EVALUATING IMPACT OF TRANSITION SEMINARS ON MISSIONARY KIDS’ DEPRESSION, ANXIETY, STRESS, AND WELL-BEING

PAMELA DAVIS, KRISTEL HEADLEY, TRACEY BAZEMORE, JACLYN CERVO, PAMELA SICKINGER, MELISSA WINDHAM, AND MARK REHFUSS
Regent University

Missionary Kids (MKs) are included in a broader population defined as Third Culture Kids (TCKs), children who are raised outside of their parents’ home cultures (Pollock & Van Reken, 2001). This upbringing affords positive opportunities to experience diverse cultures but may also contribute to identity struggles and feelings of cultural isolation (Gillies, 1998; Hill, 2006; Pollock, 1989). To facilitate successful transitions from living overseas to the US, several reentry programs have been developed, but their effectiveness has not been examined. In this exploratory study the efficacy of a 13-day MK Transitions Seminar was measured. Participants’ pre and post-test scores on the Depression Anxiety and Stress Scale-21 and the Psychological General Well-Being Index indicated a significant reduction in levels of depression, anxiety, and stress, as well as significant improvement in overall psychological well-being. The findings and limitations of this study and implications for future studies are discussed.

In recent years, the term “Third Culture Kid” (TCK) first came into use by sociology professors John and Ruth Hill Useem in the 1950s (Useem & Downie, 1976), a standard definition offered by Pollock and Van Reken (2001) has helped the concept gain acceptance:

A Third Culture Kid (TCK) is a person who has spent a significant part of his or her developmental years outside the parents’ culture. The TCK frequently builds relationships to all of the cultures, while not having full ownership in any. Although elements from each culture are assimilated into the TCK’s life experience, the sense of belonging is in relationship to others of similar background [other TCKs]. (p. 19)

TCKs have been in existence for a long time; however, their identification as a community with unique needs has only been articulated within the past few decades (Pollock & Van Reken, 2001). While many observations have been made regarding TCKs, this knowledge has not yet expanded into interventions to aid TCKs in their unique adjustment processes. With the election of President Barack Obama, a TCK who appointed a cabinet comprised of many other TCKs, the benefits and challenges of being raised internationally have begun to receive worldwide attention (Van Reken, 2008). Typically, TCKs are identified as individuals who have a global perspective, are flexible both socially and intellectually, and can comfortably engage with those who think and act differently (Gillies, 1998; Hervey, 2009; Pollock, 1998; Pollock & Van Reken, 2001; Van Reken, 2008). Indeed, the childhood of a TCK allows opportunities for world travel and exposure to global politics and various languages. However, this upbringing that affords so much opportunity often results in feelings of cultural isolation (Hill, 2006). TCKs frequently express a sense of membership in many different cultures, yet they feel as if they do not truly belong to any

The authors gratefully acknowledge Patricia King and Elisabeth Suarez, PhD, of Regent University for their assistance with statistical analyses in this study. Please address correspondence to Pamela Davis, Regent University, Virginia Beach, VA.

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one culture (Gillies, 1998; Pollock, 1989). This lack of belonging can create identity struggles as well as feelings of rootlessness and detachment (Hill, 2006; Pollock & Van Reken, 2001; Van Reken, 2008).

**TCK Subgroups**

The broad community of TCKs includes four sub-communities who live and work overseas: (a) children of government diplomats, (b) children of military personnel, (c) children of international business people, and (d) children of missionaries (Hervey, 2009; Pollock & Van Reken, 2001). These subgroups differ considerably in regards to educational expectations, level of acculturation to the host culture, and opportunity for return visits to the country where the child is considered a citizen, frequently referred to as the passport culture (Hervey, 2009). Of the four subgroups of TCKs, the group known as missionary kids (MKs) has garnered the most attention in the published literature, particularly concerning experiences of transition and repatriation to the United States.

Within the MK subgroup, the literature repeatedly identifies the significant amount of grief and loss that encapsulate the MK experience (Gilbert, 2008; Hervey, 2009; Huff, 2001; Pollock & Van Reken, 2001; White & Nesbit, 1985; Wyse, 2000). Since grief is a natural byproduct of losing the people and things one loves, and MKs lose much of what they learned to love when they must repatriate to their passport culture, the issue of unresolved grief can be paralyzing (Pollock & Van Reken, 2001). As a result, transition back to the passport culture must be recognized as a grieving process, which can lead to a more difficult adjustment if the grief is left unresolved (Huff, 2001; Pollock & Van Reken, 2001; Wyse, 2000). Gilbert (2008) suggested that this grief is best termed “disenfranchised grief,” (p. 96) because the losses are often not recognized by society as significant. MK losses include repeated separations from friends, family, home, and from what they know as familiar and comfortable (Huff, 2001; White & Nesbit, 1985). Pollock and Van Reken (2001) suggest that many MKs experience more loss before they graduate high school than most people experience throughout their lives. This perpetual atmosphere of grief and loss can often lead to high levels of stress for MKs.

**Transition Issues**

Choi (2004) highlighted the significant stress that accompanies the many transitions inherent in missionary life. As MKs are frequently confronted with major life changes, they may feel unable to control their situations. For example, missionary parents may be reassigned quickly without opportunity to gain children’s input into the move, or natural or political disasters may necessitate leaving their overseas home with little or no notice. According to Cockburn (2002), some TCKs may lose everything they have ever known in one plane ride. Such extreme loss can lead to feelings of vulnerability and loss of control. Koteskey (2008) identified anxiety and depression as the most characteristic emotions of individuals who transition from one culture to another. This transition time, which lacks structure, has been described by Larson (1998) as “chaotic,” (p. 78) thus resulting in significant anxiety. Hill (2006) and Pollock (1998) also emphasized the chaos and stress characteristically at the heart of transition. Because such overwhelming stress and anxiety have been identified as typical byproducts of transition, it is presumed that a defined program for the process of transition is needed for repatriation to the passport culture to be successful (Hervey, 2009; Larson, 1998).

Educators in some international schools have also recognized this need and have begun to implement curriculum addressing transition issues (Cockburn, 2002). One important emphasis of any successful transition curriculum is helping students develop realistic expectations, a significant indicator of greater adaptation (Huff, 2001). For example, some MKs may have unrealistic expectations about what life in the U.S. entails, particularly if they have had limited exposure to American culture. They may have mistaken notions about American values or accepted social behaviors, since values and social norms vary widely across sub-cultures within the US. From that perspective, these structured transition programs may assist MKs to modify and re-align their existing expectations about American culture and values and thus contribute to a more successful transition (Hervey, 2009).

**Need for Empirically Based Interventions**

Huff (2001) noted that it is critically important for well-researched interventions to be implemented to assist MKs and their families. However, no empirical evidence exists for the programs that are currently available. As part of this study, an attempt was made by the authors to identify all programs geared toward MKs who are re-entering the US after graduating high
school abroad. After inquiring broadly across denominational and non-denominational mission agencies and church organizations, only five US re-entry programs for missionaries’ children were identified by the authors. Most programs occur in the summer and are run by para-church organizations or mission agencies, giving each program a different style, curricula, and duration (P. Bradford, personal communication, September 19, 2009). The focus of this research effort was to explore the impact of one such program upon the youth in attendance during one summer. The MK Transitions Seminar is a 13-day, faith-based reentry program designed to assist high school graduates who have lived overseas as they transition and adjust to life in the United States.

The MK Transitions Seminar is unique in several ways. At 13 days in duration, the seminar is the longest of the five identified programs. It is typically limited to high school graduates who are permanently transitioning to the United States. The program consists of six psycho-educational units: (a) individual personality assessment and feedback, (b) large group psycho-educational sessions, (c) small group sessions led by a counselor, (d) individual counseling sessions, (e) nightly gender-specific groups led by a peer, and (f) social activities designed to underscore and enhance skills needed for effective entry into U.S. culture. Special attention is given to narrative therapy, and attendees are encouraged to “tell their story” in safe ways throughout the program. Examples of topics addressed in the large group include dealing with grief, anger and depression, finding a church, understanding US banking and finances, and sex on the college campus. These topics target the wide variety of issues that Huff (2001) and Koteskey (2008) suggested MKs may encounter as they transition. The program is staffed by volunteers including licensed counselors and psychologists, pastoral counselors, student interns, MKs who participated in the program within the past five years, and missionaries working in the field of missionary member care.

During the seminar, adjustment to American culture is facilitated by planned field trips and activities, supporting Hervey’s (2009) recommendation to allow MKs to ease into the American culture. For example, one afternoon, students participate in a “photo scavenger hunt,” where they are asked to obtain photos of their small group performing tasks typical to living in the United States: pumping gas, asking for a job application in a retail store, buying groceries on a limited budget, and opening a bank account. It is possible that these learning activities ease the transition process by giving MKs an opportunity to practice cultural skills that may be unfamiliar to them, thus reducing overall levels of anxiety and stress.

The purpose of this study was to determine if significant differences in the degree of anxiety, depression, stress, and self-perceived levels of psychological well-being were demonstrated by participants as a result of attending the MK Transitions Seminar. It was hypothesized that after attending the 13-day seminar, participants would show reduction in levels of depression, anxiety, and stress, and would demonstrate improvement in their overall psychological well-being. A one-group pretest-posttest design (Heppner, Wampold, & Kivlighan, 2008) was used to evaluate this hypothesis.

Method
Participants

Participants included 35 recent high school graduates who attended MK reentry programs conducted in two different locations in the United States. All participants graduated from high school in an overseas location where their parents worked as missionaries, and all were transitioning to the United States either to attend college or to work. After approval from the Institutional Review Board, permission to collect research data was granted from the MK Transitions program directors and from primary financial sponsors of the program. A total of 58 graduates aged 16–20 attended the two program sites where data was collected, but the invitation to participate was limited to the 45 attendees who were at least 18 years of age. Of the 45 eligible participants, 36 volunteered to participate and one was eliminated due to having recently lived in the United States for two years. Mean age of the participants was 18.11 years ($n = 35$) with a standard deviation of 0.32. All participation was voluntary, and no compensation was provided. The total sample consisted of 18 women (51%) and 17 men (49%) whose self-reported ethnicity was 88% Caucasian ($n = 31$), 6% African-American ($n = 2$), and 6% Asian ($n = 2$). Most participants (94%, $n = 33$) reported plans to begin college within the next two months. Table 1 shows demographic differences among the participants by program location. Comparing the two locations, there were no significant differences in participants’ ethnicity, age, or future plans to attend college. Though the total sample size appears to be small, this sample of 35
participants represents 28.6% of the entire population of MKs aged 18 or above (N = 122) who attended the five U.S. MK reentry programs identified by the authors in a broad inquiry conducted among denominational and non-denominational mission agencies, churches, and para-church organizations.

**Instruments**

A demographic information sheet and a seminar evaluation form were used to collect qualitative data for this study. Additionally, two different quantitative assessments were administered as pre and post-tests.

**Demographic information.** A demographic information sheet was distributed to all eligible participants after each participant had received and signed the informed consent form. The demographic information sheet consisted of 15 items including birth date, current age, gender, ethnicity, mission agency, high school attended, whether the high school provided an MK transition program, number of years lived in the passport country, whether the participant ever lived away from home in a boarding facility, future plans (college, work, etc.), primary language spoken in the home, any physical disabilities or mental health diagnoses, whether adopted or naturally born into their current family, and countries lived in. An additional item that requested the MK’s name was on the demographic information sheet but was not intended for or used for the purposes of this study. This item was included as part of the regular seminar process and was used only by MK Reentry seminar staff for program purposes. Following data collection, names were replaced with numeric coding.

**Depression Anxiety and Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995).** The DASS-21 is a shortened version of the basic 42-item DASS questionnaire. The DASS-21 questionnaire includes three self-reporting scales with seven items per scale designed to measure depression, anxiety and stress. Scores for each of the three scales are calculated by summing the scores for the relevant items. Based on the premise of this study, the scores were not evaluated for clinical significance but rather for significant change between the pre and post-test applications. Each of the 21 items includes a statement to which the test taker circles a number from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time) to indicate how much the statement applied to him/her over the past week. Examples of items include, "I found it difficult to work up the initiative to do things," "I was

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worried about situations in which I might panic and make a fool of myself," and "I found myself getting agitated." The DASS-21 has been shown to possess adequate construct validity and the reliabilities of the depression, anxiety and stress scales are high (Henry & Crawford, 2005). Additionally, multiple studies have confirmed that the DASS-21 evidences both convergent and discriminate validity when compared with other depression and anxiety measures (Henry & Crawford, 2005). Cronbach’s alpha for the present study was .91 for the pre-test and .88 for the post-test DASS-21.

Psychological General Well-being Index (PGWBI; Dupuy, 1984). The PGWBI is a 22 item self-reporting questionnaire appropriate for use with subjects between 14 and 90 years of age (Helvik, Jacobsen, & Hallberg, 2006). It is designed to assess six non-overlapping elements of general well-being within the last month; however, for the purposes of this study respondents were asked at post-test to consider only the past two days, in order to measure the effectiveness of the 13-day intervention. The six dimensions measured by the PGWBI include anxiety, depressed mood, positive well-being, self-control, general health, and vitality. A self-response scale with a range of answers from 0 (the most negative option) to 5 (the most positive option) is used to answer all 22 items. Each of the six dimensions is summed and the total becomes the overall PGWBI index with a maximum total score of 110 (Helvik et. al., 2006). Examples of items include, “Were you generally tense or did you feel any tension during the past month,” and “I felt downhearted and blue during the past month.” The PGWBI scale has high internal consistency reliability (Helvik et. al., 2006). For this study, Cronbach’s alpha was .93 for the pre-test measure and .97 for the post-test. Some subscales of the DASS-21 and the PGWBI are closely related, as the DASS-21 measures the presence of depressed mood and anxiety while the PGWBI measures the absence of these symptoms. Due to the small sample size, only the total DASS-21 and PGWBI scores were used in the data analysis. Individual subscales were not analyzed.

MK Transitions Seminar evaluation form. An MK Transitions Seminar evaluation form was given to each participant at the conclusion of the program in order to collect qualitative data regarding the participants’ subjective experiences while attending this program. The evaluation form consisted of nine sentence completion items, an item asking the participant to use a Likert scale of 1 to 7 to rate his/her feelings of general well-being prior to and following the seminar, and questions regarding the degree of helpfulness of each of the major program components. It should be noted that the seminar evaluation form was already in use by the program developers before this study began, and therefore much of the qualitative data collected through the evaluation form was not formally analyzed. However, select participant responses on this form are noted in the discussion section of this article.

Procedure

Data collection. Participants completed the assessment measures distributed by program staff on day one (pre-test) and day twelve (post-test) of the thirteen day program. An explanation of the study was provided both in writing and orally, and informed consent was obtained before participants completed the assessments. Pre-test data collected on the DASS-21 and PGWBI was reviewed immediately by program staff who were mental health professionals to identify participants with elevated levels of depression, anxiety, and stress. This allowed appropriate follow-up with these participants during the individual counseling sessions that were already part of the program. At post-test, participants were reminded both orally and in writing to answer questions considering the previous two days, as opposed to the previous month. Confidentiality was ensured between pre-test and post-test by keeping all pre-test data in a locked cabinet. After the collation of pre-test and post-test materials, code numbers were assigned to participants to maintain confidentiality during data analysis and interpretation.

Data analysis. A paired-sample t-test was conducted to evaluate whether levels of depression, anxiety, and stress, as measured by the DASS-21, significantly decreased after participation in the MK Transitions Seminar. An additional paired sample t-test was conducted to determine whether overall psychological well-being, as measured by the PGWBI, significantly increased following seminar attendance. Due to the limited sample size, only the total scores obtained on the DASS-21 and the PGWBI were analyzed in the t-tests. Subscale scores were not considered for analyses.

Results

The first t-test compared the pre and post-test total scores on the DASS-21. Results indicated that
the difference between the pre and post scores on the DASS was significant \((t (34) = 3.98, p < .01, 95\% CI [2.55, 7.85])\). A second \(t\)-test was conducted to evaluate whether the difference between the pre and post-test scores of the PGWBI was significant. The results indicated that the difference between the pre and post-test scores on the PGWBI was significant \((t (34) = 4.019, p < .01, 95\% CI [-5.35, 16.30])\).

Comparison of the pretest-posttest data revealed notable changes in participants’ DASS-21 and PGWBI scores. Prior to the MK Transitions Seminar, 43\% \((n = 15)\) of participants reported either moderate \((23\%, n = 8)\) or severe \((20\%, n = 7)\) distress in psychological general well-being as measured on the PGWBI. Following the seminar, 17\% \((n = 6)\) of participants reported moderate or severe distress. Overall, the number of students reporting a positive level of psychological well-being rose from 57\% \((n = 20)\) at pre-test to 83\% \((n = 29)\) at post-test.

Similar results were obtained on the DASS-21. Pre-test data indicated that 43\% \((n = 15)\) of seminar participants were experiencing elevated levels of both depression and anxiety, and 66\% \((n = 23)\) were experiencing elevated levels of stress at the beginning of the MK Transitions Seminar. At post-test, the number of participants reporting elevated levels of depression and anxiety dropped to 20\% \((n = 7)\), and the number of participants reporting elevated levels of stress dropped to 14\% \((n = 5)\).

In comparing the total scores by cohort location, more Location A participants reported an elevated level of depression, anxiety, and stress \((n = 10, 53\%)\) on the DASS-21 pre-test than did participants from Location B \((n = 5, 31\%)\). After attending the seminar, however, fewer participants from both locations reported a level of depression, anxiety, and stress above the normal range \((\text{Location A, } n = 3, 16\%; \text{Location B, } n = 2, 13\%)\). For this sample, the hypothesis regarding the positive impact of the MK Transitions Seminar was supported by significant decreases in depression, anxiety, and stress, as reported on the DASS-21 and significant increases in psychological well-being as measured by the PGWBI.

**Discussion**

The results indicate that at the beginning of the MK Transitions Seminar 43\% of students reported elevated levels of anxiety and depression, 66\% reported elevated levels of stress, and 43\% reported a lower level of general psychological well-being. These findings seem to support the notion purported by Choi (2004) and Koteskey (2008) that MKs repatriating to the United States experience increased levels of depression, anxiety, and stress. The findings also provide support for previous research indicating that stress, anxiety, and depression are commonly experienced when transitioning between cultures (Cockburn, 2002; Pollock, 1998).

The results also indicate that participants from both cohort locations experienced an overall decrease in levels of depression, anxiety, and stress, and an overall increase in general feelings of psychological well-being after participating in the MK Transitions Seminar. Based on the results, therefore, we might assume that participating in a transition program helps facilitate positive adjustment to the passport culture.

While there is no definitive explanation regarding what may have contributed to the pre-test differences between the two locations, several observations can be made. Location A had more female participants while Location B had more male participants. In Misra, Crist, and Burant’s (2003) study of international students, a similar effect was found with the female population reporting higher reactions to stress than the male population. Another possible explanation could be related to prior experiences, such as the number of countries in which a participant had lived. Participants from Location A reported living in a greater number of countries, perhaps suggesting more frequent transitions that led to increased grief and loss. As suggested by Cockburn (2002) and Choi (2004), multiple experiences of grief and loss contribute to transition difficulties. Regardless of what contributed to the pre-test differences between cohort locations, the changes noted in the post-test scores for the total sample lend support to the belief that the MK Transitions Seminar played a role in helping participants achieve a more optimal level of functioning.

As noted in the literature, times of transition not only contribute to increased levels of stress, anxiety, and depression, but also produce feelings of profound grief and loss for MKs (Gilbert, 2008; Hervey, 2009; Huff, 2001; Pollock & Van Reken, 2001; White & Nesbit, 1985; Wyse, 2000). The MK Transitions Seminar addresses grief and loss by providing MKs with an opportunity to tell their individual stories in an emotionally safe environment. Additionally, the seminar provides an ongoing support network of peers to aid the more long-term repatriation
process, as friendships that develop during the seminar are often maintained for several years (P. Bradford, personal communication, June 6, 2009). Qualitative data reported on the seminar evaluation form revealed that many of the students found comfort in being able to share their transition experiences with others. One MK relayed that one of the best things about the seminar was “hanging out with the other MKs. They made me feel accepted and loved and normal.” Similarly, another said that the best thing about the seminar was “being with other MKs who understand me.” Several seminar participants noted the best aspect of the seminar was having an extended amount of time in a more isolated setting with other MKs experiencing similar loss and transition. Other students identified the best part of the program to be the dorm devotionals or the small groups. This underscores just how much the participants felt they gained from each other. Consistent with Hervey (2009) and Larson (1998), these findings indicate that building connections with peers may alleviate some of the negative emotions experienced by MKs in transition. This underscores the need for peer support networks as a transition tool for MKs, and perhaps for other TCKs as well.

Although results cannot be generalized beyond this sample, this preliminary information is promising. Larger scale studies are needed to determine whether the same effect is replicable in the general MK population, or perhaps in the TCK population at large. Further study is needed to identify which tools, skills, and programs are most helpful to repatriating MKs. Hervey (2009) encourages families to help with the transition and specifically mentions “tools to process the change” (p. 11). At the present time, adequate research has not been conducted to provide families with evidence-based tools to aid their children in repatriation. As suggested by the results of this study, reentry programs such as the MK Transitions Seminar could be one intervention included in that toolbox.

Limitations

The results of the analysis were promising; however, several limitations should be noted. The first limitation was sample size. Although the sample (n = 35) was small, it represented a sizeable 28.6% of the total population (N = 122) of MKs who attended one of five U.S. reentry programs identified for this study during the summer of 2009. The participants were a non-random sample of convenience, a factor that needs to be considered in terms of any bias that might have been introduced (Heppner et al., 2008). Due to the exploratory nature of this study as well as the small total population of MKs attending reentry programs, this study’s results, though not generalizable, represent a salient effort to gain as much data as reasonably possible. As with any study, design-related issues such as history, absence of a control group, and the use of a pretest-posttest design may limit validity. However, given the limitations of working with this specific population, these issues reflect the challenges of executing research in a live field setting.

Implications and Future Research Directions

There is considerable need for future research related to the topic of MK transition. It will be helpful to obtain a larger sample, perhaps including participants from multiple years of the program. This would make it possible to analyze all of the subscales of the DASS-21 and PGWBI to gain additional insight as to where therapeutic gains were made. Likewise, contacting the participants at three and six months post-treatment to identify whether the program continued to be beneficial to them would further strengthen the study.

Another area of further investigation relates to accurate measurement of the grief construct. The literature review frequently highlighted the grief that results from the transition experience (Gilbert, 2008; Hervey, 2009; Huff, 2001; Pollock & Van Reken, 2001; White & Nesbit, 1985; Wyse, 2000). Many feelings and behaviors associated with grief are measured by the DASS-21 and PGWBI evaluations of stress, depression, anxiety and overall well-being; however, the question remains whether an assessment specific to grief might yield different or confirmatory results. Further studies that specifically evaluate grief may provide additional helpful information.

In addition, evaluation of individual program components could provide more detailed and specific curriculum development information to seminar staff. Such data may give crucial insights into participants’ subjective experiences of which interventions are most helpful in easing cultural adjustment. Eventually, this could lead to the development of an even stronger MK Transitions Seminar curriculum. This knowledge could be utilized not only for formal programming, but also by parents as they help their children negotiate the transition process. This may be
particularly helpful to MKs who are not able to participate in a transition seminar.

Should a larger sample be obtained, it would be interesting to analyze whether previous participant involvement in a high school transition program affected scores. With appropriate analysis, this could yield insight into the strengths and weaknesses of the high school transition programs. Likewise, data could be further analyzed according to the number of years each participant spent in his or her passport country. Pollock and Van Reken (2001) suggest that those students who are more familiar with American culture might find it easier to adjust when returning to the United States to attend college. Another area not assessed in this study was the possible protective influence of existing natural supports for MKs. These natural supports, as recommended by Hervey (2009) and Larson (1998), include connections with friends and family in the United States, as well as parental preparation of MKs for the upcoming transition. Such information might lend further insight into ways that parents and friends can help ease MK transitions.

The results of this research lend support to the efficacy of MK transitions seminars. As indicated by this study, the typical experiences of depression, anxiety, and stress, which are common byproducts of transition, seem to be ameliorated by participation in an MK reentry program. The findings of this exploratory study offer an avenue of hope to MKs, their parents, and stressors of international students in the United States. Given the increasing numbers of TCKs in today’s world, the need for interventions with a proven record of success is considerable. With the missionary community taking the lead, military, diplomatic, and international business organizations may also consider implementing transition options for their high school graduates. Knowledge gained from current and future MK research has the potential to benefit all who belong to this unique community of TCKs.

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**AUTHORS**

DAVIS, PAMELA. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degree*: M.A., Wheaton College. *Areas of Interest*: Third culture kids, missionary issues, cross-cultural studies, eating disorders, counselor supervision.

HEADLEY, KRISTEL. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degree*: M.A. at Liberty University. *Areas of Interest*: counselor supervision, transition issues, family therapy.

BAZEMORE, TRACEY. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degrees*: Ed.S., Georgia Southern University M.Ed., Georgia Southern University. *Areas of Interest*: adolescents, academic transition, grief and loss, school counseling.

CERVO, JACLYN. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degree*: M.A. at Liberty University. *Areas of Interest*: counselor supervision, transition issues, family therapy.

SICKINGER, PAMELA. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degree*: M.Ed., Loyola College. *Areas of Interest*: school counseling, college counseling.

WINDHAM, MELISSA. *Address*: Regent University, Virginia Beach, VA. *Title*: Doctoral Student at Regent University. *Degree*: M.S., University of South Alabama. *Areas of Interest*: college student transitions and leadership development.

MARK REHFUSS, PhD, LPCC, ACS, is Associate Dean and Associate Professor of Counselor Education and Supervision at Regent University. His interests include counselor education, career counseling, and mental health issues.