomery, 2006). Therefore, it is crucial for scholars to have a better understanding of its impact on individuals, couples, and families. Additionally, unlike some chronic illnesses, the progression of cancer and its consequences (i.e., pain, surgery, financial burdens, and possibly death) are rapid and do not allow partners to prepare for the upheavals it inevitably brings to partners' roles, relationship functioning, and physical and mental well-being (Brosseau, McDonald, & Stephen, 2011; Kim & Carver, 2007; Robbins, Mehl, Smith, & Weihs, 2013). Consequently, couples faced with cancer must quickly adapt to new relationship dynamics. The impact, therefore, of adaptive processes (i.e., behavioral exchanges that may be positive or negative in response to stressors faced) on romantic relationship quality and stability among couples with cancer merits attention (Manne & Badr, 2010). In the current study, we examine how biological, psychosocial, spiritual, and interpersonal adaptive processes are linked with romantic relationship quality and stability in couples with cancer. This dissertation is comprised of the following six chapters: (a) an introduction to the dissertation, (b) a literature review exploring dyadic function of couples with cancer, (c) a qualitative study on fostering a relational perspective through narrative therapy in couples with cancer, (d) a proposed methodology for the original research study, (e) an original research study exploring the association among the biological, psychosocial, spiritual, and interpersonal adaptive processes associated with romantic relationship quality and stability in couples with cancer (N = 160), and (f) a series of implications and recommendations for researchers, clinicians, and policy makers.

41. **Melissa Welch (2021)**
Major Professor: Jennifer Hodgson, PhD
Title: A Family-Centered Approach to Primary Care for Older Adults with Cognitive Impairment.
Abstract: Cognitive impairment (e.g., dementia) presents challenges for individuals, their families, and healthcare professionals alike. It disproportionately impacts minoritized communities and often goes unassessed or undiagnosed, leaving missed opportunities for treatment and the use of supportive services for family caregivers. The primary care setting presents a unique opportunity to care for older adults living with cognitive impairment, who present with complex care needs that may benefit from a family-centered approach. An in-depth systemic review revealed that family-centered care and family engagement yields promising results including improved health outcomes, quality care, the patient experience, and caregiver satisfaction. Furthermore, it promotes and advances the core values of medical family therapy: agency and communion. An original quantitative study surveying 45 PCPs was conducted to better understand the influence of family engagement, race, and gender on primary care providers' (PCPs) diagnostic management and decision-making practices with older adults exhibiting cognitive impairment. Utilizing a vignette-based methodology, results revealed three main findings: (a) family engagement provides an opportunity for more efficient and accurate identification and diagnostic process for cognitive impairment, (b) family engagement allows for a clearer picture of patient symptoms and may present opportunities for PCPs to refer to specialists for diagnosis and treatment earlier, and (c) family engagement provides an opportunity to reduce health inequities by reducing variations in PCP perceptions of symptoms influenced by implicit bias. Recommendations for clinical care, training, and policies in primary care settings are provided using CJ Peek's Three World View. This dissertation further advances the knowledge of family-centered primary care, and influence of provider bias, when designing systems of care for older adults with cognitive impairment and their families.

42. **Julian Crespo (2021)**
Major Professor: Damon Rappleyea, PhD
Title: Latino Women's Experience of Sexual Violines: A Phenomenological Study
Abstract: Sexual violence is a public health problem worldwide that disproportionately impacts women. The consequences for survivors are multiple in terms of their overall health (i.e., reproductive health effects, psychological health, interpersonal unsafety, personal sense of worthlessness). Latino women, in particular, have reported higher rates of sexual violence than other populations in the United States. The aim of this study was to explore the experiences of Latino women who were sexually victimized as children and/or adolescents. In order to develop a better understanding of their lived experiences two research articles were completed: (a) a conceptual paper designed to explore socio-cultural and historical factors that are associated with the prevalence and perpetuation of sexual violence against Latino women, and (b) a descriptive phenomenological study to explore the experiences of 14 Latino women who were sexually

victimized in their countries of origin. The conceptual paper revealed how religious symbols and cultural narratives grounded in patriarchal values influence the prevalence of sexual violence among Latino women. The phenomenological research study revealed four emergent themes that portrayed the participants' experience: (a) gender expectations made it difficult for participants to cope with sexual violence, (b) deficient family support and boundaries made participants vulnerable to sexual violence, (c) experiencing sexual violence had long-lasting consequences for participants, and (d) multiple factors facilitated healthy coping with sexual violence. Participants acknowledged the need for this phenomenon to be addressed systemically, and the need for survivors to receive as much social support as possible. Researchers, healthcare providers, therapists, and church leaders with the knowledge about sexual violence and its prevalence among Latino women will improve the effectiveness of their participation in prevention and addressing the needs of the survivors.

2019

43. Emily Tucker (2022)

Major Professor: Jennifer Hodgson, PhD

Title: Exploring the Experiences and Attitudes of Healthcare Professionals Caring for People with Intellectual Disability

Abstract: People with intellectual disability experience profound health disparities and care inequities. A systematic review focusing on the implementation of community-based mental health interventions for adults with intellectual disability highlighted a dearth of research. However, disparities exist across every area of health, and are not exclusive to mental health services. Previous researchers identified two major contributing factors to the gap in healthcare (a) provider attitudes toward intellectual disability, and (b) inadequate provider training. Therefore, a transformative convergent parallel mixed methods design was conducted to expand and enhance what is available in the literature with two guiding parts to the study. Part one of the study was designed to understand the attitudes of healthcare professionals toward intellectual disability. Part two was designed to explore the experiences of primary care providers caring for adults with intellectual disability. The research question for part one was, what are the attitudes of healthcare professionals toward intellectual disability, with hypotheses that attitudes will be overall positive and may be different based on participant gender and age. Preliminary analysis of data collected from 81 healthcare professionals to date, confirms that healthcare professionals have relatively positive attitudes toward people with intellectual disability. More data is being collected to determine if differences in attitudes based on age and gender are significant. Part two of the mixed-methods study utilized focus groups to answer the following research question, what are the personal and professional experiences of primary care providers that influence how they care for adult patients with intellectual disability? A total of seven focus groups were conducted, across three different clinic locations throughout the United States. Each clinic site hosted a family medicine residency program. There were a total of 46 focus groups participants

who consisted of faculty, residents, and clinic staff. Analysis yielded two thematic clusters (a) themes regarding experiences caring for patients with intellectual disability, and (b) themes regarding training needs and recommendations. Focus group data from cluster one, regarding the experiences caring for patients with intellectual disability, yielded six salient themes: (a) patient agency, (b) communication strategies, (c) systemic barriers to care, (d) deficit view of disability, (e) equitable healthcare and (f) communication of intellectual disability. Focus group data regarding the second cluster yielded one training salient theme with five subthemes: (a) guardianship processes and consent for treatment procedures (b) mental health assessment delivery and follow-up, (c) knowledge of community resources, (d) communication barriers, and (e) identifying and communicating a diagnosis of intellectual disability. Participants shared that the training sub thematic areas were largely absent in residency education curricular experiences. Results confirmed that improvements in training are needed that incorporate a contextual understanding of disability and empower providers to move past a deficit-based perspective of disability. This dissertation advances the knowledge of clinical care for adults with intellectual disability and training needs for primary care providers working with this patient population. It also serves to advance the field of medical family therapy by highlighting the important role agency, communion, and promoting equitable healthcare play in improving health outcomes for people with intellectual disability.

44. Evie Breedon (DavyRomano) (2022)

Major Professor: Kit Didericksen, PhD

Title: From treatment to recovery: Family, health, and sociocultural implications of anorexia nervosa

Abstract: Anorexia nervosa is a life-threatening biopsychosocial-spiritual illness that crosses all social locations (i.e., ages, genders, sexual orientation, races, ethnicities, and body sizes) and negatively impacts couples and families. While relationally-oriented treatments are effective in improving physical, mental, and relational health, it is unknown how these treatments address whole health (i.e., biopsychosocial-spiritual) from a dyadic/family systems perspective. The whole health challenges associated with anorexia nervosa and high risk of relapse following treatment pose barriers for recovery. Sociocultural risk factors such as diet culture (i.e., a system that elevates physical health and perpetuates myths and lies about food choices, eating behaviors, and body types) may complicate recovery, but this phenomenon has not been studied. In order to reduce risk of relapse and improve relapse prevention strategies, it is important to understand the experience of diet culture for individuals in recovery. The purpose of this dissertation is to address gaps in relationally-oriented treatments and recovery research. This dissertation contains six chapters, including: (1) an introduction chapter to history of anorexia nervosa diagnosis, treatments, and social location factors, (2) a literature review of biopsychosocial-spiritual health risks and symptoms associated with anorexia nervosa, (3) a systematic review of family-based treatment studies for anorexia nervosa and how they are addressing biopsychosocial-spiritual health and social location from a dyadic/family systems perspective, (4) a methodological

chapter describing the mixed methods approach to the original qualitative study, (5) an original research study demonstrating the lived biopsychosocial-spiritual experiences of diet culture for individuals in recovery from anorexia nervosa, and (6) a discussion chapter that pulls together the findings from the systematic review and original research study to present clinical and research implications for healthcare providers. Results from the systematic review demonstrate that physical health is elevated above other aspects of health, dyadic/family systemic change is inconsistently addressed, and social location factors are often missing. Results from the original study demonstrate that the experience of diet culture overlays physical, mental, psychosocial, and psychospiritual health and is both oppressive and fueling to recovery. These findings offer significant contributions to the field of anorexia nervosa and family science.

45. Corin Davis (2022)

Major Professor: Angela Lamson, PhD

Title: Understanding the Experiences of Minority Medical Residents

Abstract: The health and wellbeing of healthcare professionals has become a significant concern for the function of the healthcare system in the United States (U.S.). With a catastrophic physician shortage in health care and cumulative social injustices across the nation, medical schools and residency programs must prioritize the recruitment, wellbeing, diversification, and retention of physicians. The purpose of this dissertation is to increase the body of literature related to burnout and compassion fatigue related to historically marginalized and systemically oppressed residents. The six chapters in this dissertation, include a/an: (a) conceptual model of how MedFTs can influence the recruitment and retention of diverse physicians (b) scoping review of LGBTQ+ patient and provider experiences in primary care (c) systematic review of intersectional data related to burnout and compassion fatigue in residency, (d) methodology chapter describing the original mixed methods study, (e) original research study that reports the results from a quantitative survey and phenomenological interview guide with historically marginalized/systemically oppressed residents related to burnout, compassion fatigue, discrimination, and harassment throughout their residency experience and (f) conclusion chapter that offers a review of the previous chapters and recommendations for residency programs in the form of a fact sheet

46. Adam Johnson (2023)

Major Professor: Andy Brimhall, PhD

Title: Using Grounded Theory to Define Patient Engagement from the Patient's Perspective

Abstract: Patient engagement has been found to lead to significant improvements in patient health, reduced costs, and improved patient experiences and has been the focus of healthcare research and policy change for over two decades as healthcare researchers, providers, and agencies strive to capitalize on its powerful effects. Initially, definitions and theories regarding what patient engagement is, how it works, and why it is important were generated from the perspective of healthcare providers and researchers, often missing what patients themselves

thought about their own healthcare engagement. Even after researchers began to focus more on the patient perspective, most research has included patients who are already highly engaged in healthcare. This dissertation seeks to expand past research by adding the perspective of patients who vary in how often they use healthcare services and how engaged they feel. This dissertation is comprised of the following seven chapters: (a) an introduction to the dissertation, (b) a systematic review examining the effectiveness of patient education through PHRs on patient engagement and health outcomes, (c) a literature review that outlines how theories and definitions of patient engagement developed, (d) a proposed methodology for the original research study, (e) an original research study using grounded theory to define patient engagement from the perspective of a wide range of patients, (f) a discussion of implications for researchers, healthcare providers, and patients regarding patient engagement.

2020

47. Frandrea (Lee) Brown (2024)

Major Professor: Erin Roberts, PhD & Angela Lamson, PhD

Title: Exploring Systemic Medical Traumatic Stress in Historically Marginalized Patients

Abstract: Historically marginalized patients are at an increased risk for healthcare experiences that increase their risk for adverse health events, adverse health outcomes, and psychological distress related to medical trauma. These factors are exacerbated by experiences of structural violence through discrimination and microaggressions. However, research that describes the unique distress historically marginalized patients' experience related to medical trauma, adverse health events, adverse health outcomes, and structural violence is sparse in healthcare literature. This study seeks to bridge this gap by exploring the interplay between factors and how they each contribute to patients' experiences. This research is informed by the biopsychosocial-spiritual framework (BPSS) and historical trauma theory, which considers how collective trauma shared by historically marginalized patients spans multiple generations, affects the biopsychosocial-spiritual health of the group, and may result in trauma-related symptoms.

Medical trauma, resulting from adverse health events and adverse health outcomes, is a critical yet understudied aspect of healthcare experiences, particularly among historically marginalized populations. This quantitative research, with a national sample, sheds light on the complexities of the relationship between the psychological distress resulting from medical trauma among such groups while recognizing the profound implications in shaping their healthcare. Through a comprehensive examination of the interplay between adverse health events, adverse health outcomes, social determinants of health, structural violence, internal stress, health care policies, practices and procedures, and medical trauma this study elucidates the mechanisms underlying a new concept explored within this dissertation described as systemic medical traumatic stress and its role within historically marginalized communities.

2021

48. Taylor Young (2024)

Major Professor: Damon Rappleyea, PhD

Title: A Call to Spiritual Humility: An Exploration of Spirituality, The US Healthcare System and Behavioral Health Providers

Abstract: Though spirituality has become a more prominent feature in holistic healthcare it is still overlooked in US healthcare systems and behavioral health providers (BHP). The impact of spiritual inclusion in healthcare has been demonstrated to have a beneficial impact on medical and psychological treatment. Researchers and healthcare practitioners must continue to explore how to acknowledge spirituality and access their associated benefits for the patients they work with. The purpose of these studies is to shed light on how BHPs and their training can play a pivotal role in acknowledging spirituality within holistic healthcare in the US healthcare system. The 5 chapters in this dissertation, include a/an: (a) Introduction to spirituality and its benefits within the US healthcare system through Peek's 3 world view, (b) systematic review of spirituality training interventions for BHPs, (c) methodology chapter describing the original study, (d) original research study that reports the results from a mixed methods survey exploring BHP past spirituality training and how it influences BHP spiritual integration scores, and (e) conclusion chapter.

49. Adrian Weldon Knauss (2024)

Major Professor: Jake Jensen, PhD

Title: Relational Biofeedback: Exploring the Role of Social Support in the Practice of Biofeedback

Abstract: Biofeedback is a health intervention that trains people to exert control over physiological processes through real-time monitoring and feedback mechanisms (Schwartz et al., 2016). The practice promotes self-regulation and can be used to improve physical and mental health (Tan et al., 2016). However, biofeedback interventions are often conducted individually and practitioners rarely utilize the patient's social network to assist in the development of self-regulation skills (Frank et al., 2010; Schwartz et al., 2016). This is a notable omission since research has established that social systems impact patients' psychophysiology (Kleinbub, 2017). Therefore, the purpose of this dissertation is to explore how social support persons can be utilized in biofeedback. This concept, which the authors refer to as relational biofeedback, is an underdeveloped, but promising future direction in biofeedback. The dissertation is comprised of six chapters: (a) an introduction to the dissertation, (b) a literature review on the practice and psychophysiological underpinnings of relational biofeedback, with a special emphasis on heart rate variability biofeedback, (c) a systematic review of the literature to identify attempts to use relational biofeedback interventions to date, (d) proposed methodology for an original research study, (e) the results of the mixed-methods research study comparing individual to relational approaches to heart rate variability biofeedback with romantic partners (N = 12), and (f) a series

of recommendations for clinicians and researchers, with an focus on the role medical family therapists can play in the advocacy and advancement of relational biofeedback.

50. Betül Küçükardalı (2024)

Major Professor: Angela Lamson, PhD & Natalia Sira, PhD

Title: From Scars to Strength: Unveiling the Intersection of ACEs, Social Determinants of Health, and Resilience in Adult Inpatient Rehabilitation

Abstract: This dissertation explores the complex relationship between adverse childhood experiences (ACEs), protective and compensatory experiences (PACEs), and their influence on resilience in primary care contexts and among adult inpatient rehabilitation patients. While ACEs are known to be linked with negative health outcomes, little attention has been given to the care for patients following a screening of ACEs in primary care, and protective factors are rarely if ever, considered in healthcare contexts. Furthermore, the role of ACEs, PACEs, social determinants of health (SDoH), and resilience in adult inpatient rehabilitation contexts are relatively unknown. The primary objective of this research is to deepen the scientific understanding of how ACEs, PACEs, and SDoH interact to shape resilience when individuals face medical conditions requiring inpatient rehabilitation. By examining this dynamic, this dissertation investigates clinical practices, research methodologies, and health equity policies, ultimately enhancing strategies for screening, triage, and intervention in rehabilitation units. The dissertation employs a dual approach, combining systematic reviews with original quantitative empirical analysis. It is organized into six chapters: the first chapter introduces the concept of resilience in rehabilitation and its relationship to ACEs and PACEs. The second chapter provides a systematic review of ACE screening practices in adult primary care settings, focusing on the types of clinical responses (e.g., resources, referrals, interventions) that follow positive ACE screenings. The third chapter systematically investigates additional psychosocial factors, both protective and adverse, that are assessed alongside ACE screenings in primary care, framed through a socio-ecological resilience model. The fourth chapter details the methodology of the original quantitative research. The fifth chapter presents the results of the empirical study, which examines the interaction between SDoH, protective factors, resilience, and behavioral health in adult inpatient rehabilitation patients with a history of ACEs; and the sixth chapter synthesizes the key findings and their contributions to the field, focusing on the integration of protective experiences in ACE screening interventions. It employs data visualization techniques to analyze health disparities across North Carolina counties based on the study participants' sample, offering recommendations for improving patient care and health equity. The research ultimately advances an understanding of the interplay between childhood adversity, protective factors, and health outcomes, offering strategies for improving resilience and health equity in diverse inpatient rehabilitation populations.

2022

51. Alexus Bruhn (2025)

Major Professor: Damon Rappleyea, PhD

Title: When Life Gives You Herpes: An Exploration of How Herpes Simplex Stigma on Social Media Impacts the Patients and their Relationship with Providers

Abstract: Herpes simplex virus (HSV) is a prevalent and chronic sexually transmitted infection (STI) that is heavily stigmatized, rendering discussion of STIs between clinicians, patients, and sexual partners, more difficult. How an STI like HSV is discussed on social media sites, which have grown in prevalence and popularity, exemplifies societal beliefs related to STI stigma. The purpose of this study is to explore the intersection of HSV stigma, social media, and the patient-provider relationship. Specifically, the goal is to understand how HSV related social media content is interpreted in the context of stigma, whether interpretations differ depending on contextual factors (i.e. demographics, experiences with STIs, sexual education), and to understand the lived experiences of stigma and social media for those living as HSV positive.

52. Rylan Hellstern (2025)

Major Professor: Jake Jensen, PhD & Angela Lamson, PhD

Title: The Relationally-Centered Integrated Behavioral Health Model: Exploring Holistic Patient Health Outcomes

Abstract: Integrated Primary Care (IPC) is a system that relies on the biopsychosocial (BPS) framework to provide holistic care to patients by organizing collaborative teams of biomedical and psychosocial health services. Due to the diversity of patient needs, many IPC models have been created with varying methods of organizational structure and foci. This dissertation explores the physical and mental health outcomes of the Relationally-Centered Integrated Behavioral Health Model (RCIBH), an IPC model that strives to provide all patients and their families with behavioral health services, regardless of the presenting problem. The following document is divided into six manuscripts: (a) an introduction to the dissertation and a narrative history of IPC models from around the globe, (b) a systematic review of the holistic outcomes of IPC models, (c) an introduction to the RCIBH model and its comparison to other prominent models, (d) a chapter outlining the methodology for the original research study, (e) an empirical research study utilizing machine learning techniques to explore the factors contributing to biological and psychological outcomes of the RCIBH model, and (e) a perspective piece calling for Medical Family Therapists (MedFTs) to engage with Electronic Health Record (EHR) data and further establish their role in the healthcare system.

53. Joshua Bolle (2025)

Major Professor: Erin Roberts, PhD

Title: Exploring the Cultivation of Body Appreciation and Acceptance in Fat, Gender Diverse People of Color

Abstract: Positive body image is a construct that extends above and beyond the absence of negative body image or body dissatisfaction. However, most of the research operationalizing and

exploring positive body image has predominantly centered white, thin, cisgender individuals. This dissertation explores the experiences of fat, gender-diverse people of color and their experiences of cultivating intersectional positive body image across the lifespan and how it impacts their intimate relationships and relationships with healthcare providers. The following dissertation is divided into six manuscripts: (a) an introduction to the dissertation and the previous research on positive body image, (b) a literature review detailing how "normative bodies" are socially constructed through intersections of anti-Blackness, fatphobia, and transphobia and implications for family therapy researchers and practitioners, (c) a systematic review of how positive body image is cultivated in U.S. LGBTQ+ adults, (d) a methods chapter regarding the original exploratory case study through interpretative phenomenological analysis, € the original research study examining fat gender diverse people of color's experiences cultivating positive body image, and (f) an article on understanding the negative impacts of intersectional fatphobia, racism, transphobia, and body Marriage and Family Therapists and Medical Family Therapists' roles in advocating within and outside the therapy room.

54. Tolulupe Joaquim (2025)

Major Professor: Andy Brimhall, PhD

Title: Crossing Borders: A Grounded Theory Study on International Medical Students in the United States

Abstract: The number of international students enrolled in medical schools worldwide continues to rise. In response to the growing shortage of healthcare personnel, many countries are expanding enrollment in health-related disciplines to meet national healthcare demands. This expansion has led to an increasing influx of international students into medical programs, including those in the United States. While International Medical Students (IMSs) share many challenges faced by domestic students, they also encounter unique cultural, financial, and psychosocial stressors. This dissertation examines these challenges and the support systems IMSs utilize across five chapters. Chapter 1 introduces and reviews existing literature on IMSs, focusing on their challenges and support systems, and provides some context about studying medicine in the United States. Chapter 2 presents a systematic review of research exploring how psychosocial support systems and resources shape IMSs' experiences in medical school. Chapter 3 outlines the methodology for the original grounded theory study. Chapter 4 presents the findings of this original grounded theory study, offering an in-depth understanding of IMSs' experiences and practices in U.S. medical schools and generating a theoretical framework to guide the development of more responsive institutional policies and support initiatives. Finally, Chapter 5 discusses the implications of these findings for IMSs, medical schools, and healthcare providers who interact with or support this population.