ภาคผนวก

ภาคผนวก ก

รายนามผู้ทรงคุณวุฒิ

รายนามผู้ทรงคุณวุฒิ

อาจารย์ ดร.สมชาย	เตียวกุล	อาจารย์ประจำภาควิชาจิตวิทยา คณะมนุษยศาสตร์ มหาวิทยาลัยเชียงใหม่
รองศาสตราจารย์สงคราม	เชาวน์ศิลป์	อาจารย์ประจำภาควิชาจิตวิทยา คณะมนุษยศาสตร์ มหาวิทยาลัยเชียงใหม่
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ภาคผนวก ข

ตัวอย่างแบบประเมินความรู้สึกสิ้นหวังของ Beck

ตัวอย่าง

แบบประเมินความรู้สึกสิ้นหวังของเบค

คำชี้แจง: โปรดกาเครื่องหมาย √ ลงในช่องที่เป็นจริงเกี่ยวกับตัวท่านมากที่สุด

ข้อที่	ข้อความ	ใช่	ไม่ใช่
1	ฉันเฝ้ารออนาคตด้วยความหวังและความกระตือรือร้น		
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20	ไม่มีประโยชน์อันใดที่จะพยายามให้ได้สิ่งที่ต้องการเพราะฉันคงไม่ได้รับสิ่งนั้น		

แบบประเมินความรู้สึกสิ้นหวังของเบค (Beck Hopelessness Scale)

แบบวัดความรู้สึกสิ้นหวังนี้เป็นแบบวัดที่แปลและเรียบเรียงโดยฐปนีย์ ตั้งจิตภักดีสกุล (2545) มาตรประเมินแบบ 2 มาตร (ใช่,ไม่ใช่) จำนวน 20 ข้อ

การให้คะแนน มีคำถามด้านบวก 9 ข้อ และข้อคำถามด้านลบ 11 ข้อ

คำถามด้านบวก ตอบว่าใช่ = 1 คะแนน และ ตอบว่าไม่ใช่ = 0 คะแนน

คำถามด้านลบ ตอบว่าใช่ = 0 คะแนน และ ตอบว่าไม่ใช่ = 1 คะแนน

การแปลความหมายของคะแนน คะแนนรวมมีค่า 0-20 คะแนน คะแนนมากบ่งชี้ถึงการที่มีความสิ้นหวังน้อย

ภาคผนวก ค

งานวิจัยเกี่ยวกับ Theophostic Prayer Ministry

งานวิจัยที่เกี่ยวกับ Theophostic Prayer Ministry

13 Outcomes-based Case Study

What follows is the report given concerning the outcomes study that included 13 cases where TPM was used. Dr. Garzon headed up this research using a different team of counselors than with the survey. Here is his report:

"...I reported what we had learned from a major survey of Theophostic practitioners: who was using the Theophostic method, what types of conditions were being treated, and how effective the practitioners using Theophostic believed it to be in comparison to the other techniques they were using. The results were very encouraging, but there was a catch.

How could we know whether the recipients of Theophostic Ministry would report the same positive findings as the practitioners unless we tested their experiences? Practitioners answering a survey can say they think the approach is great, but unless the clients themselves are tested and the findings support the practitioners' assertions, the survey may mean little. Hence the client research that is now underway.

We have completed 13 outcomes-based case studies of people who were suffering from anxiety, depression, and adjustment problems and were treated with Theophostic Ministry. In 10 of the cases, the practitioners were licensed mental health professionals; in three, they were lay counselors ministering under the supervision of mental health professionals. Our approach was to test the clients:

- prior to treatment;
- after every 10 hours of ministry;
- at the conclusion of treatment;
- three months following treatment.

The tests we administered included the following:

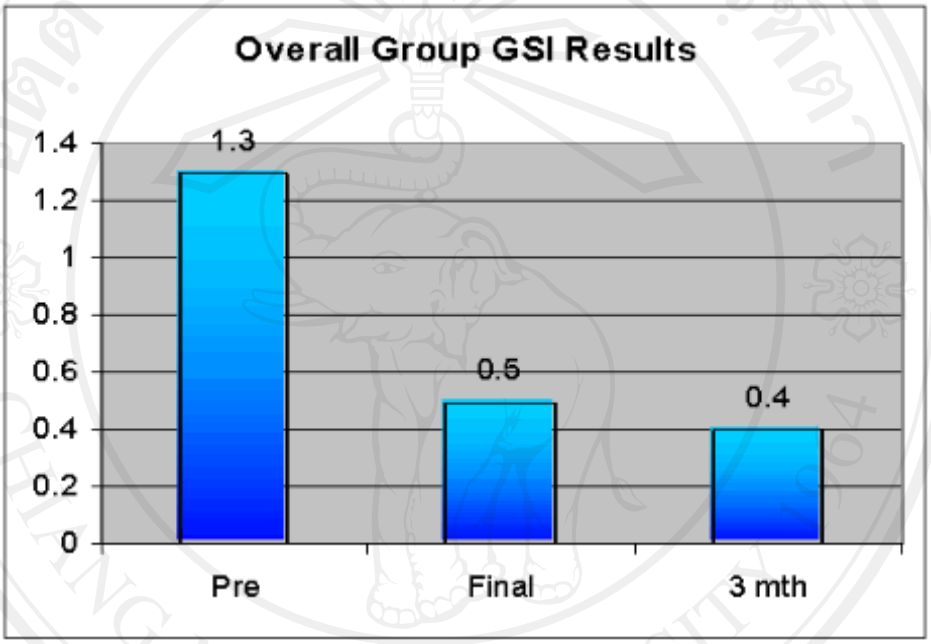
- Symptom Checklist 90R, a psychological test;
- Spiritual Well-Being Scale, a measure of spiritual well-being;
- Brief Psychiatric Rating Scale, a rating scale completed by the therapists administering the method;
- Dysfunctional Attitude Scale, a measure that examines the number of depression-causing beliefs a person has.

At the conclusion of treatment, we also asked the clients to complete a satisfaction inventory. And in addition, since clients can sometimes think they've improved just because they've been a part of a research project, we took the extra precaution of having a licensed professional who does not use Theophostic Ministry assess their progress by interviewing each client for half an hour and examining his or her clinical

record. These professionals also did not know the type of treatment (TPM) that had been received. Doing such ensured an objective evaluation of each case. The findings were very positive.

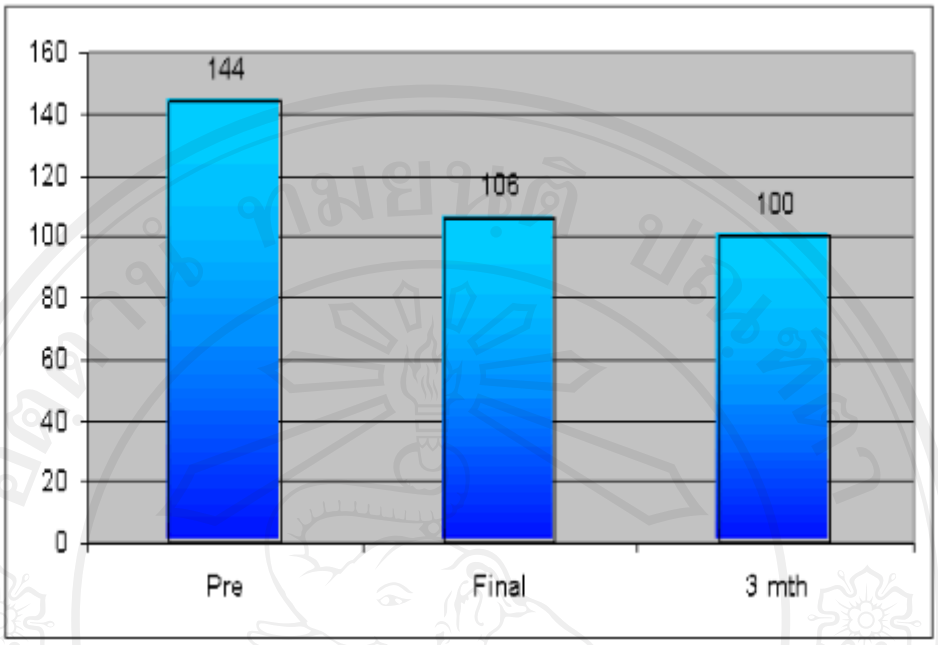
Below you will see a graph of a summary scale of the Symptom Checklist 90R. The lowered scores indicate reduced psychological distress.

Overall Group Symptom Checklist 90R Results



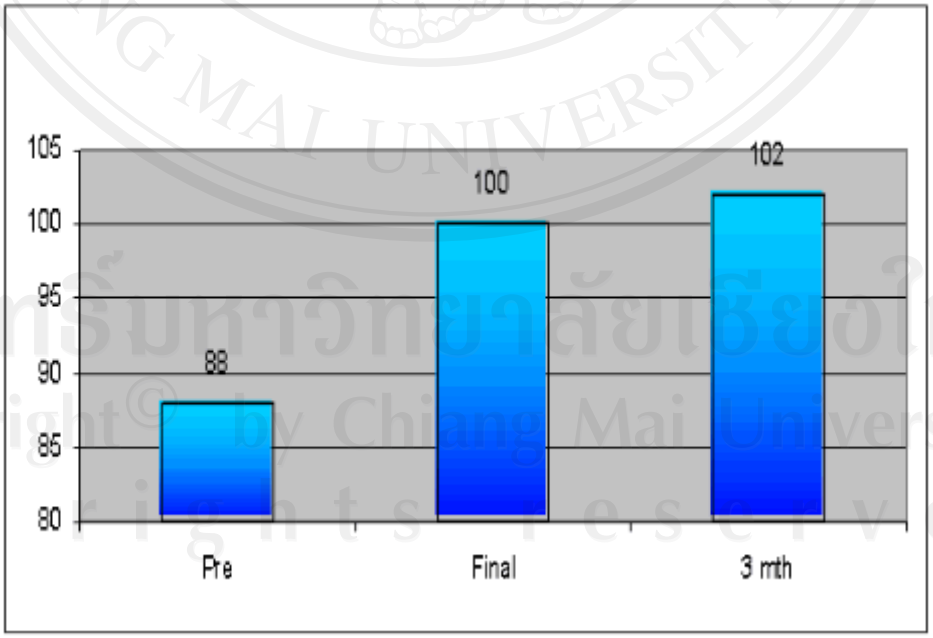
The Symptom Checklist 90R was also examined in regards to clinical significance, or how therapeutically meaningful the changes were for the clients. Of the 13 clients who completed treatment, nine were classified as recovered, two as improved, one as no change, and one as deteriorated. (It is not uncommon, by the way, for 5-10 percent of people in psychotherapy to exhibit negative responses, so this one case is within the normal parameters.) The overall numbers are very good and indicate obvious improvement in most of the cases. If, as it purports to do, Theophostic Ministry reduces the lie-based thinking of people, the depression-causing beliefs in the group should show decreased scores on the Dysfunctional Attitude Scale. And that's exactly what we saw happening. The graph below indicates these results:

Overall Dysfunctional Attitude Scale Results



What about the spiritual well-being of the clients receiving Theophostic Ministry? If Christ was meeting them in a deeply meaningful way, their scores on the Spiritual Well-Being Scale in this area should have risen. Again, that is exactly what we saw happening.

Overall Spiritual Well-Being Scale Ratings



Apart from the tests, do the clients themselves say they have improved? Yes. All 13 clients indicated they had been helped through the prayer format. The 12 who had received previous non-Theophostic counseling or ministry all endorsed Theophostic

as being more effective than what they had experienced before. Eleven of the 13 believed they had grown spiritually through receiving Theophostic Ministry. The opinions of the objective third party reviewers were only slightly less positive. They classified nine as showing “very much improvement” (the highest rating available), two as showing “moderate improvement”, and two as showing “mild improvement.” But overall, their findings were quite consistent with the test results and client opinions. The ultimate question, of course, is — do the results hold up over time? In this preliminary study, we gave the clients follow-up tests three months after their treatment ended. As you can see from the above graphs, the scores certainly held up during the three-month period. In summary, all these measurements indicate client improvement in most cases. Combined with the practitioner survey results reported earlier, these studies support the need for a more thorough scientific evaluation of Theophostic Ministry using true experimental designs. Such designs are needed before clear statements about efficacy can be made.

Pastor and Church Leader Ministry Outcomes Survey

In November of 2006, a simple survey was taken from 151 pastors and other church leaders who had attended the TPM Convention in Orlando who said they were actively using TPM. Many different denominations were represented in this group to include: Baptist, Assembly of God, Episcopal, Lutheran, Nazarene, Pentecostal, Catholic, Vineyard, Christian Church, Evangelical Free Church, Presbyterian, Church of England, Non-denominational and others.

In comparison to the first survey mentioned where no experience was assumed by the participants, all in this group had some experience in using TPM. However, this survey did not attempt to qualify the expertise or skill level of the individual or even if he or she was doing the ministry correctly. What follows is a summary of some of the question responses.

- Of the 151 surveyed 91% had been using TPM for over one year. 47% had used TPM for more than five years. Only about 8% had been using it less than a year. This suggests that some of these people where probably seasoned users.
- 96% reported having "highly effective to effective" outcomes.
- 88% reported TPM to be more effective than any other approach they had used in helping people emotionally. Another 10% reported TPM to be at least as effective as other approaches. The remaining percentage reported "no answer" to this question.
- 20% said that every person with whom they had offered ministry reported complete resolution of all emotional pain in the specific memory in which they had applied ministry. 72% reported this occurring most of the time. 23% reported complete resolution 50% of the time. 6% reported this occurred now and then. There was a combined 92% reporting complete resolution at least 50% of the time.
- 38% reported what they believed was genuine life transformation in all of the people with whom they had ministered. 90% reported that they had witnessed

what they believed was genuine life transformation in most of their ministry sessions. Only one person reported no noticeable transformation in any of his cases. One of the tests of genuine mind renewal is life transformation. "Be transformed by the renewal of your mind…" (Rom. 12:2).

- 93% reported seeing what they believed to be genuine spiritual growth as an outcome of the ministry.
- 98% of the pastors and leaders stated that they had personally benefited from having received ministry themselves.
- 95% of the pastors said that the training in TPM has positively impacted their preaching in various ways.
- 93% said that TPM has become a significant tool that they use in ministry.
- Nearly 85% said that they were able to integrate the core teaching of TPM without any problem.
- 13% said that they had had some theological issue. What is interesting with the responses to this question is the fact that though there was some theological issue with TPM, 100% of those surveyed said that they recommend TPM to others, 98% personally benefited from it, 96% found highly effective outcomes, 90% reported life transformation in the people who had received ministry, and 96% said that people came to complete resolution at least 50% of the time! It appears that even with the diverse theological differences represented in this cross cut sampling of ministers in
- the Body of Christ, there is a unity that is grounded in the centrality of Christ as is foundational in this ministry approach.
- 100% of everyone surveyed said that they recommend TPM to others.

A Field Study of Treatment Outcome
The Efficacy of Theophostic Ministry:

J. David Bragg, MA
Regent University
Spring 2004

Introduction

From the time that psychology began to emerge as an independent science there have been attempts to integrate the effect of spiritual beliefs, their effect on well-being, and the practice of psychology (Zinnbauer & Pargament, 2000). Current interest in spirituality is driven, in part, by holistic concepts that wholeness (healthy personality and functioning) is linked to spiritual and psychological well-being (Hawkins, Tan, and Turk, 1999). A recent meta-analysis (Levin and Steele, 2001) found the data overwhelmingly supports spirituality as a harbinger of well-being, both psychological and physical. Historic and current research links spirituality to the prevention of mental illness and substance abuse (Conco, 1995; Weaver, Koenig, & Larson, 1997; Mackenzie, Rajagopal, Meilbohm, & Lavizzo-Mourey, 2000; George, Larsons, Koenig, and McCullough, 2000; Blackledge, n.d.). At least ten essential domains of spirituality have been identified that have at least some evidence of linkage to health and well being (George, et al.). Blackledge also found that spirituality was a significant mediator between stress and well-being.

Regardless of this body of knowledge, there is considerable resistance, to the inclusion of spirituality in the practice of psychology in the United States - in part because only 27% of surveyed psychologists identified with a Christian worldview (Yarhouse & Fisher, 2002). *The rise and influence of psychoanalysis,* humanism, and behaviorism in the twentieth century has resulted in an anti-religion bias in mainstream psychology. The attitude of the majority of psychologists has been nonchalant at best, and frequently antagonistic, to religious believers (Zinnbauer & Pargament).

Countering the non-religiousness of mainstream psychology, the American public is overwhelmingly religious, almost 90% of survey respondents identified with a religious worldview (Yarhouse & Fisher).The differences in client/therapist points of reference often lead to clients becoming concerned that their values may be challenged or changed. Spirituality not only reflects one's worldview; it also indicates how religious faith may yield different outcomes to psychosocial events (Hathaway & Pargament, 1990). In light of the demand for services that are at least sensitive to spirituality, non-traditional methods of service delivery, e.g., Theophostic Ministry (TPM), have been developed to serve clients who have a faith-based worldview.

While there are numerous testimonials for the efficacy of TPM there have only been a few peer-reviewed studies published regarding the efficacy of TPM, buy the initial data seems to support the efficacy of TPM for the reduction emotional distress. The current field study was initiated to determine the efficacy of TPM as practiced by the author in a church-based clinic. At the time the field study was initiated the author

had attended the Basic Theophostic Training Seminar twice (once in March of 2003 and again in January of 2004), and had been practicing TPM for approximately eight months with generally favorable results. Study Participant: Rachel

Social History

Rachel is the second of four siblings, and the only daughter, in a blended family. Her biological parents divorced when she was five years old, and her mother remarried when Rachel was eight and subsequently had two more children.Rachel is a 25 year-old single mother, at the time this study was conducted her son was five-years old.

She has long-standing issues of low self-esteem and feelings of inadequacy. Rachel is in good physical health, except for having flat feet for which she has undergone corrective surgery. She has a high school diploma and has completed a basic paramedic-training course; however, she currently works for a telephone company. She denies substance abuse of any kind. She also denies past sexual abuse, but states that her biological father was emotionally abusive.

Method

The current study was initiated as a time series project. A baseline for Rachel's symptomatology was established over a four-week period. The battery of test instruments utilized consisted of the Symptom Checklist-90R, the 10 questions from the Spiritual Well-being Scale that measure Religious Well-being, and an Emotional Identification Scale devised by Smith. TPM sessions were initiated on the same day as Rachel completed the third test battery. The initial plan called for ten TPM sessions over five weeks followed by two more administrations of the assessment battery. The post-treatment battery also included the Beck Depression Inventory-II and the Beck Anxiety inventory. Pre and post-test means were to be compared to ascertain the efficacy of this treatment regimen. However, in the fourth TPM session Rachel was unable to recall distressing or painful emotions (from the same memories that had surfaced emotional duress before.). A fifth TPM session was scheduled for the following week to ensure that Rachel's inability to surface the initial emotional duress in her former painful memories was not an anomaly. During the fifth session Rachel was still unable to surface pain in these same memories; therefore, post-treatment testing was initiated.

Test Instruments

The Symptom Checklist-90-Revised (SCL-90-R) is a self-report instrument comprised of 90 items. Each item is endorsed using a Likert scale ranging from 1 to 5, with "1" indicating "not at all" and "5" indicating "extremely". Its' primary utility is screening for the presence of both psychological issues and symptoms related to psychopathological disorders (Derogatis, 1994). Each response is statistically factored into three global indices and nine symptom scales. The symptom domains represented by the nine scales are Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism. Scales are elevated in direct proportion to the level of severity endorsed for each item

(Derogatis). The three global indices are the Positive Symptom Distress Index (PDSI), the Positive Symptom Total (PST), and the Global Severity Index (GSI). Derogatis and Savitz (2000) have postulated that the GSI may be the best qualitative indication of the respondents level of psychological distress. The PSDI is an adjunct to the GSI reflecting the overall severity of distress reported by the respondent; that is, the extent of the distress the respondent perceives (Derogatis & Savitz). The PST is supplemental to the other indices; it reflects the magnitude of the respondent's report of distress.

The Spiritual Well-Being Scale (SWBS) is a 20 item self-report, scored on a six-point Likert scale indicating the strength of the respondent's endorsement (strongly agree, moderately agree, agree) or disagreement (strongly disagree, moderately disagree, disagree) of the personal experience described.The SWBS is the most researched instrument used to measure spirituality (Standard, Sandhu, & Painter, 2000). It was developed to evaluate spiritual well-being as a two dimensional construct. Religious Well-Being measures well-being in relationship to the respondent's concept of God. Existential Well-Being measures Well-Being in relationship to the respondents sense of life's purpose and satisfaction independent of religion (Standard, Sandhu, & Painter). Because of strong test-retest reliability (.93, Standard, Sandhu, & Painter) the SWBS has proven to be a reliable instrument to measure longitudinal changes in an individual's spiritual well-being.

Smith devised the Emotional Identification Scale (EIS) as an aid to identifying areas of emotional distress in the client's life. There are 186 listed emotions that Smith collated into eight categories of emotion, abandonment, shame, fear, powerlessness, tainted, invalidation, hopeless, and confusion. There are also thirteen named emotions that stand alone. The client rates the strength of the emotion felt on a scale of 1-10, 10 being the most severe. Although the EIS has not been psychometrically validated, it does have face validity in a time-series case study in that the client is rating the strength of the emotion they are feeling at a given point in time. Therefore, a change in numerical value corresponds to an increase or decrease of distress regarding that particular emotion. There is no empirical proof that the emotional categories Smith assigned each named emotion is accurate. However, as before, there is face validity in that the categories remain the same, and the ratings assigned to each emotion is the only variable that will effect the overall rating for the emotional category.

The BDI-II is a 21-item self-report instrument designed to measure the severity of depression in adolescents and adults (Beck, Steer, & Brown, as cited by (Sprinkle, Lurie, Atkinson, Jones, Logan, & Bissada, 2002). Respondents rate each item on a scale of 1-3, 3 being most severe. Individual item scores are summed; the total of which indicated the severity of the depression of the respondent. The BDI-II has a strong correlation with other self-report instruments (Sprinkle, et. al.), and has a test-retest correlation of .93.

The Beck Anxiety Inventory (BAI) is a 21-item self-report that samples somatic complaints and cognitions that are indicative of anxiety and panic (Manne, Nereo, DuHamel, Ostroff, Parsons, Martini, Williams, Mee, Sexson, Lewis, Vickberg, & Redd, 2001). Respondents endorse the severity each item for the past seven days. The BAI has been demonstrated to have high concurrent validity with other measures

of anxiety (Manne, et. al.) As with the SCL-90-R and the SWBS, the BDI-II and the BAI were used in this study because of their utility in a time series study.

Results and Analysis

The data generated by the present study did not lend itself to analysis by means of a standard statistics program such as SPSS. Nonetheless, the data does lend itself very well to descriptive statistical analysis. SCL-90-R Pre and post-treatment T-score means are presented in figure 1. The mean for the SCL-90-R is 50 and the standard deviation is 10. Rachel had an improvement in symptomatology of nearly one standard deviation across all scales, and her GSI with score is within normal limits. In all, the differences pre and post-treatment indicate that TPM was an effective intervention for Rachel.

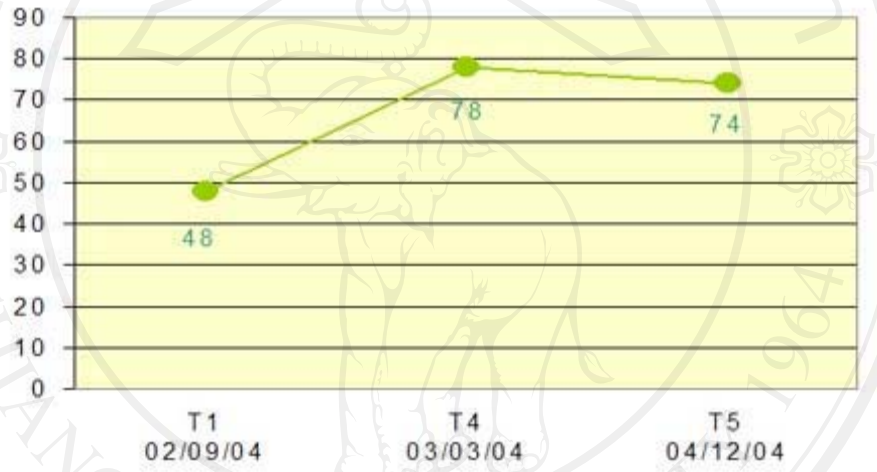
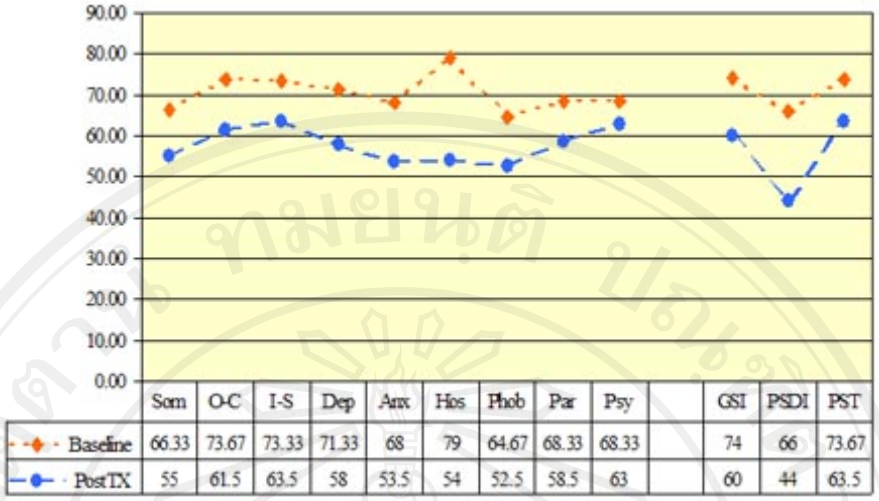


Figure 1 Pre and post-treatment means for SCL-90-R scales

Spiritual Well-being Scale.

The author decided to utilize only the first ten questions of the SWBS; therefore, it must be emphasized that the resulting data does not measure spiritual well-being as measured by the complete SWBS. Nonetheless, the data appear to have face validity because this is an n of 1 time series case study. Hence, the data indicates Rachel's spiritual well-being as measured in this case study, but the data are not suitable for comparison with data generated by other studies using the complete SWBS. TPM had a strong impact on Rachel's Religious well-being (See figure 2). The average of Rachel's post-treatment scores is a 58.33% improvement over her pre-treatment score. These results indicate that TPM was an effective intervention for Rachel's Religious Well-being.



	Som	O-C	I-S	Dep	Anx	Hos	Phob	Par	Psy		GSI	PSDI	PST
Baseline	66.33	73.67	73.33	71.33	68	79	64.67	68.33	68.33		74	66	73.67
PostTX	55	61.5	63.5	58	53.5	54	52.5	58.5	63		60	44	63.5

Figure 2 Pre and post-treatment Religious Well-being scores

The Emotional Identification Scale

As noted previously, the EIS was developed by Smith and, as of yet, its psychometric properties have not been established. While the generalizability of the EIS is not known, it is a useful tool for the TPM prayer minister in identifying potential areas of distress. As with the abbreviated SWBS, the EIS appears to have face validity because this is an n of 1 time series case study. Whatever the external validity of this instrument may be, Rachel had a clear and dramatic reduction in emotional distress over the course of this study.

Figure 3 Pre and post-treatment mean scores for the Emotional Identification Scale

Beck Depression Inventory-II , Beck Anxiety Inventory

Unfortunately, inclusion of the BDI-II and the BAI was an afterthought. The failure to include these instruments precludes measurement and analysis of Rachel's level of depression prior to initiation of TPM. Notwithstanding this oversight, Rachel's post-treatment scores of 4 at T4 and 1 at T5 are well below clinical significance. As with the levels of depression, the effect of TPM on Rachel's level of anxiety cannot be definitively ascertained. However, post-treatment Rachel reported only mild levels of distress on eight items at T4. At T5 this had improved to endorsing mild symptoms on only five items. If TPM meliorated Rachel's levels of depression and anxiety, there appears to be a lasting effect.

Discussion

The results of this case study seem to indicate TPM had a positive effect on Rachel's level of emotional distress as measured by the SCL-90-R. Indeed, Rachel's post-treatment scores are within normal limits as indicated by her PSDI score of 44. The evaluator would have to justify this statement using clinical judgment in so stating, but each of the T-scores above 60 could be mediated by Rachel's life circumstances, e.g., being a working, single parent. This statement is supported by Rachel's post-treatment depression and anxiety scores.

The author did not give Rachel a diagnosis prior to initiating TPM; however, if a diagnosis were to have been given it would have been Dysthymic Disorder and Adjustment Disorder With Anxiety. Her GAF score would have been 61. Rachel's post-treatment scores indicate that she is not afflicted with clinical levels of depression or anxiety. A follow-up interview conducted via telephone on April 25, 2004 indicates that Rachel is maintaining her improved mood and functioning.

Use of an abbreviated spiritual well-being measure precludes Rachel's true level of spiritual well-being outside the bounds of this study. Nonetheless, post-treatment assessment indicates there was a dramatic and significant improvement in her Religious well-being.

Perhaps the most intriguing aspect of this study was the EIS. The author found it to be a very useful tool in determining the ebb and flow of Rachel's emotions. If the psychometrics of the EIS can be established it portends to have utility in measuring emotional distress levels regardless of the intervention used by a counselor both within and without the realm of Christian counseling.

Finally, this study generated data similar in nature to other outcome studies of TPM. The findings indicate that TPM has a meliorating effect on emotional distress. At the very least, there is a strong suggestion that the efficacy of TPM deserves to be investigated and quantified.

ภาคผนวก ง
เอกสารอนุญาตการใช้เครื่องมือวิจัย

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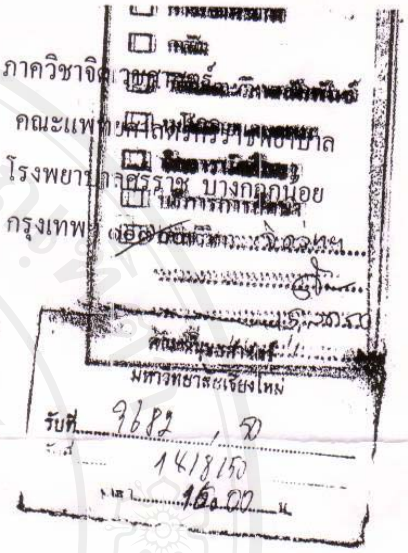

ภาควิชาจิตเวชศาสตร์
คณะแพทยศาสตร์ โรงพยาบาลศิริราช
โรงพยาบาลศิริราช บางกอกน้อย
กรุงเทพฯ

วันที่ ๘ สิงหาคม พ.ศ. ๒๕๕๐

เรื่อง อนุญาตให้ใช้เครื่องมือเพื่อการวิจัย

เรียน คณบดี คณะมนุษยศาสตร์

อ้างถึง จดหมายจากคณะมนุษยศาสตร์ ที่ ศธ ๐๕๑๕(๐๗)/๓๑๑๘ ลงวันที่ ๓ สิงหาคม ๒๕๕๐

สิ่งที่ส่งมาด้วย แบบฟอร์มการขอใช้แบบทดสอบทางจิตวิทยา จำนวน ๑ ฉบับ

ตามจดหมายที่อ้างถึง นั้น ดิฉัน อนุญาตให้ใช้เครื่องมือเพื่อการวิจัยได้ และขอให้กรอกแบบฟอร์มการขอใช้แบบทดสอบทางจิตวิทยา ส่งกลับมาที่ รศ.ดร.สุชีรา ภัทรายุตวรรตน์ ภาควิชาจิตเวชศาสตร์ อาคารเฉลิมพระเกียรติ ชั้น ๘ โรงพยาบาลศิริราช บางกอกน้อย กรุงเทพฯ ๑๐๗๐๐

เรียน [illegible] จึงเรียนมาเพื่อโปรดพิจารณาและดำเนินการต่อไปด้วย จะเป็นพระคุณยิ่ง

เพื่อโปรดพิจารณาและดำเนินการในส่วนที่เกี่ยวข้องต่อไป

งชื่อ.....

ที่ 14 เดือน [illegible] พ.ศ.25[illegible]

ขอแสดงความนับถือ

(รองศาสตราจารย์ ดร.สุชีรา ภัทรายุตวรรตน์)
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โทร ๐๒-๔๑๕๗๐๐๐ ต่อ ๔๒๕๓

ภาคผนวก จ

เอกสารขออนุญาตเก็บข้อมูลวิจัย

ที่ อ 0515(07).3/พิเศษ 073

ภาควิชาจิตวิทยา คณะมนุษยศาสตร์
มหาวิทยาลัยเชียงใหม่
239 ถนนห้วยแก้ว อำเภอเมือง
จังหวัดเชียงใหม่ 50200

23 สิงหาคม 2550

เรื่อง ขออนุญาตให้นักศึกษาระดับบัณฑิตศึกษาเก็บข้อมูลฯ เพื่อการวิจัย

เรียน ศิษยาภิบาล ศจ.สมศักดิ์ แสงสว่างสัจจกุล

ด้วย ภาควิชาจิตวิทยา คณะมนุษยศาสตร์ มหาวิทยาลัยเชียงใหม่ โดยบัณฑิตศึกษา สาขาวิชาจิตวิทยาการปรึกษา ภาควิชาจิตวิทยา ได้รับแจ้งจาก นางสาวปฏิพร เมฆรา รหัสประจำตัว 4881039 นักศึกษาระดับบัณฑิตศึกษา สาขาจิตวิทยาการปรึกษา ภาคพิเศษ ว่ามีความประสงค์จะขออนุญาตเก็บรวบรวมข้อมูลการทำวิจัยเพื่อการศึกษาค้นคว้าแบบอิสระในหัวข้อ เรื่อง "ผลของการปรึกษา โดยการอธิษฐานแบบฟังตามความเชื่อทางคริสต์ศาสนาต่อความรู้สึกสิ้นหวัง" โดยนำเครื่องมือที่ใช้ในการวิจัยซึ่งเป็น แบบวัด General Well – being Schedule ของ Fazio (1977) ; McDowell and Newell (1989) , แบบวัด Burn-Out Inventory ของ Dr.R.J.Sturt (2006) , แบบวัดประเมินความรู้สึกสิ้นหวังของเบค (Beck Hopelessness Scale) โดย ฐปนีย์ ตั้งจิตภักดีสกุล กับกลุ่มตัวอย่างซึ่งเป็นสมาชิกคริสตจักรพระพรเชียงใหม่ จำนวน 20 คน ทั้งนี้ นักศึกษาจะเป็นผู้ติดต่อประสานงานวันและเวลาที่สะดวกในการใช้เครื่องมือเก็บรวบรวมข้อมูลเพื่อการทำวิจัยครั้งนี้ โดยตรงกับผู้ที่เกี่ยวข้องของคริสตจักรพระพรเชียงใหม่ ต่อไป โดยมีอาจารย์ ดร.สมชาย เตียวกุล และ ศาสตราจารย์ ดร.เอสเธอร์ เวคแมน เป็นอาจารย์ที่ปรึกษาการค้นคว้าแบบอิสระของนักศึกษาดังกล่าว

จึงเรียนมาเพื่อโปรดพิจารณาต่อไปด้วย จักขอบพระคุณยิ่ง

ขอแสดงความนับถือ

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ประวัติผู้เขียน

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ประวัติการศึกษา	สำเร็จการศึกษามัธยมศึกษาตอนปลายโรงเรียนดาราวิทยาลัย จ.เชียงใหม่ ปีการศึกษา 2539 สำเร็จการศึกษาปริญญาบริหารธุรกิจบัณฑิต สาขาการเงินและการธนาคาร มหาวิทยาลัยพายัพ จ.เชียงใหม่ ปีการศึกษา 2543