



**Health Psychology Ph. D. Program
College of Liberal Arts & Sciences**

Health Psychology Ph. D. Program

Graduate Student Handbook

2013-2014

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I. General Description

A. Overview

The Health Psychology doctoral program at UNC-Charlotte offers students an opportunity to obtain their Ph.D. in Health Psychology with a concentration in one of the following three areas: General, Clinical, and Community. As an interdisciplinary program, it has formal links with faculty in other colleges, departments, and programs in the university interested in health research, which allows students to receive a multidisciplinary learning experience.

B. Areas of Emphasis (tracks/programs)

General

This track/program emphasizes both basic and applied research examining the biological, psychological, behavioral, social, cultural, and environmental correlates of health and illness. Upon completion, students will have a strong theoretical and methodological background that will allow them to design and conduct research in academic, medical/health, governmental, and private research settings.

Clinical

This track/program trains students within the Scientist-Practitioner (Boulder) Model. The clinical program focuses on preventing and treating physical and mental health dysfunction by addressing psychological, behavioral, and social factors that contribute to the onset and progression of these dysfunctions. Graduates may assume positions in academic, medical centers or other medical settings, private practice, or other applied settings. Students in this program are eligible for clinical licensure in North Carolina and other states. The Clinical program is accredited by the American Psychological Association (APA).

Community

This track/program emphasizes the social and community factors that lead to healthy outcomes in individuals, and interventions in community systems that create stronger, healthier communities. Students in the community program will develop skills to conduct applied research and implement strategies to effect change in settings or communities that impact the health and well-being of individuals and families. Graduates choosing this emphasis will be prepared to assume positions in universities or in a multitude of settings that require skills in applied research (e.g., program evaluation) and/or community intervention.

C. General Program Goals and Philosophy

The Health Psychology program at UNC Charlotte has as its objectives the training of students who will:

- Develop strong research skills that will enable them to be contributors to the science of health and wellness.
- Obtain specific applied skills that will enable them to use knowledge from psychology to better understand disease, dysfunction, and the promotion of healthy lifestyles.
- Obtain educational training and supervised experience with faculty in psychology and related health professions that will enable them to develop an interdisciplinary perspective on health that they can apply to research and/or practice.
- Gain experience working with health practitioners from different fields, enabling them to become active participants in and leaders of multidisciplinary teams that seek to understand and improve health and wellness across disciplines.
- To educate students who will be competitive applicants for academic and research positions. In addition, graduates from the program will be equipped to pursue a wide arrange of career opportunities.

D. Program Model

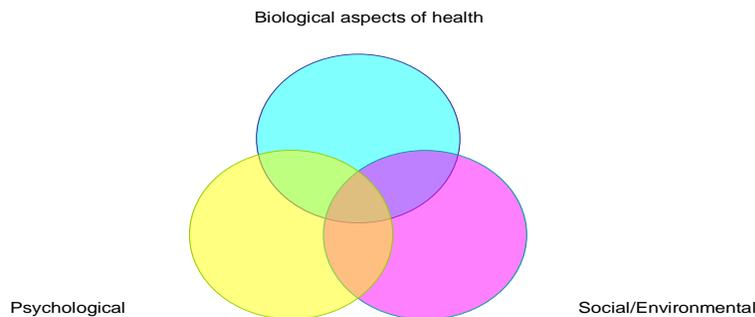
Health Psychology is a rapidly emerging field of basic and applied research that utilizes principles of psychology to impact health and illness across the lifespan. More specifically health psychology seeks to understand the role that behavior and its physiologic concomitants play in the etiology, treatment, and prevention of physical and mental illnesses, and the promotion of health and wellness (<http://www.health-psych.org/AboutWhatweDo.cfm>). The biopsychosocial model (see Figure 1) is at the core of health psychology, serving as the foundation for much of the theory building in this area. Although disease onset is typically triggered by physiological changes, the biopsychosocial model implies that the risk for illness, severity of symptoms, time course of illness, and recovery from illness are influenced by a complex matrix of psychosocial factors. Similarly, the promotion of health and wellness relies on knowledge of the interaction of community and social factors with individual physiological and behavioral characteristics. To understand and address these factors effectively, an interdisciplinary approach to health is essential.

Psychology, the science of human behavior and mental processes, is of critical importance for addressing the health of individuals, families, and communities. The field of psychology is particularly suited to addressing a wide range of factors that contribute to the health and well-being of people; applied psychologists have typically been trained in the “scientist-practitioner” model, combining expertise in research skills

with specialized intervention skills. At the same time, successful research and practice in health requires collaborative work with professional from multiple disciplines. Consequently, this program's interdisciplinary focus provides specific training for psychologists to work with researchers and practitioners from multiple disciplines.

Figure 1

Biopsychosocial Model of Health



E. Interdisciplinary Content

The Health Psychology Program includes health research opportunities for students across different age groups. Students also will have opportunities to collaborate with faculty members from a variety of departments and programs involved with health-related research and practice. These partnerships will provide great opportunities for students to engage in interdisciplinary research and education.

F. Respect for Diversity

Diversity is one of the top priorities of the Program, of the College of Liberal Arts and Sciences, and of the University. UNC Charlotte is the second most highly diverse institution in the UNC system. Fostering diversity in psychology is also of high priority for APA. We have as our goal to create a diverse academic environment that reflects the priorities of all of these organizations and that enriches each of our experiences in the Health Psychology Program.

G. Program Director Contact Information

Virginia Gil-Rivas, Ph.D.
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Director of Health Psychology Ph.D. Program
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University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, NC 28223-0001
Office: 704-687-1330
Email: vgilriva@uncc.edu
Webpage: <http://healthpsych.uncc.edu/>

H. Program Advisory Committee

The Health Psychology Program Advisory Committee consists of 10 faculty members and 3 doctoral student members representing each area of emphasis (program). Student members are elected by the Health Psychology graduate student body. The faculty members represent all areas of the Program: 2 members from each of the 3 areas, 2 members representing interdisciplinary faculty, and the Director of the Health Psychology Program who chairs the committee. The Director of Clinical Training (DCT) serves as an ex officio member to the committee. The faculty members are nominated by the Director of the Health Psychology Program after consultation with the different programs and interdisciplinary stakeholders, and appointed by the Dean of the College of Liberal Arts and Sciences.

The specific duties of the Health Psychology Program Committee include the following:

1. Recommends Program policy and procedures to the Program Director in an advisory role.
2. Ensures that Program policy and procedures are followed.
3. Recommends to the Program Director potential avenues to enhance the Health Psychology Program.

I. Other Information

Graduate school: <http://graduateschool.uncc.edu/future-students>

Applying for on-campus housing: <http://housing.uncc.edu/>

Funding Information: <http://graduateschool.uncc.edu/future-students/funding-and-fellowships>

Campus Map: <http://facilities.uncc.edu/design-services/campus-maps/campus-maps>

Student Resources: <http://gradlife.uncc.edu/student-resources>

J. Available Resources for Students

A variety of campus resources are available to graduate students. The Graduate School provides considerable information and resources on issues such as housing, financial aid and competitive awards, and professional development (see <http://graduateschool.uncc.edu/current-students.html>). For the latter, workshops and/consultation on professional writing, public speaking, curriculum vita development, and mindfulness have been presented (see <http://gradlife.uncc.edu/workshops.html>). The Counseling Center provides 12 free sessions of individual counseling per academic year and an unlimited number of group therapy sessions (see <http://counselingcenter.uncc.edu/>). The Student Health Center provides primary medical care, disease prevention, health education, wellness promotion, and various specialty services to eligible UNC Charlotte students (i.e., those with UNCC health insurance). See <http://studenthealth.uncc.edu/node/102> for frequently asked questions about the Health Center and eligibility issues. Finally, health insurance is included in as part of the Graduate Assistant Support Plan (GASP) funding, but students who are not receiving GASP support may purchase it. The cost of health insurance for the upcoming 2013-2014 academic year is \$688 http://studenthealth.uncc.edu/sites/studenthealth.uncc.edu/files/media/pdf_library/UNCC%202013-2014%20Student%20Blue%20Brochure.pdf

The Health Psychology Program also provides competitive research grant awards (up to \$500 per year) to support students' research projects. These grants are designed to facilitate and improve students' research and progress toward completing programmatic milestones. In addition, the program provides travel support (up to \$500 per year) for students who are presenting their work at professional conferences.

II. Advising

A. Primary Academic Advisor

A temporary advisor will be assigned to you by the Program Director by the beginning of classes of the fall semester of your first year. The advisor will be determined by the Director after consulting with you and the faculty member who may act as your primary advisor. The advisor will be the chair of your advisory committee (see below).

You will be expected to identify a primary academic advisor before the beginning of the second year of training. This faculty member will work with you principally on research. Your primary advisor must be a **core** member of the Health Psychology Faculty and be a regular member of the UNC Charlotte Graduate Faculty. In the process of identifying

your primary advisor, consider where you want to be professionally five to twenty years from now and which faculty member can best help you get to that place. Make certain that the advisor is willing to work with you. If you are most interested in academia, make sure to look for an advisor who has an active research lab in which you are likely to have many opportunities to publish and work on research projects and grants.

Your advisor is very important to your career because your own program of research will be shaped by whom you decide to work with. In addition, a letter from a highly regarded advisor can open professional doors for you. Your advisor is likely to be the person who will know your work best and thus can be a professional advocate for you and help you excel in your own work during your graduate training.

Students may change primary academic advisors during their residence in the program. The student should discuss the proposed change with his or her current advisor and the Director of the Health Psychology Program **prior** to seeking formal approval of this change. The Director will need to formally approve any changes in primary advisor.

Responsibilities of the Primary Academic Advisor:

- Your primary advisor is the Chair of the advisory committee (see below). As such, your advisor will lead and convene all committee meetings and provide final approval for all programmatic decisions and milestones.
- Your advisor has primary responsibility for guiding you in the completion of the second year project.
- Your advisor will be the one who will direct your studies and regularly monitor your progress in the Program.
- Your advisor is the point person for all decisions regarding your course work and qualifying project (Comps). It is assumed your advisor will chair your dissertation committee.

B. Advisory Committee

You will need to assemble an advisory committee during the **Fall semester of your first year** in the Program. The Program Director must formally review and accept the composition of each student's committee (see Appendix). At a minimum, **students are expected to meet with their advisory committee once per academic year** to discuss their progress in the program.

Your primary advisor can be very helpful as you develop this committee. Approach potential members and discuss your professional goals with them prior to asking them to serve.

Composition of the Advisory Committee:

- The advisory committee includes at least three members, two graduate faculty from the Psychology Department and one interdisciplinary faculty member from departments other than psychology. The outside members do not need to be formally affiliated with the Health Psychology Program; however, they should have Graduate Faculty status at UNC Charlotte.

Responsibilities of the Advisory Committee:

- In collaboration with your primary advisor, the advisory committee will guide you in selecting graduate courses that will meet Program requirements as well as help you reach your professional goals. Your advisory committee can be particularly helpful in the process of selecting interdisciplinary courses.
- In collaboration with your primary advisor, members of your advisory committee will review your academic transcripts to determine what courses might be eligible for transfer.
- The advisory committee will be involved in reviewing programmatic activities and milestones. The primary advisor will act as the point person for all decisions.

Students may change the members of their advisory committee during their residence in the program. The student should discuss the proposed change with his or her current advisor and the Director of the Health Psychology Program **prior** to seeking formal approval of this change. Students should communicate this decision to the committee member they are seeking to replace. A new Student Advisory Committee form (See Appendix) will need to be submitted to the Program Director for her/his formal approval of this change.

C. Dissertation Committee

You will need to assemble a dissertation committee upon successful completion of your Comprehensive Project (Comps). Your primary advisor may serve as the chair of your dissertation committee. Likewise, members of your advisory committee may also serve as members of your dissertation committee. However, you are free to form a dissertation committee that does not include members of your advisory committee. You may want to consult with your primary advisor regarding the composition of this committee. Please note that all members of your dissertation committee need to be regular members of the UNC Charlotte Graduate Faculty. The dissertation committee needs to be approved by the Director of the Health Psychology Program and by the Graduate School.

Composition of the Dissertation Committee

- The dissertation committee will consist of at least four Graduate Faculty members, one of whom is appointed by the Dean of the Graduate School as the Graduate Faculty representative.
- The chair of the dissertation committee must be a **core** member of the Health Psychology Faculty and be regular member of the Graduate Faculty at UNC Charlotte.

Responsibilities of the Dissertation Committee Chair:

- The Chair of the dissertation committee will be the person who takes the lead in working with you on: 1) the development of your research project; 2) the development of your proposal; 3) implementation of your dissertation project; and 4) the completion of the written component of your dissertation. The Chair will regularly monitor your progress with dissertation-related work.
- The Chair of the committee will lead and convene all dissertation committee meetings and provide final approval of your work.
- The Chair is the point person for all decisions regarding your dissertation work and final written document.

Responsibilities of the Dissertation Committee Members:

- In collaboration with the Chair of your committee, committee members will guide you in developing your dissertation proposal and carrying out your dissertation project.
- The members of the dissertation committee will be involved in reviewing the dissertation work and issuing recommendations regarding your progress and successful completion of your dissertation.

D. Program Faculty

Core Faculty

Jeanette M. Bennett Psychology

Broadly, the underlying concept driving my research is that bidirectional neuroendocrine-immune communication occurs constantly to increase survival and maintain balance or homeostasis. This communication can be influenced by psychological (e.g., stress, depression), biological (e.g., sex, drug use, age), and psychosocial (e.g., socioeconomic status, social support) factors which ultimately affect overall health. Specifically, I study the effects of stress (psychological and

Chris Davis**Communication Studies**

The intersection of communication and family disability, aging, and chronic and terminal illness, especially in the areas of children's mental health, women and aging, social support, mental health literacy, family disability, and narrative ethnography and autoethnography.

George Demakis**Psychology**

Neuropsychological correlates of Parkinson's Disease, recovery from traumatic brain injury, and meta-analysis, detection of malingering, and competency evaluation (both civil and criminal).

Mark Faust**Psychology**

Do we have the ability to completely stop mental processes associated with a task when we switch to perform a new task?

Jane Gaultney**Psychology**

Cognition and behavior in children with sleep disorders; the effect of sleepiness on children.

Virginia Gil-Rivas**Psychology**

Cognitive, emotional, and social factors associated with individuals' psychological adjustment and quality of life following exposure to major stressful events (e.g., disasters, loss of a loved one, chronic illness). Factors associated with health-behavior change and maintenance across the lifespan. Development and evaluation of brief behavioral and psychological interventions aimed at changing health behaviors (e.g., problem eating, exercise, prevention).

Paula Goolkasian**Psychology**

Perception and attention are my general research areas. Recent projects have focused on pain reactions with chronic pain patients, sensory processing disorder, presentation format effects on working memory, and cueing effects with perception of objects and environmental sounds. Recent publications are available from my [webpage](http://www.psych.uncc.edu/pagoolka). (<http://www.psych.uncc.edu/pagoolka>).

Mason Haber**Psychology**

Development and evaluation of programs to support transition to adulthood among youth receiving mental health and other services in the public sector, particularly those in systems of care. Processes for coordinating care and promoting greater self-determination among older adolescents and young adults with mental health treatment needs.

Andrew Harver**Public Health Sciences**

My research program results from a blend of training and interests in experimental psychology, respiratory physiology, and pulmonary medicine to examine factors that affect the perception of dyspnea, or shortness of breath, in patients with

asthma and COPD as well as the impact of these factors on the management of disease.

Rosemary L. Hopcroft **Sociology**

Cross-national differences in depression and depression symptoms. Evolution and Sociology, Theory, Comparative and Historical Sociology.

Susan Johnson **Psychology**

Neuropsychology of Multiple Sclerosis, efficacy and prevalence of alternative and complementary medicine, and biopsychosocial approaches to unexplained illness.

Ryan Kilmer **Psychology**

I am a child clinical-community psychologist and work with faculty and students on a host of applied research efforts in community psychology. My interests include: (a) factors influencing the development of children at-risk for emotional, behavioral, and/or academic difficulties, particularly risk and resilience and youngsters' adjustment to trauma; and (b) the use of research to guide service delivery, evaluate service and program effectiveness, and inform system change, program refinement, and policy. I collaborate regularly with Jim Cook on work with a range of community partners reflecting different disciplines (e.g., mental health, education, health, child welfare). I have directed or co-directed NIH-funded projects involving children exposed to adversity and at-risk youth, and co-direct a large-scale evaluation of the implementation and impact of a child mental health service delivery model, as well as evaluations of family support programs in mental health and child welfare contexts, and two community initiatives to increase school readiness. We have used project data from work with various populations with mental health needs to detail needs for services and supports (and the impact of unmet needs), frame recommendations for service system change, and discuss warranted policy modifications and their implications.

Sara Levens **Psychology**

My research examines emotion, executive control and decision making. In particular, I am tracking the emotion-cognition process-from underlying emotion processing and executive function interactions in working memory to downstream emotional decisions and behaviors. I utilize a range of methodologies including: functional magnetic resonance imaging (fMRI), Diffusion tensor imaging (DTI), behavioral genetics, lesion research, clinical populations, and standard behavioral research. I use the aforementioned methodologies with multiple samples of participants to gain a comprehensive understanding of the cognitive and biological mechanisms that underlie emotion processing, cognition and decision-making.

Rick McAnulty **Psychology**

Sexual behavior, sexual misconduct, and sexual offending (including pedophilia). Dating and intimacy, including factors related to relationship satisfaction and dissatisfaction.

Shanti Kulkarni**Social Work**

Domestic violence theory and services (including dating violence), adolescent childbearing, families in poverty, and women's health.

Crystal Piper**Public Health Sciences**

To examine the factors and health behavioral characteristics of disparities in chronic/infectious diseases and disease management among minority and vulnerable populations, and develop policy and practice recommendations to improve the quality of health care delivery systems for these special populations.

Lisa Rasmussen**Philosophy**

Research ethics (responsible conduct of research), medical ethics, moral philosophy.

Teresa Scheid**Sociology and Anthropology**

The mental health consequences of HIV disease, and the integration of mental health, substance abuse, and primary care for HIV positive individuals.

Dena Shenk**Gerontology**

Aging in cultural and environmental context; women and aging; direct care workers; people with dementia; elder abuse and mistreatment and disasters; using narrative approaches and photography.

Jillian A. Tullis**Communication Studies**

Hospice team communication with patients and their families about spirituality, dying, death, and a "good death."

Jan Warren-Findlow**Public Health Sciences**

Aging/Gerontology, Cardiovascular Health/Issues, Exercise and Health Fitness, Healthcare Disparities, Race/Ethnicity/Culture.

III. PROGRAM REQUIREMENTS

A. Minimal program requirements for successful completion:

- Students are admitted for full-time study.
- Students are required to maintain continuous enrollment (at least 3 credit hours per semester; fall and spring). Students who fail to maintain ongoing enrollment will need to apply for reinstatement.

- Required Graduate Hours:
 - General program: At least 78 post baccalaureate hours.
 - Clinical program: At least 84-87 post baccalaureate hours.
 - Community program: At least 78 post baccalaureate hours.
- The majority of the coursework will be at the 8000 level.
- Students will develop a plan of study with their advisory committee.
- Successful completion of a second year research project (students who have completed a master's thesis prior to entering the program can request that their second year research project be waived).
- Successful completion of a practicum.
- Successful completion of a Comprehensive Project (Comps) prior to being admitted to candidacy. Students in the clinical program are also required to complete a Comprehensive Clinical exam.
- Successful completion of a dissertation project.
- A year-long pre-doctoral clinical internship (clinical program only).

B. Minimal levels of acceptable achievement:

- A grade of "B" or better is the minimal level of achievement for courses designated as "core" by the Program and the student's area of emphasis/program. Students who are unable to obtain this level of achievement will be required to re-take that course. Students can enroll in a course on a maximum of two occasions. If a student is unable to meet the grade requirement after the second attempt, s/he will be discharged from the Program. In addition, students are allowed to withdraw from a "core" course on one occasion.
- For students in the clinical program the minimal level of achievement on each of their practicum placements is a rating of at least "Satisfactory" on the final, overall evaluation item (i.e., —Overall performance during this evaluation period). If the overall rating is less than "Satisfactory", the DCT will meet with the site clinical supervisor, the faculty practicum instructor and the student to discuss the specific areas of deficiency and to develop an individualized plan to address them. One of the licensed clinical faculty members will be chosen to work individually and intensively with the student on the problem areas. Repetition of clinical coursework may be required. The need for continued remedial work will be evaluated at the end of each subsequent semester or more frequently if requested by the student. The

clinical faculty will discuss the student's progress in the end-of-semester student evaluation meeting and will jointly determine readiness to continue practicum.

- Termination may be appealed to the Program Director and the Dean of the Graduate School.

The procedures outlined above do not replace the Graduate School guidelines regarding grade expectations for students. Specifically, students who earn 3 marginal ("C") grades in any graduate coursework or a grade of Unsatisfactory in any graduate coursework will be suspended from the University. A student who is suspended because of grades is ineligible to register in any semester or summer session unless properly reinstated (see Graduate Catalog p. 61-67; <http://catalog.uncc.edu/sites/catalog.uncc.edu/files/media/Graduate-Catalogs/2013-2014-Grad-Catalog-12-degree-requirements-academic-regulations.pdf>). In addition, students must successfully complete all program milestones in order to successfully complete the program requirements.

C. Professional competency

Procedures for students who do not meet professional practice competency standards

Program faculty are responsible for the monitoring and evaluation of student performance in all areas and to ensure appropriate professional development. Procedures for dealing with students' performances in areas such as meeting program milestones and coursework are discussed in the section below. The current procedures refer only to student's performance in professional practice areas such as practicum, teaching, research assistantship, etc. A student who does not perform competently (i.e., appropriately and effectively) in these areas may be terminated from the Program. In the situation in which a faculty member or any other supervisor (i.e., clinical, teaching, etc.) believes this to be the case, the procedures listed below will be followed.

- The faculty member will meet with the Program Director to advise and inform them of the situation. For issues relevant to clinical practicum work, the faculty member should first meet with the Director of Clinical Training (DCT).
- Program Director and/or DCT will consult with other faculty as necessary, including the student's advisor, to obtain information about the student's performance. For a clinical student, the instructor of Practicum in Clinical Psychology (PSYC 8450), would also be involved. The DCT and/or Program Director will also meet with the student to obtain additional information and the student's perspective on the situation.

- In consultation with relevant faculty, the Program Director and/or DCT will develop a written report based on all the information presented. This might include one or more of the following:
 - Develop, plan, and implement a remediation program with benchmarks for success/progress.
 - Referral for appropriate professional assistance and/or evaluation.
 - Recommend a leave of absence from the program to resolve the problem (usually one semester or one year long).
 - If the issue warrants termination from the Program, the Program Director will follow the termination procedures described in the following section.
- At the end of the remediation program or leave of absence, the Program Director and/or DCT will gather relevant information, meet with the student and other faculty to determine if the problem has been resolved, if the student met the benchmarks specified for improvement, and, ultimately, whether they are able to perform competently. If, based on program faculty input and the judgment of the Program Director the student is still not able to perform as expected the Director will recommend to the Graduate School the student's termination (see Termination procedures below).
- If, at any point, during this process, the student fails to comply with any of the requirements of remediation/rehabilitation, the Program Director may initiate the termination procedures. Please see the UNC Charlotte Graduate Catalog for additional information.

D. Time limits for completion of program:

- Students are expected to complete their course work within the timeline described below.
- Students entering the doctoral program must successfully defend their dissertation within eight years from admission. See graduate school guidelines.
- Full-time students must meet benchmark requirements (see timeline that follows) each year to maintain their status as a doctoral student.
- Part-time students also must meet benchmark requirements that occur approximately every two years.

E. Programmatic expectations:

Research: The Health Psychology Program places a strong emphasis on research and expects that students will be actively involved in research throughout their enrollment in the program.

Professional Involvement: Membership by students in professional organizations is strongly encouraged. There are a variety of professional organizations such as Divisions 38 (Health Psychology), 50 (Addictions), 54 (Pediatric Psychology), 27 (Society for Community Research and Action) of the American Psychological Association, Society of Behavioral Medicine, and The American Psychological Society among others. Student travel funds may be available for travel to such professional conferences, especially if you are an author on a paper presented at that conference. The request for travel funds form is located in the Appendix.

Teaching: For students interested in academic positions, teaching is an important skill to develop as part of training in the program. Please see guidelines for graduate student teaching in subsequent sections.

Programmatic Milestones

All students are expected to complete certain programmatic milestones to demonstrate satisfactory progress toward graduation (see below).

Timeline for completion of milestones

FALL YEAR 1	SPRING YEAR 1	FALL YEAR 2	SPRING YEAR 2	FALL YEAR 3	SPRING YEAR 3
Selection of primary advisor Formation of advisory committee	Involvement in a research lab	Clinical practicum (clinical program)	Completion of Second Year Project	Health Psych Practicum (General program)	Completion of Comprehensive Project (COMPS) Completion of Clinical Comprehensive Exam
FALL YEAR 4	SPRING YEAR 4	FALL YEAR 5	SPRING YEAR 5		
Successfully propose dissertation	General and community track students successfully defend their dissertation and graduate	Clinical students on internship	Clinical students complete internship		
Clinical Students apply for internship			Clinical Students successfully defend their dissertation and graduate		

NOTE. The timeline for completion of programmatic milestones will be adjusted based on students' academic accomplishments at program entry. For students entering the Program with a graduate degree in psychology or related discipline and who have successfully completed a thesis, they will be expected to successfully complete their Comprehensive Project (Comps) by the end of the spring semester of their second year

of training and to successfully propose their dissertation by the third year of their doctoral training. Extension decisions will be made on a case-by-case basis.

Second Year Research Project

The second year project is meant to immerse students in a practical research experience that will help them develop skills to conduct independent research projects. Students are expected to develop and carry out this project under close supervision from their primary academic advisor. Completion of this project entails: a) participation in health related research; b) data analyses; c) completion of a manuscript summarizing the study and its findings; and d) an oral presentation of the written product to the Health Psychology faculty and student body. The manuscript should follow the format of typical empirical articles in psychology and should be turned into your primary advisor and members of your advisory committee. The oral presentation of the second year project is expected to be approximately 30 minutes in length and should summarize the main findings and the contribution of the study to Health Psychology. The expectation is that the project will be completed no later than the second year of training.

Requirements for a second year project can be waived if the student has successfully defended a research-oriented graduate thesis in his/her previous academic work that meets program expectations. Each member of the student's advisory committee is required to evaluate the student's project as part of Program's Evaluation of Student Learning Outcomes (see the Appendix for scoring rubrics). The completed evaluations are submitted to the program Director. Students are expected to achieve a score of acceptable or better in each of the domains evaluated. Written revisions or a repeat of the oral presentation will be required if this score is not achieved.

Comprehensive Qualifying Project (Comps)

Comprehensive qualifying projects are meant to demonstrate broad competence as a scholar in the disciplines of health psychology and the track-specific discipline (clinical, community, or general). The Comprehensive Qualifying Project results in a practical product that demonstrates integration of knowledge from these areas. In addition, it provides an opportunity to strengthen and develop a student's skills, as specified by his/her primary academic advisor and members of the advisory committee. Projects are identified via a collaborative process, involving the student and his/her primary academic advisor and advisory committee. The Comprehensive Project acts as the gateway into the 4th year and dissertation. Students must pass their Comprehensive Project successfully to continue in the program.

Each student's advisory committee, in consultation with the Director of the Program, tailors the content and format of the Comprehensive Project with attention to the student's professional goals. The student's primary academic advisor is expected to take the lead in providing consultation and feedback related to the development and successful completion of the project. The Comprehensive Project must result in a tangible product that will benefit the student professionally. As such, traditional written "comprehensive exams" are not appropriate.

The prime emphasis of the Comprehensive Project is a significant written component. This element must yield a product at the doctoral student level and of sufficiently high quality that it fully satisfies the requirements of the examination; it must represent competent professional work. The process of the Comprehensive Project will enable students to:

- a) Gain a better understanding of perspectives that extend beyond their specific area(s) of interest
- b) Integrate the knowledge they gain in research methods, statistics, and other courses
- c) Bridge the gap between identifying a research idea/question and designing a project that allows them to adequately examine their questions of interest

The Comprehensive Project process will include three main components:

A. Written Project

The written project should take the form of a grant proposal, program evaluation, a manuscript based on an original empirical study, or a literature review. Details for each option are below:

- 1) Grant proposal: The process of developing a grant proposal (a) integrates multiple learning goals and (b) is a highly marketable skill that will enhance students' development and professional options. The proposal will need to involve an area relevant to the general domain of Health Psychology. The length of the proposal will be determined by the requirements of the grant mechanism targeted by the project and will be written in the style required by granting agency (i.e., PHS, NIH, or NSF style).
- 2) Program evaluation: For a program evaluation to be eligible as a Comprehensive Project, the student must demonstrate significant involvement at every stage – from development to implementation, from analysis to write-up. Projects on which faculty members are principal investigators of grants or contracts are eligible; however, the student must clearly assume a lead role in meeting and communicating with stakeholders, defining the methodology and approach, and coordinating the evaluation. In addition, students would maintain primary responsibility for data collection and/or management, analyses, and the preparation of the evaluation report. Such program evaluations allow students to integrate their background and skills in applied research methods to address 'real world' concerns.
- 3) Empirical study: Students have the option to design, implement, analyze and prepare a manuscript based on an original research project in an area relevant to Health Psychology. The research project should be of high quality with the goal of being submitted to a peer-reviewed journal. The project cannot simply be a write-up of the second year project or master's thesis. It may, however, be an original extension of either of those projects. Students choosing this option will likely have completed a

master's thesis and would begin working on this project at least by the beginning of their second year.

4) Literature review: For a literature review to be eligible as a Comprehensive Project, the review would need to be a theoretical and conceptual work, and could take the form of an evaluative, integrative, meta-analytic or systematic review of a substantive issue in the general domain of Health Psychology. Theory-based reviews of empirical contributions that afford integrative theoretical formulations of work in Health Psychology or reviews of developments that develop connections between areas of research within Health Psychology and other disciplines would be required. **The quality of the review should make it eligible for publication in a peer reviewed journal.**

B. Brief Integrative Paper

In order to demonstrate a broad integration of knowledge in the field of Health Psychology, all Comprehensive Projects must include a 5 – 8 page paper integrating the topic of their project into the broader field of Health Psychology. Such a paper could consider the significance of the project for the field, discuss the project's broader health relevance, and reflect the means by which the student's academic training informed and guided the work.

A and B must be evaluated as "Passed", as decided by a meeting of the student's advisory committee, **before of the end of the third year of study**. Once passed, the Oral Presentation will be scheduled. If a student fails A/B, he/she has one opportunity to re-do this portion of the comprehensive project. The redo of A/B and the Oral presentation must be completed by the **end of August of the fourth year** of training.

C. Oral Presentation

The Comprehensive Project also includes an oral component. The oral presentation requires that the student present their written product to the Advisory committee and, when relevant, to other stakeholders invited by the Advisory Committee. Students must also be prepared to answer questions in an open forum. Questions asked during/following the presentation may relate not only the specific project being presented, but topics and issues in Health Psychology more broadly, as well as the student's specific track of focus. Thus, this presentation provides an additional opportunity for students to demonstrate their understanding and grasp of program material; integrate and synthesize data from a diverse array of sources; and convey appreciation of salient issues in their field and, more globally, Health Psychology. The presentation should include a discussion integrating the integrative paper (part B of the Comps).

Timeline

Students must have at least a 3.0 GPA, must not be on programmatic probation, and must have removed any conditions placed upon them at the time at admission to the

program prior to initiating their Comprehensive Project. **Comprehensive Projects should be completed no later than the third academic year in the program.** Ideally, a student should choose an option from A in the first month of their third year. Comprehensive Projects must be completed successfully before students may propose their dissertation project.

Students should provide a copy of their comprehensive project to their advisory committee at least **2 weeks prior** to the date of the defense.

Evaluating the Comprehensive Project

Written product (A) should include:

Statement of problem: problem is well-defined, well-grounded and is applicable to populations beyond that to be studied. There is abundant and compelling evidence provided to support the significance of the problem. The proposed approach is rigorous with some unique characteristic(s).

Background: Extensive review that includes summaries, synthesis, and critiques of exceptionally rigorous evidence-based sources that strongly support the statement of the problem and all the components of the methodology.

Method: The elements of methodology are both appropriate for the problem under study and represent the quality necessary for publication. Reliability (or consistency) and validity (or accuracy of measurement) have been firmly established for methods employed.

Analysis: Reports data analyses with a level of clarity and accuracy necessary for funding or publication.

Implications: Conclusions are accurate, appropriately linked to the problem and methodology. Implications for practice and future research are compelling in their potential applications. Conclusions add to the knowledge base and are insightful in their implications for further study.

For written products A and B: The quality of content, organization, and coherence of the writing is close to the level expected of professional publication.

Oral presentation:

The presentation is of the quality that is expected at a regional or national professional conference. The presentation should include a discussion integrating the integrative paper (part B).

Criteria for Successful Completion

In order to successfully complete the project, the student's Advisory committee must unanimously decide student has satisfactorily addressed **all of the elements in Parts A, B and C.**

Each member of the student's advisory committee is required to evaluate the student's project as part of Program's Evaluation of Student Learning Outcomes (see the Appendix for scoring rubrics). The completed evaluations are submitted to the program Director. Students are expected to achieve a score of acceptable or better in each of the domains evaluated.

Re-examination

Qualifying projects may be resubmitted once if the student fails the first submission. A student may petition a re-submission to the Program Director. The student may resubmit the project no sooner than the beginning of the semester following the one in which the failure occurred, and must resubmit the project no later than three semesters after the first submission of the project. A second failure of the examination results in recommending to the Graduate School the student's termination from the program.

Note. Students in the clinical program are also expected to successfully pass a comprehensive clinical examination (see p. 53).

Practicum

Students are required to complete a practicum placement during their training in the Program. Ideally, this practicum experience provides the students with the opportunity to gain experience working with a multidisciplinary team in a research, clinical, or community setting outside of the Program and of the Psychology Department. Specific guidelines for the practicum experience for each track/program are provided in subsequent sections.

Conduct on practicum

Health Psychology students are expected to behave in a legal and ethical manner during all aspects of their practicum training. Students are expected to adhere to the ethical and professional guidelines established by UNC Charlotte and the American Psychological Association (<http://www.apa.org/ethics/code2002.html>). Examples of potentially illegal, unethical, or inappropriate behaviors on practicum include the following:

- Failure to meet practicum responsibilities.
- Withdrawing from a practicum site without permission from the Program Director or supervising faculty.
- Violating ethical standards for research and/or practice.
- Insufficient and/or harmful application of psychological theory or practice.
- Significant deficiencies in professional judgment.

The consequences of such behavior may range from a disciplinary letter from the Program to a recommendation to the Graduate School for termination. See section titled "Policy on student unable to meet minimal professional competency standards".

Dissertation

The doctoral dissertation is meant to be a scholarly document reporting on an empirical contribution to the knowledge base in health psychology, broadly defined. For the dissertation, students are expected to:

- a) Play a significant role in the development of an important question or set of questions in their selected area of research;
- b) Be actively involved in the process of designing a study, collecting data, and/or developing measurement/analytic procedures to address the question(s) of interest. Under most circumstances, data collection will be designed specifically for the dissertation project.

The use of pre-existing data from large scale or longitudinal studies may be appropriate in some cases. Specifically, this option is acceptable for students who have been involved in all stages of one or more research projects from start to finish, including formulating the research questions and original data collection, at some point in their graduate training.

When students use data from a pre-existing data set, they are still expected to play an independent role in formulating novel research questions and in designing or facilitating new measurement or analytic procedures appropriate to the topic (e.g., the project must involve more than a simple data analysis involving existing variables).

Whether or not their dissertation grows out of existing data, dissertation candidates must demonstrate doctoral level competency in writing, conceptualizing well-targeted research questions, planning and conducting appropriate analyses, and communicating the potential meaning, contribution(s) and implications of their findings.

Acceptable models for the final dissertation are:

1. Traditional dissertation with an in depth literature review and detail throughout the document. For detailed guidelines, for example, see Heppner & Heppner's (2003) *Writing and Publishing Your Thesis, Dissertation, and Research: A Guide for Students in the Helping Professions*.
2. A document that presents multiple at least 2 publication length manuscripts (25-35 pages) that represent a coherent program of research, with an integrative Introduction and Discussion. It is acceptable for some of these manuscripts to have been submitted or accepted for publication prior to the dissertation defense.

An example of option 2 could include the following chapters:

- Chapter 1 Introduction, literature review, specific aims
- Chapter 2 Overall methods of entire dissertation
- Chapter 3 Manuscript 1. This manuscript should be submission ready and would include an Introduction, Aims/hypotheses, Methods, Results, Discussion, References, and Tables/Figures, etc.
- Chapter 4 Manuscript 2. This manuscript should be submission ready and would include an Introduction, Aims/hypotheses, Methods, Results, Discussion, References, and Tables/Figures, etc.
- Chapter 5 Discussion. This would be relatively short and should include integration of the findings of the manuscript studies, limitations, and future directions.

References

Appendices

All dissertations need to be formatted according to the UNC Charlotte Graduate School guidelines for Thesis and Dissertations.

Guidelines for Dissertation Defenses

The Graduate School has provided the following guidelines for dissertation defenses:

1. Timeline for submitting dissertation document to faculty: Students should provide their dissertation committee with a copy of their dissertation **3 weeks prior** to the date of the defense.
2. Doctoral dissertation defense announcement: The Graduate School's policy requires that dissertation defenses be open to the University Community. Students are expected to forward a dissertation announcement to the Program Director **at least two weeks prior** to the date of the defense for dissemination. The announcement should include the following elements:

Student's Full Name:

Date of Defense:

Location of Defense:

Time of Defense:

Title of Dissertation:

Dissertation Committee Chair:

Abstract (brief):

3. Time management of dissertation defenses: Dissertation defenses should provide the candidate with sufficient time to make his/her presentation and provide ample opportunity for all participants in the defense to ask relevant

questions. Thus, students are expected to block 2 to 3 hours for the defense. The dissertation defense is considered the final examination on the way to receiving a doctoral degree. It is important that all faculty involved have an ample opportunity to judge the candidate's knowledge on the topic of the dissertation.

4. *Dissertation formatting review:* All doctoral dissertations must meet the Graduate School formatting requirements identified in the "Manual of Basic Requirements for Theses and Dissertations" which is available on the Graduate School Website. The Graduate School also requires that all doctoral students make an appointment to meet with a dissertation reviewer prior to the final defense so that any formatting problems can be identified.

Evaluation of the dissertation project

Each member of the student's dissertation committee is required to evaluate the student's project as part of Program's Evaluation of Learning Outcomes (see the Appendix for scoring rubrics). The completed evaluations are submitted to the Program Director. Students are expected to achieve a score of acceptable or better in each of the domains evaluated. If members of the student's committee do not unanimously agree that the student's demonstrated at least "acceptable" performance in all domains, written revisions and/or a repetition of the oral defense will be required.

Degree Requirements

The doctoral degree in Health Psychology is conferred by the University after the student has demonstrated outstanding scholarship in an approved program of study. Candidates must satisfy all University degree requirements in addition to requirements and all standards established by the HPSY Program. Students are required to be enrolled during the semester they wish to graduate. Please consult UNC Charlotte's Graduate Catalogue for additional detail about guidelines degree requirements and dissertations (<http://catalog.uncc.edu/graduate-catalogs/current/degree-requirements-academic-regulations#PhD-degree-requirements>).

IV. COURSE WORK

- Doctoral-level courses are numbered at the 8000 level. Credit hours are provided in parentheses.
- The curriculum has 4 major curricular components:
 - (1) Core Health Psychology
 - (2) Research
 - (3) Interdisciplinary Content
 - (4) Area of emphasis (track/program)

1. Core Health Psychology: All programs (areas of emphasis) (12 credit hours)

PSYC 8000 Interdisciplinary Approaches to Health (3)
PSYC 8200 Introduction to Health Psychology 1 (3)
PSYC 8201 Introduction to Health Psychology 2 (3)
PSYC 8243 Diversity in Health Psychology (3)

2. Research: 21 credit hours general program; 9 credit hours clinical program; and 18 credit hours community program (See below for hour distribution across programs)

PSYC 8102 Research Design and Quantitative Methods 1 (3)
PSYC 8103 Research Design and Quantitative Methods 2 (3)
Advanced Research and Methodology (3)

The courses listed below have been approved by the program. Students who wish to enroll in a course not included in this list should follow the procedures listed in the Appendix for obtaining approval from their Advisory Committee and the Program Director.

PSYC 8104 Advanced Quantitative Analyses for Behavioral Sciences (3)
PSYC 6207 Psychometrics (3)
PSYC 8145 Applied Research Design and Program Evaluation (cross-listed as PSYC 6145) (3)
PPOL 8000 Topics in Public Policy: Categorical Data Analyses (3) (The content of topics courses may vary, but to meet this requirement it must be a research methods/statistics course).
HLTH 8003/ PPOL 8665/HLTH 6260 Analytical Epidemiology (3)
PSYC 8999 Dissertation (1-9; 9 total allowed)

3. Interdisciplinary Courses: general and community programs (15 credit hours) and clinical (9 credit hours) from among the following:

The courses listed below have been approved by the HPSY Program. Students who wish to enroll in a course not included in this list should: 1) Meet with his/her advisory committee to obtain their approval for enrolling in that course and 2) Complete an interdisciplinary course request form and submit it to the HPSY Director. Please note that the below courses are not necessarily offered every semester and it is the student's responsibility to ensure courses fit their schedule.

- Current Issues in Gerontology (GRNT 6600)
- Aging and Public Policy (GRNT 6210/MPAD 6210)
- Topics in Communication/Narratives of Health and Illness (COMM 6000)
- Community Epidemiology (HLTH 6202)

- Health Behavior Change (HLTH 6220)
- Community Health (HLTH 6221)
- Social and Behavioral Foundations of Public Health (HLTH 6201)
- Community Health Planning and Evaluation (HLTH 6207)
- Physiology of Human Aging (KNES 6232)
- Advanced Cardiopulmonary Physiology (KNES 6285)
- Health Policy and Planning in the United States (NURS 6115)
- Social Organization of Healthcare (PPOL 8661)
- Health Policy (PPOL 8663)
- Introduction to Health Services Research (HSRD 8000)
- Health Care Systems and Delivery (HSRD 8002)
- Economics of Health and Healthcare (HSRD 8004/PPOL 8667)
- Applied Research Design & Program Evaluation (PSYC 8145)
- Community Psychology (PSYC 8155)
- Community Interventions (PSYC 8255)
- Practicum in Community Psychology (PSYC 8455)
- Community Research Practicum (PSYC 8555)

5. COURSES SPECIFIC TO EMPHASIS AREA

General Health Psychology Curriculum & Degree Requirements

Minimum credit hours required for graduation: 78

Coursework

1. Core Health Psychology: (18 credit hours)

- PSYC 8000 Interdisciplinary Approaches to Health (3)
- PSYC 8200 Introduction to Health Psychology 1 (3)
- PSYC 8201 Introduction to Health Psychology 2 (3)
- PSYC 8243 Diversity in Health Psychology (3)
- PSYC 8262 Practicum in Health Psychology (3)
- PHIL 6050 Integrity and scientific conduct (3)

2. Research Methodology & Analytics: (21 credit hours)

- PSYC 8102 Research Methodologies in Behavioral Sciences (3)
- PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)
- Advanced Methodology Course (3) {see pre-approved list in Appendix A; or seek approval for course}
- Advanced Methodology Course (3) {see pre-approved list in Appendix A; or seek approval for course}
- PSYC 8999 Dissertation (1-9; 9 total allowed)

3. Psychological Science Distribution (9 hours)

Select three courses from three of the four domains (i.e., at least three of the four domains must be covered)

- Biological/Physiological Domain
 - PSYC 6115 Sensation and Perception (3)
 - PSYC 6113 Physiological Psychology (3)
- Cognitive Domain
 - PSYC 6111 Psychology of Learning and Memory (3)
 - PSYC 6116 Cognition (3)
 - PSYC 6216 Cognitive Science (3)
- Developmental Domain
 - PSYC 6120 Developmental Psychology (3)
 - PSYC 6124 Psychology of Aging (3)
- Social-Personality Domain
 - PSYC 6130 Social Psychology (3)
 - PSYC 6135 Psychology of Personality (3)

4. Interdisciplinary Content* (15 credit hours).

- Students should carefully select among the courses in other departments in close consultations with their advisors and Advisory Committee.
- Other than those courses on the “pre-approved” list (see Appendix A), all courses to be used for this requirement must be approved **prior** to enrolling in the course by the student’s Advisory Committee. **Post-hoc approvals are not allowed.** Approval Form is in the HP student handbook.

4. General Electives* (15 credit hours)

- PSYC 8899 Readings and Research (up to 9 credits allowed)
- PSYC 6999 (if student is co-enrolled in an MA program (up to 6 credits allowed))
- Any courses from Psych Science Distribution or Interdisciplinary pre-approval list that are not used above
- Additional Methodology courses.

* Electives or substitutions must be **pre-approved** by the student’s Advisory Committee and the Health Psychology Director.

NOTE: Please see the program website (<http://healthpsych.uncc.edu/>) for additional information about course offerings (2 year schedule).

General program- Recommended Sequence

FIRST YEAR FALL SEMESTER

PSYC 8102 Research Methodologies in Behavioral Sciences (3)

PSYC 8200 Health Psychology I (3)

PHIL 8240 Scientific Integrity and Responsible Conduct of Research (3)

FIRST YEAR SPRING SEMESTER

PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)

PSYC 8201 Health Psychology II (3)

GHP Distribution Course or Interdisciplinary Course (3)

GHP Distribution Course or Interdisciplinary Course (3)

SECOND YEAR FALL SEMESTER

PSYC 8000 Interdisciplinary Approaches to Health (3)

Advanced Research or Quantitative Methods Course (3)

GHP Distribution Course or Interdisciplinary Course (3)

[Propose 2YP]

SECOND YEAR SPRING SEMESTER

PSYC 8243 Diversity in Health Psychology (3)

GHP Distribution Course or Interdisciplinary Course (3)

GHP Distribution Course or Interdisciplinary Course (3)

General Elective (3)

[Defend 2YP]

THIRD YEAR FALL SEMESTER

GHP Distribution Course or Interdisciplinary Course (3)

General Elective (3)

Advanced Research or Quantitative Methods Course (3)

[Propose Comps]

THIRD YEAR SPRING SEMESTER

GHP Distribution Course or Interdisciplinary Course (3)

General Elective (3)

General Elective (3)

PSYC 8262 Practicum in Health Psychology (3)*

[Defend Comps]

FOURTH YEAR FALL SEMESTER

GHP Distribution Course or Interdisciplinary Course (3)

General Elective (3)

PSYC 8999 Dissertation (3) [propose]

FOURTH YEAR SPRING SEMESTER

General Elective (3)

General Elective (3)

PSYC 8999 Dissertation (3) [defend]

*Students may complete the practicum during the summer and register the following Fall.

Courses for Clinical Students

Minimum credit hours required for graduation: 84-87

1. Core Health Psychology Courses: (12 credit hours)

- PSYC 8000 Interdisciplinary Approaches to Health (3)
- PSYC 8200 Introduction to Health Psychology 1 (3)
- PSYC 8201 Introduction to Health Psychology 2 (3)
- PSYC 8243 Diversity in Health Psychology (3)

2. Research Methodology & Analytics: (9 credit hours)

- PSYC 8102 Research Methodologies in Behavioral Sciences (3)
- PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)
- Advanced Methodology Course (3) {see *pre-approved list*; or seek approval for course}

3. Clinical Emphasis (36 to 39 credit hours)

- PSYC 8050 Topics in Psychological Treatment (3)
- PSYC 8107 Ethical and Professional Issues in Psychology (2)
- PSYC 8141 Intellectual Assessment (4)
- PSYC 8142 Personality Assessment (4)
- PSYC 8150 Introduction to Psychological Treatment (4)
- PSYC 8151 Behavior Disorders (4)
- PSYC 8240 History and Systems of Psychology (3)
- PSYC 8245 Clinical Supervision and Consultation (3)
- PSYC 8450 Practicum in Clinical Psychology (1-3 hours per semester for a minimum total of 6 credit hours for students with a MA degree in clinical; for students without prior graduate clinical training, a minimum of 9 is required.)
- PSYC 8950 Internship (3)

4. Breadth Course Requirements (12 credit hours)

APA requires breadth of education across the broader disciplines of scientific psychology for students in the Clinical program. Clinical students are required to complete graduate level courses in each of the following areas:

Cognitive:	PSYC 6116 Cognition (3)
Developmental:	PSYC 6120 Developmental Psychology (3)
Physiological:	PSYC 6113 Physiological Psychology (3)
Social:	PSYC 6130 Social Psychology (3)

These courses will be offered on a regular basis (usually every other year or so) and the program seeks to schedule at least one of these breadth courses per semester.

5. Interdisciplinary Content (9 credit hours)*

- COMM 6000 Topics in Communication/Narratives of Health and Illness (3)
- GRNT 6600 Current Issues in Gerontology (3)
- GRNT 6210 Aging and Public Policy (3)
- HLTH 6201 Social and Behavioral Foundations of Public Health (3)
- HLTH 6202 Community Epidemiology (3)
- HLTH 6207 Community Health Planning and Evaluation (3)
- HLTH 6220 Health Behavior Change (3)
- HLTH 6221 Community Health (3)
- HSRD 8000 Introduction to Health Services Research (3)
- HSRD 8002 Health Care Systems and Delivery (3)
- KNES 6285 Advanced Cardiopulmonary Physiology (3)
- KNES 5232 Physiology of Human Aging (3)
- NURS 6115 Health Policy and Planning in the U.S. (3)
- PPOL 8661 Social Organization of Healthcare (3)
- PPOL 8663/HSRD 8005 Health Policy (3)
- PPOL 8667/HRSD 8004 Economics of Health and Health Care (3)
- PSYC 8145 Applied Research Design & Program Evaluation (3)
- PSYC 8155 Community Psychology (3)
- PSYC 8255 Community Interventions (3)
- PSYC 8455 Practicum in Community Psychology (3)
- PSYC 8555 Community Research Practicum (3)

6. General Electives (6 credit hours)*

- PSYC 8899 Readings and Research
- PSYC 8999 Dissertation
- Elective

* *Substitutions and electives must be **pre-approved** by the student's Advisory Committee and the Health Psychology Director.*

Please see the program website (<http://healthpsych.uncc.edu/>) for additional information about course offerings (tentative 2 year schedule).

CLINICAL EMPHASIS – RECOMMENDED SEQUENCE OF CORE COURSES

FIRST YEAR FALL SEMESTER

PSYC 8102 Research Design and Quantitative Methods I (3)
PSYC 8200 Health Psychology 1 (3)
PSYC 8151 Behavior Disorders (4)
PSYC 8141 Intellectual Assessment (4)

FIRST YEAR SPRING SEMESTER

PSYC 8103 Research Design and Quantitative Methods 2 (3)
PSYC 8201 Health Psychology 2 (3)
PSYC 8150 Introduction to Treatment (4)
PSYC 8142 Personality Assessment (4)

SECOND YEAR FALL SEMESTER

PSYC 8243 Diversity in Health Psychology or PSYC 8240 History and Systems
PSYC 8000 Interdisciplinary Approaches to Health (3)
PSYC 8450 Practicum in Clinical Psychology (1-3)
PSYC 8107 Ethics/Professional Issues (2)

SECOND YEAR SPRING SEMESTER

PSYC 8243 Diversity in Health Psychology or PSYC 8240 History and Systems
PSYC 8050 Topics in Treatment (3)
PSYC 8450 Practicum in Clinical Psychology (1-3)
Breadth Course (3)

THIRD YEAR FALL SEMESTER

PSYC 8450 Practicum in Clinical Psychology (1-3)
Breadth course (3)
Interdisciplinary course (3)
Advanced Research or Quantitative Methods Course (3)

THIRD YEAR SPRING SEMESTER

PSYC 8450 Practicum in Clinical Psychology (1-3) (Optional 2nd Practicum Experience)
Breadth course (3)
Elective or PSYC 8245 Clinical Supervision and Consultation or Interdisciplinary course (3)
Elective (3)

FOURTH YEAR FALL SEMESTER

PSYC 8999 Dissertation (3)
Breadth course (3)
Elective or PSYC 8245 Clinical Supervision and Consultation (3)
Interdisciplinary course (3)

FOURTH YEAR SPRING SEMESTER

PSYC 8999 Dissertation (3)
Breadth course (3)
Elective (3)

FIFTH YEAR

Pre-doctoral internship (3-6)

The first year of the above sequence of study is required for adequate preparation for practicum. After that, the sequence is recommended.

Courses for Community Students

Minimum credit hours required for graduation: Minimum of 78 credit hours.

1. Core Health Psychology Courses: (12 credit hours)

- PSYC 8000 Interdisciplinary Approaches to Health (3)
- PSYC 8200 Introduction to Health Psychology 1 (3)
- PSYC 8201 Introduction to Health Psychology 2 (3)
- PSYC 8243 Diversity in Health Psychology (3)

2. Research Methodology & Analytics: (9 credit hours)

- PSYC 8102 Research Methodologies in Behavioral Sciences (3)
- PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)
- Advanced Methodology Course (3) {see *pre-approved list*; or seek approval for course}

COMMUNITY EMPHASIS (18-19 credit hours)

PHIL 8240 Scientific Integrity and Responsible Conduct of Research in the Biomedical and Behavior Sciences (3)

PSYC 8145 Applied Research Design & Program Evaluation (3)

PSYC 8155 Community Psychology (3)

PSYC 8255 Community Interventions (3)

PSYC 8455 Practicum in Community Psychology (3)

PSYC 8555 Community Research Practicum (3)

Electives (12-14 credit hours)

Minimum credit hours required for graduation: 78

Please see the program website (<http://healthpsych.uncc.edu/>) for additional information about course offerings (tentative 2 year schedule).

COMMUNITY EMPHASIS - RECOMMENDED SEQUENCE

FIRST YEAR FALL SEMESTER

PSYC 8102 Research Design and Quantitative Methods I (3)

PSYC 8200 Health Psychology 1 (3)

PHIL 8240 Scientific Integrity and Responsible Conduct of Research in the Biomedical and Behavior Sciences (3)

FIRST YEAR SPRING SEMESTER

PSYC 8103 Research Design and Quantitative Methods 2 (3)

PSYC 8201 Health Psychology 2 (3)

PSYC 8145 Applied Research Design and Program Evaluation (3)

SECOND YEAR FALL SEMESTER

PSYC 8155 Community Psychology (3)

PSYC 8000 Interdisciplinary Approaches to Health (3)

Advanced Research or Quantitative Methods Course (3)

SECOND YEAR SPRING SEMESTER

PSYC 8255 Community Interventions (3)

Interdisciplinary course (3)

Interdisciplinary course (3)

THIRD YEAR FALL SEMESTER

PSYC 8455 or 8555 Practicum in Community Psychology (3)

Interdisciplinary course (3)

Interdisciplinary course (3)

Elective (3)

THIRD YEAR SPRING SEMESTER

PSYC 8455 or 8555 Practicum in Community Psychology (3)

Interdisciplinary course (3)

Elective (3)

FOURTH YEAR FALL SEMESTER

Elective (3)

PSYC 8455 or 8555 Practicum in Community Psychology (3)

PSYC 8999 Dissertation (3)

FOURTH YEAR SPRING SEMESTER

Elective (3)

PSYC 8999 Dissertation (3)

5. Graduate Teaching of Psychology Program

The Health Psychology Program offers a Teaching Program aimed at developing excellence in undergraduate teaching of psychology. This program will prepare students to teach a lower level (1000 or 2000 level) undergraduate course as the instructor of record under the supervision of a Health Psychology faculty member. Students are eligible for independent teaching if: 1) they have successfully completed the Teaching in Psychology course (PSYC 8222 or Special Topics in Grad Teaching GRAD 8001-001); 2) demonstrated excellence as a teaching assistant; 3) have successfully completed their comprehensive project; 4) are in good standing in the program (i.e., not on probation); and 5) have been approved for teaching by the instructor of PSYC 8222 or GRAD 8001). Applications for teaching experiences for the academic year including the following summer can be obtained by submitting the completed *Request for Independent Teaching Form* (see Appendix) to the Director of the Health Psychology Program at the beginning of the fall semester of the year teaching experiences are sought. **Students are required to be enrolled in the Teaching Practicum course (PSYC 8223) during the semester of their first solo teaching assignment.** Students will be evaluated for effectiveness during their independent teaching experience. Student assignment to independent teaching will be based on course availability and interest match. Please note that the availability of undergraduate courses for independent teaching by Ph.D. students is limited. **Students are eligible for independent teaching at the undergraduate level upon successful completion of their Comprehensive Project.** Priority will be given to those students who have not previously conducted independent teaching.

V. PROCEDURES

1. Transfer of Credit

Students may transfer up to 30 credit hours from previous graduate level work, only if these courses are appropriate for the Health Psychology Program and meet the guidelines established by the Graduate School (see <http://catalog.uncc.edu/graduate-catalogs/current/degree-requirements-academic-regulations>). The steps below need to be followed to seek credit transfer:

- Develop a list of courses that you believe should count as transfer credit and cross-list against the equivalent courses offered by the Program. Obtain a copy of the syllabus of each course you wish to transfer.
- Submit the syllabi from clinical coursework to the DCT, who will follow the procedures outlined below. Submit syllabi from other, non-clinical coursework (e.g., Research Methods) to the chair of your advisory committee.

- Your primary advisor and members of your advisory committee will review that list and the syllabus for each of the non-clinical courses. The chair of your committee will make a recommendation to the Program Director to accept or not accept those courses.
- The Director of Clinical Training will contact the clinical faculty member who teaches the clinical course for which credit is requested and will ask her/him to review the syllabus submitted by the student. If the course instructor and the DCT agree that the transfer course is substantially equivalent to our program course, the DCT will recommend to the Program Director that the transfer(s) be accepted.
- Completion of the Graduate School Application for Transfer of Credit Form (See Graduate School Forms; <http://graduateschool.uncc.edu/current-students/forms>). This form should be completed following approval of the transfer request by your advisory committee.
- The Program Director will review these recommendations and approve or disapprove, then send that recommendation to the Dean of the Graduate School.

The Dean of the Graduate School will either accept or reject the Director's recommendation. Students are encouraged to monitor their transcript regularly to determine if the transcript request was approved as the Program will not be formally informed of these decisions.

2. Annual Evaluation

Students in the Health Psychology Program are evaluated yearly in areas such as progress in meeting programmatic milestones, coursework, scholarship and research activities, as well as clinical training and teaching (if applicable). This evaluation is conducted by the Program Director and the core faculty in your specific track/program (area of emphasis). The evaluation is based on the Self-Report of Professional Accomplishments (see the Appendix) that is submitted to the Director, as well as relevant information from faculty with whom you have worked and/or had as instructors. First year students are evaluated twice during their first year of graduate studies, at the end of the fall and spring semesters. Following the first year of study, students are evaluated annually at the end of the spring semester. Students on programmatic probation or with other difficulties are evaluated every semester.

3. Programmatic Probation

Based on Graduate School guidelines, students will be placed on programmatic probation under any of the following conditions:

- The student fails to complete a programmatic milestone by the end of the semester following a required timeline for completion.
- The student fails to meet the minimum grade requirements for the program.

Once on probation, the student must complete the milestone in question or raise her/his grade point average by the end of the following semester. Failure to successfully meet programmatic expectations during the probationary period may lead to termination from the Program. Further, students on programmatic probation will have the lowest priority for graduate assistantships and will not be able to teach independently at the undergraduate level.

Students may appeal in writing their probationary status to the Program Director. The written appeal should provide an explanation of the circumstances that led to failure to meet programmatic milestones or grade requirements and a plan for meeting the requirements during the following semester. Following receipt of the written appeal, the Director will conduct a face-to-face meeting with the student within 30 days of receiving the written appeal to clarify details specified in the appeal. Students will be notified of any actions on their appeal within 30 days following the face-to-face meeting.

If students do not make reasonable efforts to resolve issues that lead to programmatic probation, the Director will appoint a Faculty Board to issue a recommendation regarding termination from the program. The faculty board will conduct:

- A review of the student's progress in the Program.
- A review of the actions taken by the Program to assist the student in the process of meeting programmatic milestones, grade requirements, and professional competency standards.
- Conduct a hearing with the student to discuss his or her efforts to meet programmatic requirements, progress made at the end of the probationary status, and any circumstances that may have prevented the student from meeting these requirements.

The faculty board will make a written recommendation to the Program Director with regard to the student's termination based upon the results of the process outlined above.

4. Programmatic Termination

Failure to meet programmatic milestones. Students who have not been able to meet programmatic milestones may be terminated from the program. The Program Director will make a recommendation to the Dean of the Graduate School regarding a student's termination from the Program after consulting with the Faculty Board appointed to review the students' academic performance in the program. Students have the right to appeal this decision to the Graduate School (see **Student Grievance Procedure**).

Academic Suspension. The accumulation of three marginal C grades in any graduate course will result in the suspension of enrollment by the Graduate School. Any student receiving a grade of U in any course will be suspended. Students who have been suspended are ineligible to register in any semester or summer session until they have been properly reinstated (see Graduate Catalog)

5. Student Grievance Procedure

The Health Psychology Program recognizes that in the course of students' involvement with the Program, issues or concerns regarding their relationship with program faculty or other program-related activities may emerge. Students are encouraged to attempt to resolve these issues/concerns informally with the faculty member or to seek assistance from their primary advisor, the Director of the Program or the Director of Clinical Training (DCT). In some cases, issues may most appropriately be addressed by organizations such as the Health Psychology Program Advisory Committee or the Health Psychology Graduate Student Association (HPGSA). However, there may be instances in which, due to the nature of the concern, a student does not feel comfortable or cannot raise an issue via these routes. To ensure that Health Psychology students have an outlet for such concerns, the students will elect 2 program liaisons (1 faculty member from within the Health Psychology Program and 1 from outside the Program). These ombudspersons will serve for a period of one academic year (August – May) with the possibility of renewing the appointment. Drs. Jennifer Webb and Cris Davis will be servicing as ombudspersons during the 2013-2014 academic year.

Procedures for electing the Ombudspersons:

- Students in the Program will nominate candidates once they have confirmed with the candidate that he/she is willing to serve in this capacity.
- Students will submit nominations for a Health Psychology ombudsperson and a non-Health Psych ombudsperson. This nomination period will coincide with nominations that occur at the end of the Spring semester for HPGSA and program representatives to the Health Psychology Advisory Committee.
- The President of the HPGSA will privately approach the faculty members who received the most nominations to offer the ombudsperson positions.
- If either faculty member declines the position, the President of the HPGSA will privately approach the faculty member who received the next highest number of student nominations until both ombudsperson positions are filled.
- The Director of the Program and the Director of Clinical Training may not serve in this capacity.

The role of the Ombudspersons:

- The Ombudspersons will be responsible for providing consultation/advice to students regarding: 1) issues related to interactions with primary advisors or advisory committees; 2) issues involving Health Psychology faculty and faculty in other departments; 3) issues/concerns related to program or departmental staff; 4) issues/concerns related to Program requirements (e.g., practicum placement, supervisors, etc.); and 5) other Program- or university-related concerns.
- In some cases (e.g., issues of professional ethics; classroom content or structure; inquiries or issues regarding practicum placements or supervisors), the issue may be best addressed within the context of existing Program structures; at such times, the ombudsperson's primary role is to work with students toward identifying the best course of action and guiding them in the process of achieving resolution.
- It is expected that discussions between ombudspersons and students will remain confidential unless what is discussed is in direct violation of university policy, necessitating a breach of confidentiality.

The procedures outlined above do not replace the procedures set by the Graduate School regarding issues related to student difficulties including grade appeals, academic integrity violations, sexual harassment, disability, and discrimination; rather, they are intended to serve as an additional mechanism for resolving student-related concerns.

If a student decides not to seek assistance from the ombudsperson(s) to resolve the differences or grievances, or if the student is not satisfied with the response, he or she may present the grievance in writing to the Program Director. According to the guidelines established by UNC Charlotte, any such written grievance must be received by the Director not later than forty-five calendar days after the student first became aware of the facts which gave rise to the grievance. If the grievance is against the Program Director, the student should address his or her grievance to the Dean of the Graduate School or appropriate Assistant Dean). The Director should conduct an informal investigation as warranted to resolve any factual disputes. Upon the student's request, the Director shall appoint an impartial fact-finding panel of no more than three persons to conduct an investigation. The Director must state the terms and conditions of the investigation in a memorandum appointing the fact-finding panel. A fact-finding panel appointed hereunder shall have no authority to make recommendations or impose final action. The panel's conclusions shall be limited to determining and presenting facts to the Director in a written report.

Based upon the report of the fact-finding panel if any, the Director shall make a determination and submit his or her decision in writing to the student and to the person alleged to have caused the grievance within ten calendar days of receipt of the panel's report. The written determination shall include the reasons for the decision, shall

indicate the remedial action to be taken if any, and shall inform the student of the right to seek review by the Dean of the Graduate School.

Students may appeal the recommendation issued by the Program Director to the Dean of the Graduate School. Additional information about the University's grievance procedures can be found in the Graduate Catalogue (<http://graduateschool.uncc.edu/images/stories/catalogs/GraduateCatalog1011.pdf>.)

6. Sexual Harassment Policy

The HPSY Program adheres to the University's policy regarding sexual harassment involving students, faculty, or any employee of the university. Details about UNCC's policy related can be found in the [Graduate Catalog](http://catalog.uncc.edu/graduate-catalogs/current/student-conduct) (<http://catalog.uncc.edu/graduate-catalogs/current/student-conduct>).

7. Professional Conduct

The HPSY program adheres to the code of conduct established by the University of North Carolina at Charlotte and the Graduate School with respect to scholastic integrity, cheating, fabrication and falsification, multiple submissions, plagiarism, abuse of academic materials, and complicity in academic dishonesty (see p. 25 of the Graduate Catalog). In addition, students are expected to adhere to the ethical and professional standards established by the American Psychological Association. HPSY students are expected to be familiar with this code. For detail please visit the following sites:

<http://www.provost.uncc.edu/NewFaculty/integrity.pdf>

<http://www.legal.uncc.edu/policies/ps-105.html>

<http://www.provost.uncc.edu/Catalogs/1999-2001/studcond.html>

<http://www.apa.org/ethics/code2002.html>

VII. INFORMATION ABOUT SPECIFIC AREAS OF EMPHASIS

GENERAL PROGRAM (EMPHASIS)

Section 1: Pedagogical Goals

Consistent with the expected competencies of a Health Psychologist, our curriculum is designed to develop strengths in a number of areas, including:

- 1.1. Knowledge of psychological science:** Students are trained in all of the basic areas of psychology, including biological bases of behavior, social psychology, developmental psychology, personality processes, and learning.
- 1.2. Knowledge of health psychology:** Students are expected to develop expertise

in the field of health psychology and should develop a professional identity as health psychologists.

1.3. Knowledge of core research methodologies: Consistent with modern research, students are expected to develop expertise across the core research methodologies and modern data analytic techniques. In addition to the thesis and dissertation, students are expected to demonstrate these competencies via collaborations with faculty on research projects throughout their training, and the results of these research projects are to be published in journals and presented at regional, national, or international conferences.

1.4. Theoretical and conceptual skills: Health psychology, as a science, progresses through both research and theory. In addition to the mechanics of design and analysis, students are expected to develop the ability to conceptualize a problem and develop testable hypotheses regarding health behavior.

Section 2: Practicum Experience

The practicum experience for the General Health Psychology Program is considered an integral part of the student's doctoral education. The primary objective of the practicum experience is the development of additional research and/or professional skills and competencies that will benefit the student's emerging career path. The practicum experience should be tailored to the student's interests, developmental needs, and career goals.

A suitable practicum experience will be identified by the student and his/her advisor, and is typically completed during the **third year of residency** after completion of the second year project or masters thesis (though it can be done earlier if appropriate). To be an eligible practicum experience, the proposed experience must be (a) an offsite (outside of the Psychology Department; preferably off campus) research or applied project designed to help the student gain practical experience and skills and (b) require at least 9 hours/week for 10 weeks in practicum-related activity, and (c) have a practicum supervisor on location other than the student's regular advisor.

Practicum experiences must be authorized ***in advance*** of starting the experience. The HPSY program will NOT authorize practicum experiences post hoc.

Upon completion of the practicum, a Practicum Evaluation form must be completed by the on-site practicum supervisor and returned to the GHP coordinator. As students near the end of their practicum experience, they should contact the GHP coordinator and ask that the evaluation form be sent to the on-site supervisor. It is the student's responsibility to request this form be sent to the supervisor. The supervisor will then return the evaluation form the GHP coordinator, who will then provide copies to the student and his/her academic advisor. ***A practicum experience will not be considered completed until this form is on file.***

Students must register for at least 3 credits of practicum experience (PSYC 8262). If a student is completing the practicum experience during the summer, they may choose to delay their registration until the subsequent Fall semester.

CLINICAL PROGRAM (EMPHASIS)

1. Clinical Training and Clinical Practicum Information

Clinical training is a core element of the Clinical program of the Health Psychology Program and, ideally, is integrated with students' research and academic experiences. The Director of Clinical Training (DCT: currently Dr. Amy Peterman) is responsible for coordinating, monitoring, and evaluating these experiences. The student should work with the DCT, as well as their primary advisor, to tailor clinical experiences that work best for their career interests and goals.

Clinical Practicum

Background: A practicum is a formal, supervised experience in clinical psychology for which one earns academic credit. Practica are typically started in the second year of training, usually last for 9 to 12 months and consist of, at minimum, an average of 10 hours per week, but no more than an average of 20 hours per week. There is some flexibility in hours, particularly during the summer and for summer-only practica. Practicum hours include provision of direct clinical services, as well as clinically related activities such as supervision, record keeping, etc.

Students generally begin practicum in their second year of residence in the program. During their first year, they are expected to take courses that will prepare them for practicum including the following: Intellectual Assessment, Personality Assessment, Behavior Disorders, Ethical and Professional Issues in Psychology, and Introduction to Psychological Treatment. It is also expected that the health psychology course sequence (Health Psychology 1 and 2) will provide important background information prior to practicum. Students entering with a master's degree in clinical psychology will, most likely, not have to take the above clinical sequence of courses, but will probably still start practicum in their second year.

Practicum Readiness: Students are ready for practicum if they meet the following criteria: are in good standing in the program (e.g., not on probation), have successfully completed the above courses in the first year, and are approved by the DCT based on his/her consultation with their primary advisor and other Health Psychology faculty. Each spring, practicum site supervisors come to UNC Charlotte to present information about their site and training opportunities (see below). Interested students interview at the site(s); each site subsequently selects students to begin their practicum in the summer or fall. The DCT coordinates this process and guides students to appropriate sites. For instance, some sites are more suited for those with previous clinical experience and have conveyed a desire for more advanced students, whereas other

sites are willing to take students without previous clinical experience. Students generally get their first or second choice of practicum site.

Practicum Course Enrollment: During practicum, the student must continually register for between one and three academic credit hours of Practicum in Clinical Psychology (PSYC 8450). Students in their first practicum attend the accompanying class by Dr. Tedeschi, which is numbered 6450. This first class includes a combination of doctoral students and master's students from the Clinical/Community program. This class is an introduction to the practice of clinical psychology and covers a wide-range of general clinical issues. Because this class has been designed to follow Dr. Tedeschi's Introduction to Psychology Treatment course, there is a focus on clinical practice and supervision vs. didactics. In their second practicum, students register for the same class (PSYC 8450), but instead take the course from Dr. Webb during the Fall term and Dr. Peterman during the Spring term. The focus of this course is clinical health psychology, though a range of other general topics in clinical psychology are covered. This class includes a didactic piece, as well as a clinical practice/supervision component. Both of these above courses meet for 2 hours per week during the regular academic year. During the summer, students must still enroll in PSYC 8450 if they are seeing clients at a practicum site. The instructor varies during the summer. If students take a third practicum, they again register for PSYC 8450 but they do not attend the regular meetings of this course, but meet with Drs. Webb or Peterman for individual supervision.

In all practicum courses, students are assigned grades ranging from A to U (Unsatisfactory). Because the final evaluation from site supervisors may come after the semester, a grade of IP (In Progress) is given until all the evaluations are completed. The final letter grade is assigned by the DCT in consultation with the site supervisor and the UNC Charlotte faculty member teaching Practicum in Clinical Psychology (i.e., Drs. Tedeschi, Webb, or Peterman). For the most part, the DCT assigns the grade the instructor of the course recommends, but reserves the right to assign a different grade based on information from the practicum site.

Students who are engaged in clinical work as part of a paying job or grant should inform the DCT about the nature and extent of their clinical work. He or she will determine academic and supervision requirements on a case-by-case basis.

Number of Practica Needed: Students entering without a master's degree in clinical psychology will typically take at least two clinical practica while in residence. Ideally, these will reflect a mix of experiences, but at least one will focus on health/behavioral medicine issues and will be housed in a medical or healthcare facility. Across these two experiences, students should seek to earn a minimum of 1,000 hours of clinical experience if possible. There will be, of course, variability in hours accrued based on placement, workload, clinical interests, etc. Students entering with a master's degree in clinical psychology (with requisite clinical experiences) will generally complete one or two practica while in residence. The number of practica will depend on their previous training and experiences. Overall, students should consult with the DCT and their

academic advisor to plan their clinical training and to ensure that they are getting the training experiences that they need and/or desire.

A student who completed practicum training within a regionally accredited university can apply for advanced placement in clinical training, which would mean that s/he would not be required to complete the “Beginning Practicum” experience at the Student Counseling Center. To do so, the student will submit a written description of the site(s) at which the practicum/a occurred, the type (e.g., group, individual) and number of weekly supervision hours, and the clinical population seen. Supervisor evaluations of the student’s clinical work will also be submitted. The DCT, in consultation with other clinical faculty, will review these materials to evaluate the comparability of the prior practicum to the initial training provided in our program. If the experiences are substantially comparable and the student received at least a “satisfactory” rating from previous supervisors, the DCT will then determine that the student can receive advanced placement. This qualifies the student to apply for an advanced practicum during the annual practicum assignments cycle in the following spring.

Requirements for Practicum Supervisors: For each practicum, the primary supervisor must be a licensed psychologist. He or she will be responsible for evaluating the student and will be the main contact between the site and the DCT. Other professionals (e.g., physicians, nurses, licensed professional counselors, etc.) may, however, provide additional supervision or training opportunities. The main supervisor is expected to be on site during the provision of clinical services, but if they are not available, another supervisor should be on site and immediately available.

Requirements for Practicum: Prior to starting each practicum, each student must purchase professional liability or malpractice insurance, which is available at low cost (\$35 in June of 2011) from American Psychological Association Insurance Trust (www.apait.org/apait). The DCT will need proof of this before the student begins the practicum. For each practicum, students sign a letter of agreement between the site and UNC Charlotte (represented by the DCT). In each practicum, students are evaluated by the practicum supervisor twice, at the half-way point and at the end of the experience (see the Appendix). At the conclusion of the practicum, the student must evaluate the site and the site supervisor (see the Appendix). This form is returned to the DCT and, after several students have progressed through the site, this information is collated and sent to the site. Students cannot be individually identified. While on practicum, students are responsible for tracking their clinical hours using the Excel form provided by the DCT (see the Appendix). Failure to do this may result in delays in applying for internship, incomplete grades, or other academic or clinical difficulties. If the student experiences difficulties or conflicts on site, the student should first seek to address these with the site supervisor, per American Psychologist Association guidelines. If this is not successful or the student does not feel comfortable doing this, they should address these issues with the instructor of the practicum course and/or the DCT.

Comprehensive Clinical Examination

Judging a student's clinical and professional readiness for internship is a key issue for doctoral programs in clinical psychology. At UNC Charlotte, we achieve this in several ways including performance in clinical courses, practicum ratings from supervisors, and completion of the Clinical Comprehension Examination. This examination is in the form of a clinical case conference which is, in itself, an important activity in the professional development of clinical health psychologists. Such presentations serve to provide the student an opportunity to integrate academic and clinical work and to sharpen their conceptualization of cases and communication skills. Moreover, the case presentation provides the faculty with a concise and standardized format to evaluate students' clinical competencies, while also evaluating some indicator of competency (i.e., video or audio tape). To these ends, the clinical faculty requires that all clinical students give a formal case presentation during the second semester of Clinical Psychology Practicum (PSYC 8450). Successful completion of this case presentation is one of the requirements for applying for internship. The case presentation will be on a current or past client and will consist of a written paper and an oral presentation. Details about the timing, format, evaluation process, etc. are detailed below.

Predoctoral Internship

Predoctoral internship is a full-year clinical experience that can be completed at a variety of sites throughout the US and Canada. It is recommended that students complete either an APA-approved internship, which are typically the best training sites, or Association of Psychology Postdoctoral and Internship Centers (APPIC) member internships. Students need DCT-approval before applying to non-APA or non-APPIC sites. Unfortunately, there are only 2 APA-approved internship sites in the Charlotte area with a total of 7 slots (UNC Charlotte Counseling Center, and Salisbury VA Medical Center); there is also an APPIC member internship at Southeast Psych that has two slots. Because of the scarcity of local sites, it is likely that one must be flexible and willing to move to a different location for internship. Students who wish to apply for internship must meet the following criteria: be in good standing in the program (e.g., not on probation), complete all relevant clinical coursework, successfully complete the Comprehensive Clinical Examination, be approved by the DCT in consultation with HPSY clinical faculty, and propose their dissertation by October 15th of the year prior to internship. While on internship students must be continually registered for Internship (PSYC 8950). Students may register for one to three internship credits per semester. However, each student should check with their student loan provider (if applicable) to determine the minimum number of credit hours required for registration in order to avoid initiation of loan payback.

Submission of information to the various internship sites is generally due in November or December with the internship beginning either the next summer or fall. All application materials are submitted electronically. Additional information on the internship application process, as well as internship sites, is available at www.appic.org.

Licensure

Graduates of the clinical program/track are license eligible in North Carolina and many other states after completing their pre-doctoral internship and one-year of supervised post-doctoral experience. Some states require provisional licensure during the time that students are accruing post-doctoral supervised clinical hours. Students are strongly encouraged to check the website of the American Society of Professional Psychology Boards (www.asppb.org) or the individual state's licensing board to determine licensure and practice requirements. It is particularly important that students be aware of regulations related to the timing of degree completion vis-à-vis' the start of post-doctoral hours and license application. *Despite the fact that our program is now APA-accredited, some state licensing boards are still requiring copies of all course syllabi.*

Testing library

Please note that the Program maintains a large library of psychological tests that is available for all students. Students may use these tests on practicum or for research. These tests are located in Colvard 4004 and 4126. The DCT maintains a complete list of tests, as well as policies and procedures for their use (see Appendix)

Detailed description of main practicum sites (as of August 2013)

Site: UNC Charlotte Counseling Center

Location: UNC Charlotte

Distance from UNCC: N/A

Main Supervisor: Theresa (Terri) Rhodes, Ph. D.

Contact Information: rhodes@uncc.edu

Other Supervisors: Various counseling center staff

Average hours per week: 20

Paid: No

Description of Experience:

All clinical students who enter the program without clinical experience will have their first practicum at the Student Counseling Center during their second year in the program. This is called the "Beginning Practicum" and will consist of 6-10 hours/week of didactic instruction provided by the Counseling Center Staff, psychotherapy with 1-3 clients per week, and intensive supervision of this clinical work.

More advanced students may apply to the “Advanced Practicum” experience in the Counseling Center. Typically, only one student from our department will be chosen to be in that role each year. Advanced Practicum students will be expected to participate in a 20 hour per week training experience that will be broken down into the following activities per week: 2-4 intake sessions, 5-10 individual/couples sessions, co-leading a structured group, one hour of group supervision, one hour of individual, face to face supervision, one hour and a half of all staff professional development meeting, 2-4 programs/projects per semester in a chosen area of health psychology focus (e.g. stress management, eating disorders, suicide prevention, substance abuse concerns, or relationship violence); and students may have the opportunity to collaborate with Health Education department in Student Health Services in providing programs and outreach services.

Site: Carolina’s Medical Center—Elizabeth Family Practice

Location: 2001 Vail Ave., Charlotte, NC 28207

Distance from UNCC: 9 miles

Main Supervisor: Matthew Alexander, Ph. D.

Contact Information: Matthew.Alexander@carolinashealthcare.org

Other Supervisors: Dael Waxman, M. D.

Average hours per week: 16

Paid: No

Description of Experience: The main clinical duties of this health psychology/behavioral medicine practicum at Carolina’s Medical Center-Eastland include the following: Counseling and therapy with adult medical patients in a primary care setting, consultation with medical residents and physicians about psychological issues, and co-leading group therapy for health related concerns such as smoking cessation, weight management, diabetes management, etc. There may also be occasional opportunities for family therapy, brief psychological assessment, inpatient consultation at Carolina’s Medical Center-Main, as well as “shadowing” physicians. The trainee will participate in relevant team meetings, attend didactics such as case conferences and grand rounds, and read assigned materials. The trainee is expected to participate in the behavioral medicine curriculum for medical residents and dental students that cover a range of psychosocial and counseling issues.

Site: Wake Forest University Baptist Medical Center Cancer Center

Location: Medical Center Blvd. Winston-Salem, NC 27157

Distance from UNCC: 72 miles

Main Supervisors: Richard McQuellon, Ph. D.

Contact Information: rmcquell@wakehealth.edu

Other Supervisors: None at this time.

Average hours per week: 20

Paid: Stipend varies, but is usually enough to cover gas.

Description of Experience: The main elements of this practicum will including the following: Provide supportive counseling to inpatients diagnosed with leukemia and/or family members/significant; provide supportive counseling to patients and/or family members through Solid Tumor Service and Bone Marrow Transplant Service; administer and/or interpret psychological assessment instruments as necessary (primarily depression and anxiety symptom questionnaires, occasional battery for bone marrow transplant patients with Dr. McQuellon); may periodically conduct outpatient therapy sessions as patients become available; may periodically co-facilitate the Caregiver Support Group (Wednesday 6-7pm); and may periodically attend genetic risk assessment and counseling sessions. The trainee will also attend relevant presentations, lectures, and conferences as offered.

Site: Wake Forest University Baptist Medical Center, Department of Neurology

Location: Medical Center Blvd. Winston-Salem, NC 27157

Distance from UNCC: 72 miles

Main Supervisors: Miriam Sollman, Ph. D.

Contact Information: msollman@wakehealth.edu

Other Supervisors: None at this time.

Average hours per week: Varies

Paid: Stipend varies, but is usually enough to cover gas.

Description of Experience: The main clinical duty of this practicum is neuropsychological assessment of children, adolescents, and adults. These individuals, both in-patients and out-patients, have a wide-range of neurological, psychiatric, and medical diagnoses. There is also may be the possibility of participating in brief cognitive rehabilitation and pain management if desired and available.

Site: Integrative Psychotherapy Training Program (IPTP)

Location: Various locations throughout the Carolinas Healthcare System.

Main Supervisors: Clinical faculty (McAnulty, Webb & Peterman). Additional supervision may be provided by other mental health professionals affiliated with the IPTP.

Contact Information: See Dr. Peterman for more information.

Average hours per week: 16 - 20

Paid: No

Description of Experience: The main responsibilities of this experience include consultation, assessment and brief psychotherapy with people receiving medical care at various locations throughout the Carolinas Healthcare System. These may include outpatient primary care and family medicine facilities, inpatient rehabilitation hospitals, and other in- or out-patient facilities.. Practicum students address general mental health issues, such as depression and anxiety, as well as clinical health-related problems, such as adjustment to illness, medication adherence and healthy lifestyle changes to facilitate the prevention or treatment of illness (e.g., diabetes).

Site: Charlotte Outpatient Clinic of the Salisbury VA Medical Center

Location: 8601 University East Dr., Charlotte, NC, 28213

Distance from UNCC: 3 miles

Main supervisors: Jo Cooley, Ph.D. and Angela Gonzalez, Ph.D.

Contact information: Kristin.Humphrey@va.gov

Average hours/week: 16-20

Paid: No

Description of Experience: Students in this practicum will gain significant experience in group and individual treatment with veterans and their family members. The concerns vary widely, but there is a focus on treatment of post-traumatic stress disorder, depression, anxiety, post-deployment issues, and interpersonal difficulties.

Comprehensive Clinical Examination

Clinical case presentations are important activities in the professional development of clinical health psychologists. Such presentations serve to provide the student an opportunity to integrate academic and clinical work and to sharpen their conceptualization of cases and communication skills. Moreover, the case presentation provides the faculty with a concise and standardized format to evaluate students' clinical competencies. To these ends, the clinical faculty requires that all clinical students give a formal case presentation when they have completed all clinical courses which will typically be during the second semester of Clinical Psychology Practicum (PSYC 8450). Successful completion of this is a case presentation is one of the requirements for applying for internship. The case presentation will be on a current or past client and will consist of a written paper and an oral presentation. Details about the timing, format, evaluation process, etc. are detailed below.

Selecting a Case

Students should select a case that has been interesting, challenging, or has facilitated their learning in some way. Students may select a case where something went wrong or where they would have done something different—in other words, the success of their intervention is not necessarily relevant to their performance on the case presentation. What is important, however, is that students are able to reason about difficulties or challenges in a professional and psychologically sophisticated manner. Students may benefit from selecting a case that will provide them with the opportunity to reasonably address all the issues detailed in the section below. Because not all clients are ideal for presentation, students should need thinking about the appropriateness of cases early in practicum. For the case selected, students should provide evidence of how their work demonstrates clinical competency such as a video or audio-tape recordings of an intake or therapy session(s). Students are expected to select a segment or segments that fit with and support their presentation; for instance, they may choose a clip that demonstrates their ability to use a technique or procedure that is consistent with their case conceptualization. Videotape or audiotape is necessary as this allows the best and most efficient method to evaluate clinical competency. Ideally, students will obtain sufficient video or audio evidence to demonstrate competency; this

should be made available to evaluators before the oral presentation for their review. During the presentation, only brief select clip(s) should be presented. In addition to video or audio, other supporting indicators of competency such as a completed psychological report, chart notes, etc. may also be included. Because this information will be shared with and discussed with faculty during the oral presentation, students are required to obtain the client's signed permission to release information for educational (non-therapeutic) purposes. Students should work with their site supervisor, as well as the instructor of PSYC 8450, to help them select an appropriate case. Portions of the case may have been previously presented in a class or on practicum.

Please note that if, as a last resort, you are not able to get video or audio-tape, there are other options for demonstrating clinical competencies (e.g., a standardized patient) that can be explored. If this is done, the comps will be adapted on a case-by-case basis.

Evaluators

At least two clinical program faculty members will serve as evaluators for each case presentation. One will be the DCT and the other will be another clinical track faculty member. If possible, the site supervisor can also be invited to the meeting and may serve as a third evaluator.

Written Paper/Portfolio

The APA-style finished paper should be approximately 25 pages in length, not counting references and appendices. The paper should address each of the domains below, but an emphasis will be on students' reasoning, case conceptualization, and ability to integrate their clinical work with the relevant research. Students' ability to use a biopsychosocial model and adopt an interdisciplinary perspective is a key component of a successful case presentation. As might be expected, there will be quite a bit of variability across papers given the differences in student style, practicum training site, supervisor, client selected, etc. The paper is due at least one week before the case presentation. Supporting documentation, including the video/audio tape should also be made available at that time or earlier if it is lengthy. Students should gain approval from the course instructor about the appropriateness of their case before proceeding.

To help structure the paper a suggested outline is presented below. While students may choose to present information in a different sequence and subheadings are not required, students are expected to address each of the following topics. The evaluation sheet lists criteria evaluators will evaluate.

1. Demographics (students should conceal the client's name and other identifying information so that he or she can not be identified)
2. Presenting complaints and relevant psychosocial history

3. Assessments (e.g., cognitive or personality tests, behavioral observations, etc.).
4. Case formulation, conceptualization, and theoretical considerations
5. Treatment rationale, intervention approach, course of treatment, and outcome
6. Mechanisms of, and obstacles to, change
7. Scientific applications and considerations (e.g., use of empirically supported treatments)
8. Health psychology issues, applications, and considerations
9. Application of the biopsychosocial model
10. Interdisciplinary perspectives and considerations
11. Cultural and diversity issues
12. Ethical issues and considerations
13. Use of supervision throughout the treatment process
14. Take home points and what was learned through this case
15. Appendix of supporting materials (e.g., treatment plan, psychological reports, case notes, etc.). These do not count toward the approximate 25-page length.

Oral Presentation

The entire oral presentation should last about 90 minutes and include a brief case presentation followed by a question-and-answer session. Students should provide a brief overview of the case and their therapeutic approach and then be prepared to critically discuss the case with faculty evaluators. The presentation should take approximately 45 minutes, including video or audio-presentation or other demonstration of competency, with the remainder of time devoted to questions. Please note that not all the video or audiotape submitted needs to be presented at this meeting as there would not be enough time-- only select clips are necessary.

A central purpose of the oral presentation is to give students practice “thinking on their feet” and engaging in clinical and scholarly dialogue with peers and faculty. Thus, students should allow time for questions and discussion. It will be important to be able to consider students’ case from different clinical or theoretical perspectives.

Evaluation

The paper and oral presentation will be evaluated on several dimensions, including organization, clarity of rationale and description of the case, use of data to support inferences, integration of theory and scientific data with case description, presentation style, and response to questions.

Each evaluator will provide an assessment of the student's work. If both evaluators score the case presentation as a below "satisfactory," this will be considered a failed case presentation. In that case, the student will need to complete another clinical case presentation and possibly work on remedial skills. Failure to do so or continued difficulties on practicum may result in being held back from applying for internship.

Portions of the presentation may have been previously presented in class and/or may have been counted as part of the grade in PSYC 8450. In such cases, students are expected to work with and respond to feedback to improve the case study.

Presentation

Oral presentations will be completed on one day at the end of each spring term.

Community Emphasis/Program

Practicum Experiences

Students receive applied training and experiences in all courses specific to the Community program. In the core course sequence, which includes Community Psychology, Applied Research and Program Evaluation, and Community Interventions courses, students work with community agencies on applied class projects that are designed to build skills and address needs in the community. The Community Research Practicum and Practicum in Community Psychology involve individual projects with community organizations. In the Community Research Practicum, the focus is on applying research to address community needs and guide interventions, whereas the Practicum in Community Psychology is oriented toward developing community intervention skills or community practice-based competencies, although evaluation of interventions is always part of the process. Thus the distinction between Community Practicum and Community Research Practicum is a matter of relative emphasis on developing research skills versus practice skills.

The specific sites of community practica and other applied community psychology experiences can vary as a function of the various opportunities that exist for students to become involved and develop their skills, and the availability of appropriate on-site supervision. Student interests, professional goals, and plans of study are also of relevance for the selection of the site and project. Most projects involve partnerships with local government entities or nonprofit organizations. The pages that follow include

(a) a sample practicum agreement for the student role and scope of work, as well as (b) a description of practicum learning goals for an applied placement.

Example Practicum Agreement

STUDENT'S NAME

Health Psychology Ph. D. Program
The University of North Carolina-Charlotte
9201 University City Blvd
Charlotte, NC 28223-0001
704-687-XXX

NAME AND ADDRESS OF PRIMARY ON-SITE SUPERVISOR
AND ORGANIZATION

*Community Health Psychology
Research Practicum: Service Contract and Scope of Work*

The Community Research Practicum provides an opportunity for students to **apply of the principles of community psychology to special areas of need within an organization or community setting. Students can provide assist agencies and other community stakeholders with technical consultation, evaluation expertise, and, in many cases, direct assistance and/or conduct of a research effort.**

[Student Name] will be working with [Organization] for the fall semester, 2009 (from August 24th to December 18th 2009). Her main focus will be assisting their effort to document the need and, if possible, effectiveness of including mental health services in a setting that provides primary care to teens in the Charlotte community. Consistent with the expectations of the practicum course, [Student] will work an average of ten hours per week toward the project (these can be on- or off-site) and will work in conjunction with Drs. [On-site Supervisor], [Faculty Supervisor], and [Faculty Supervisor].

As per discussions with [Organization] staff, [Student] will review chart-level data and prepare a presentation of her findings to be given at [Organization]. She will also prepare a written product, which will be in the form of a literature review, brief report, or research paper.

Student Name

Date

On-site Supervisor

Date

Faculty Supervisor

Date

Faculty Supervisor

Date

Example Description Used for Applied Practicum in Community Psychology

Student Name

Spring Semester 2010

This statement was used in discussions with a local non-profit
Experience in Nonprofit Organizations

As a doctoral student in the Health Psychology Program at UNC-Charlotte, we are provided with several field-based practicum opportunities. Most of these involve assisting with program evaluations or conducting community-based research in some capacity. At the same time, as described by the Society for Community Research and Action (SCRA) workgroup on Community Practice, practice-based Community Psychology training should involve skills other than those employed in research and program evaluation, including advocacy, capacity building, collaboration, group processes, and professional development (Scott, 2007). Many of these skills are useful in working with non-profit organizations, an important practice setting for community psychologists. Training in other disciplines concerned with functioning of non-profit organizations (e.g., Dr. XXXXX) is crucial as well, particularly given the interdisciplinary focus of our training program. For this purpose, I am taking several classes for a certificate in Nonprofit Management & Leadership. The certificate program provides a broad knowledge of the nonprofit sector and the major systems that are related to nonprofits, and provides necessary grounding in research in theory from other disciplines to inform practice with nonprofits. Building on this knowledge and my prior training in community psychology scholarship and practice, my professional goal is to practice in a nonprofit setting, more specifically, a setting providing health services to adolescents. However, in order to obtain a rounded training toward this professional goal, practical experience in nonprofit practice skills beyond those necessary for conducting program evaluation is necessary. Building on my community psychology and interdisciplinary training in nonprofit organizations, and my prior practicum experiences in evaluation and community based research; I propose a practicum experience focusing on these other critical skills for practice in the non-profit sector.

Specific Training Objectives

While several types of practical skills needed for work with nonprofits overlap with my educational experiences in Community Psychology, others do not. After learning about the necessary practical skills for working with nonprofit organizations and examining several job sites seeking employees, I have identified three areas that would benefit my future professional goals. In turn, I seek to obtain experience in:

- 1) Strategic planning (e.g., formulation of mission, values, goals statements, facilitation of strategic planning meetings)
- 2) Working with/coordinating volunteers (e.g., volunteer recruitment, selection, supervision)
- 3) Fundraising (e.g., development of fundraising plans)

Appendix

Graduate School Forms

The forms below are necessary for all graduate student and are available at <http://graduateschool.uncc.edu/current-students/forms>. Please note that effective August 7th, 2013, active graduate students will be able to submit all academic requests via the Graduate Academic Petition web-tool.

Graduate Assistantship Application	To apply for a Graduate Assistantship.
Special Request Form (graduate)	To late add or late drop a course or make any other special request.
Application for Transfer of Credit (graduate)	To request the transfer of credit from another college/university.
Petition for Topic Approval	To report approval of a thesis or dissertation topic.
Report of Qualifying Exam or Comprehensive Exam (Doctoral)	To report completion of qualifying or comprehensive exam.
Report of Comprehensive Exam	To report completion of comprehensive exam
Application for Admission to Candidacy	To apply for candidacy for a masters or doctoral degree.
Application for Degree	To apply to graduate with a masters or doctoral degree.
Application for Graduate Certificate	To apply for the graduate certificate.
Doctoral Committee Appointment Form	To have doctoral committee appointed.
Application for Qualifying Exam for Doctoral Candidates	To apply for the doctoral qualifying examination.
Residency for Tuition Application	Graduate application to establish residency at UNC Charlotte.
Suspension Appeal Form	To appeal suspension from the Graduate School
Research Projects involving Human Subjects (IRB)	Guidelines and forms to assist graduate students and faculty in IRB review/approval process for research projects involving human subjects.



**Health Psychology Ph.D. Program
Student Advisory Committee Approval Form**

Student Name (print): _____

Student UNCC ID#: _____

Advisory Committee Chair

_____ **Date:** _____
(print full name and sign)

Committee Members

_____ **Date:** _____
(print full name and sign)

Approved by Director of the Health Psychology Program

_____ **Date:** _____
(print full name and sign)



**Health Psychology Ph. D. Program
Policy Statement Regarding Advanced Research Methodology Requirement**

Policy Statement

This policy statement sets forth the procedures and guidelines regarding the requirement of a third methodology course in the Health Psychology curriculum beyond the first year sequence of PSYC 8102/8103. All HPSY students are required to take one additional course (General program students must take two additional methodology courses).

Unless a student enrolls in one of the pre-approved courses (see list below), students must petition their Advisory Committee (AC) and the Program Director for a specific course to satisfy this requirement PRIOR to taking the course.

- Under no circumstances will a course be allowed to retro-actively satisfy the requirement. It is the student's responsibility to obtain approval prior to enrolling in the course. If a student enrolls in a course from the pre-approved list, they do not need to obtain approval.
- The absence of a course from the pre-approved list does not indicate that it cannot count towards the third course requirement. The absence of a course may simply reflect the fact that it was not previously evaluated, or that the course content varies over time.
- Advisory Committees should evaluate a course on the basis of (a) appropriate rigor and level for a doctoral course; (b) that the content goes beyond what was covered in PSYC 8102/8103; and (c) that it is a research methodology course (rather than a content course).
- NOTE: This policy makes no distinction between quantitative and qualitative methods. Either can be used; neither are required. The choice should be based on relevancy to the student's goals and research area.

Under no circumstances may a course from the Excluded List be approved or used to satisfy the Health Psychology methodology requirement. Advisory Committees may not approve a course from the excluded list.

- Courses on the "Excluded Courses" list will not be allowed to count towards the minimum number of methodology courses required. A student may take these courses and count them towards general electives, but they will not satisfy the "third course" methodology requirement. Courses are on this list typically because they are redundant with PSYC 8102 and PSYC 8103 (which are required courses for Health Psychology students).
- 5000 level courses are not allowed to fulfill the methods requirement.

Approval Procedure

- Students should obtain a copy of the syllabus of the course they wish to use to fulfill the requirement and submit the Approval Form and a copy of the syllabus to their Advisory Committee.
- Upon approval by the AC, the student should forward the Form and the copy of the syllabus to the Program Director for final approval.

Pre-Approved Courses

- **PSYC 8104.** Advanced Quantitative Analyses for Behavioral Sciences (3)
- **PSYC 6207.** Psychometrics. (3)
- **PSYC 8145.** Applied Research Design and Program Evaluation. (3)
- **PPOL 8000.** Categorical Data Analyses (3)
- **HLTH 8003/ PPOL 8665.** Analytical Epidemiology (3)

Excluded Courses *(these courses may not be used to satisfy HPSY methods requirements)*

- **COMM 6100.** Communication Research Methods
- **GEOG 6131/8131.** Research Design Fundamentals
- **MPAD 6125.** Research Methods for Public Administrators
- **MPAD 6126.** Data Analysis for Decision Making
- **PPOL 8602.** Research Design in Public Policy
- **PPOL 8620/8621.** Quantitative Methods in Public Policy I & II
- **PSYC 6205/OSCI 8205.** Field and Lab Based Quantitative Research Methods
- **SOCY 6653.** Advanced Quantitative Analyses (3)
- **STAT 6127.** Introduction to Biostatistics



UNC CHARLOTTE
Health Psychology Ph.D. Program

Request for Approval of Advanced Research Methods Courses

Date: _____

Name: _____ Student ID# _____

Complete this form if you are planning to enroll in a course that is not included in the student handbook as a “recommended” advanced research methods course.

Title of course and number: _____

Instructor of course: _____

Rationale for requesting approval:

Advisory Committee Chair

(Print name and sign)

Date: _____

Committee members:

(Print name and sign)

Date: _____

(Print name and sign)

Date: _____

Program Director

Date: _____



UNC CHARLOTTE
Health Psychology Ph.D. Program

Request for Approval of Interdisciplinary Courses

Date: _____

Name: _____ Student ID# _____

Complete this form if you are planning to enroll in a course that is not included in the student handbook as a “recommended” interdisciplinary course.

Title of course and number: _____

Instructor of course: _____

Rationale for requesting approval:

Advisory Committee Chair

(Print name and sign)

Date: _____

Committee members:

(Print name and sign)

Date: _____

(Print name and sign)

Date: _____

Program Director

(Print name and sign)

Date: _____



UNC CHARLOTTE

Health Psychology Ph.D. Program

Request for Approval of General Track Specific Electives

Complete this form to request a course substitution for the General Track Specific electives. If possible, please submit a copy of the syllabus along with this form.

Date: _____

Name: _____ **Student ID#** _____

Title of course and number: _____

Instructor of course: _____

Rationale for requesting approval:

Advisory Committee Chair

_____ Date: _____
(Print name and sign)

Committee members:

_____ Date: _____
(Print name and sign)

_____ Date: _____
(Print name and sign)

Program Director

_____ Date: _____
(Print name and sign)

List all research (posters, talks, etc.) that you presented this year and in what forum:

List all scientific publications that have been produced during the last year. Please indicate in APA style the type of publication (peer reviewed article, book chapter, etc.) and its status (near submission, under review, in press, published):

Other scholarship activities:

Teaching (if applicable)

List activities including courses taught, teaching role, and append a copy of your teaching evaluations for each class:

Practicum (if applicable)

List all practicum activities:

Awards and Honors

List and describe any awards or honors you have won during the past year:

Summarize any events or situations that you believe impacted your performance in the HPSY program during the past year and that you would like the faculty to consider as they evaluate your work:

Goals for next year

1. Educational and program milestones

2. Scholarship and research

3. Teaching

Other:



UNC CHARLOTTE
Health Psychology Ph.D. Program
Request for Student Travel Funds

Destination for Travel: _____

Reason for travel (attach letter or acceptance and information about the conference):

Dates of travel: _____

How much is airfare? _____ Room for all dates? _____

How much is the registration fee? _____ Other expenses? _____

Please describe briefly how travel to this meeting or conference will enhance your professional development/career:

Are you first author on a research talk or poster at the conference/meeting? _____

If not, or you a more distal author on a talk or poster being presented? _____

What level of contribution did you have (demonstrated by authorship order) on this talk or poster? I am _____ author on the talk or poster.

Student signature: _____ Date: _____

Advisor's signature: _____ Date: _____

Program Director's signature: _____ Date: _____

How do you plan to use the requested funds? Please provide a list of the items you will purchase with the requested funds and an estimate of the cost of these items.

Is this study

- your second year project?
- your comprehensive (comps) project?
- your dissertation project?

Have you received IRB approval to conduct this study? YES NO

If not, when do you expect to receive IRB approval? _____
Month/Date/Year

When do you expect to start this project? _____
Month/Date/Year

When do you expect to end this project? _____
Month/Date/Year

Are you in good academic standing (i.e., not on probation)? YES NO

Student signature: _____ Date: _____

Advisor's signature: _____ Date: _____



UNC CHARLOTTE
Health Psychology Ph.D. Program
Request for Independent Teaching

Students are eligible to engage in independent teaching of a lower level (1000 or 2000) undergraduate course if they have successfully defended their comprehensive project (Comps) and completed the Teaching of Psychology course (PSYC 8222) or the Special Topics in Graduate Teaching course (GRAD 8001) with a satisfactory grade, demonstrated excellence as a teaching assistant, are in good academic standing, and successfully completed their comprehensive exam. Students are required to be enrolled in the Teaching Practicum (PSYC 8223) during the semester of their first solo teaching assignment.

STUDENT NAME: _____ ID# _____

REQUESTING SOLO TEACHING FOR: FALL _____

SPRING _____

SUMMER _____

COURSE(S) INTERESTED IN TEACHING:

COMPLETED TEACHING OF PSYCHOLOGY (PSYC 8222) OR GRAD 8001:

YES: _____ NO: _____

COMPLETED THE COMPREHENSIVE PROJECT YES: _____ NO: _____

GOOD ACADEMIC STANDING YES: _____ NO: _____

Student signature: _____ Date: _____

APPROVED BY

HPSY Program Director's signature: _____ Date: _____

Teaching of Psychology Faculty signature: _____ Date: _____



UNC CHARLOTTE
Health Psychology Ph.D. Program
Practicum Site Student Placement Form
General Program/Track

Student Name: _____

Practicum Site: _____

Primary Supervisor: _____

Dates of Placement:

From _____ to _____

Please briefly describe the duties the student will be performing:

Please describe the method of supervision:

Student signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

Program Director's signature: _____ Date: _____



UNC CHARLOTTE

Health Psychology Ph.D. Program

General Health Psychology Practicum Evaluation Form

Student:

Practicum Supervisor:

Start Date:

Practicum Site:

End Date:

Instructions:

The practicum experience for the General Health Psychology program is considered an integral part of the student's doctoral education. The primary objective of the practicum experience is the development of additional research and/or professional skills and competencies that will benefit the student's emerging career path. In order to facilitate that professional growth and development it is important that we obtain information from practicum supervisors regarding the student's performance. The purpose of this appraisal form is to obtain behaviorally-based ratings of performance to identify areas of strengths and areas in need of further development.

For each performance dimension listed below, please provide a rating using the scale shown, and if possible, provide examples of critical incidents that exemplify the basis for that rating. Again, the purpose of collecting examples of critical incidents is to be able to provide students with behaviorally-based feedback. The more concrete and specific the examples are, the better we will be able to help the student assess their strengths and weaknesses.

Please consider the following suggestions when evaluating the student's performance:

1. Avoid the tendency to give highly similar ratings across all dimensions. This typically occurs because raters will allow a particular strength to color their view of other behaviors. To avoid this, try to think of specific behaviors relevant to each dimension rather than a global feeling towards the person. Chances are that each individual will have some areas in which they are stronger than other areas.
2. Before you make a rating, try to think about their performance over time rather than basing your rating on a single specific event. Although we are asking for specific examples to be provided, your rating should be based on the student's behavior across the entire experience.
3. Avoid basing ratings on personal characteristics that are not related to the student's effectiveness. For example, fashion sense, similarity to the rater, sense of humor and other characteristics can often influence opinions. While some of these things may be relevant to specific aspects of their performance (e.g., dressing professionally for meetings with clients), try not to let these things influence your ratings on dimensions for which they are not relevant.

Finally, we would like to express our appreciation and gratitude for your time and effort in helping the student's professional development. This is a critical part of their education that could not be achieved without your assistance and effort.

Thank you,

Charlie L. Reeve, Ph.D.
General Health Psychology Program Coordinator
University of North Carolina Charlotte

		Exceptional				
Student:		Satisfactory				
		Unsatisfactory				
Check Box if not applicable	<input type="checkbox"/> <u>Task Proficiency:</u> Quality of performance on core, technical aspects of the practicum experience. This may include considerations such as innovation, intellectual curiosity, etc, if relevant.	1	2	3	4	5
	Critical Examples:					
	<input type="checkbox"/> <u>Written Communication:</u> Facility on written tasks, email communications, etc.	1	2	3	4	5
	Critical Examples:					
	<input type="checkbox"/> <u>Oral Communication:</u> Facility in oral communications.....	1	2	3	4	5
	Critical Examples:					
	<input type="checkbox"/> <u>Demonstrating Initiative & Effort:</u> Persistence and intensity of work behavior (e.g., willingness to take up tasks; completing tasks without being reminded; seeks out and initiates opportunities)	1	2	3	4	5
Critical Examples:						
<input type="checkbox"/> <u>Personal Discipline & Responsibility:</u> Meets deadlines, takes responsibility for own actions; Avoidance of negative actions such as tardiness, absence, rule violations, etc..	1	2	3	4	5	
Critical Examples:						
<input type="checkbox"/> <u>Facilitation of Peer/Team Performance:</u> Helps coworkers and peers, behaves in a collegial and professional manner with others, adds to a positive work environment, etc.....	1	2	3	4	5	
Critical Examples:						
<input type="checkbox"/> <u>Supervision/Leadership:</u> Effectively monitors, instructs and guides subordinates; maintains good rapport with subordinates; encourages and motivates, etc.....	1	2	3	4	5	
Critical Examples:						

If you have additional information or comments that would help us evaluate and promote the student's development, please provide them here:



UNC CHARLOTTE
Health Psychology Ph.D. Program
Practicum Site Student Evaluation Form
Clinical program

Student Name: _____

Practicum Site: _____

Primary Site Supervisor: _____

Dates of Placement: From _____ to _____

Average hours per week of supervision (by this supervisor): _____

Method of supervision: ____ Individual ____ Group ____ Observation ____ Tapes

Total practicum hours:

<i>Activity</i>	<i>Hours</i>
Intervention & Assessment	
Supervision Received	
Support Activities	
Total APPIC Hours	

The above hours are tracked by students throughout each practicum experience and conform to Association of Psychology Postdoctoral and Internship Centers (APPIC) requirements for how hours are reported for internship application.

My experience and knowledge of student is: (Very Limited) 1 2 3 4 5
 (Extensive)

Please provide comments on all ratings below "Satisfactory"

Professional behavior and documentation

Professional behavior: Maintains schedule as agreed; follows agency procedures; relates well with staff, support staff, fellow students, and other professionals; maintains professional behavior with others; handles clinic details. (DK=Don't Know, NA=Not Applicable)

Unsatisfactory

1

2

Satisfactory

3

4

Exceptional

5

DK/NA

Maintains written records as required by site in a timely manner; records may include progress notes, assessment reports, case and termination summaries.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Written materials (e.g., therapy notes, treatment plans, etc.) are well organized, clearly written, with meaningful content, and appropriate to referral question/presenting problem.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments:

Assessment

Preparation: Does reading on issues and patients' histories; is active in designing assessment; designs assessment that is appropriate to problem and within limits of patient and site.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Interviewing: Follows a logical format, seeks appropriate information, works independently, achieves rapport, and maintains patient cooperation.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Test administration: Follows standard procedures; capable of adapting to patient needs within bounds of protocol; scores tests accurately.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Test interpretation: Interprets results correctly; relates results in a useful manner to presenting problem; aware of psychometric issues and limitations of tests; provides appropriate feedback to patients, families, referral sources.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Diagnosis: Recognizes and correctly identifies pathology (within theoretical/diagnostic system used by site).

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments:

Intervention and supervision issues

Case conceptualization and treatment planning: Relates history, symptoms, interview information to diagnosis and psychological theory; integrates theory with practice; conceptualization includes awareness of likely obstacles to, course of, and prognosis for therapy. Aware of range of treatment methods and matches intervention to patient need.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Intervention skills: Develops rapport and maintains patient involvement in therapy; implements treatment techniques; coordinates intervention with other team members; addresses both content and process issues in therapy.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Aware of salient extra-therapy issues and limitations (medical problems, environmental issues, medications); aware of and incorporates cultural, racial, gender, etc. differences into case conceptualization and treatment; seeks consultation from other professions as needed.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments:

Supervision: Prepared and on time for supervision; actively participates in supervision; accepts direction and information without defensiveness; open to discussing process issues, including own issues pertinent to relationship with patient; seeks appropriate supervision.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments:

Other relevant issues

Science-Practice: Integrates relevant scientific readings into clinical work; uses evidence-based approach to assessment and treatment.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Health Psychology: Considers physical health, illness, disease in clinical work; adopts a biopsychosocial approach to case conceptualization and treatment; sensitive to health care context; seeks to promote health and healthy behaviors.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Interdisciplinary Perspective: Adopts an interdisciplinary perspective toward clinical work; seeks out alternative perspectives and views in clinical work; views clinical work broadly.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Legal/ethical: Knowledge of and behavior consistent with APA Ethical Principles and state and national law; seeks consultation and supervision as appropriate; handles ethical issues sensitively with patients; orients patient to confidentiality issues, and maintains confidentiality within appropriate limits.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Case conference and didactics: Active participant in case conferences and didactic meetings; presents cases clearly and thoughtfully.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Personal: Personal issues do not interfere with clinical work; has a sense of own weaknesses and limitations; aware of own stimulus value to patients; takes initiative.

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments:

Overall performance during this evaluation period:

Unsatisfactory		Satisfactory		Exceptional	DK/NA
1	2	3	4	5	

Comments: (If there are areas of weakness or problems, what efforts are being made to address them; if there are particular strengths, what is being done to increase challenges and learning in those areas?)

Signature of supervisor and date: _____

Signature of student and date: _____

The signature of the student indicates that they have received this evaluation and have met with the supervisor to discuss it—it does not convey agreement with the evaluation.

Please return via regular mail or email to:

Amy Peterman, Ph. D., Director of Clinical Training, Health Psychology Ph.D. Program,
Department of Psychology, University of North Carolina at Charlotte, 9201 University
City Blvd, Charlotte, NC 28223-0001. Please call (704-687-4750) or email
(ahpeterm@uncc.edu) if you have any questions.



UNC CHARLOTTE
Health Psychology Ph.D. Program
Student Evaluation of Practicum Site Form
Clinical Track

Student name: _____ F W Sp Su Year ____

Site name: _____

Supervisor(s): _____

Hours per week of supervision (by this supervisor): _____

Method of supervision: ____ Individual ____ Group ____ Observation ____ Tapes

Rating scale

1	2	3	4	5
Unsatisfactory or Disagree		Neutral		Exceptional or Strongly Agree

Supervision

(If you had more than one supervisor, and there was extensive variability in supervision, note the range on the Likert scales, and elaborate in the Comments section).

1. Amount of supervision/availability of supervisor	1	2	3	4	5
2. Assistance with content of interviews	1	2	3	4	5
3. Assistance with process issues, such as reactions to clients	1	2	3	4	5
4. Assistance with therapeutic techniques/interventions	1	2	3	4	5
5. Feedback on reports and notes	1	2	3	4	5
6. Supervisor is open to student input	1	2	3	4	5
7. Supervisor is prepared/on time	1	2	3	4	5
8. Supervisor assists with emergency or urgent situations	1	2	3	4	5
9. Supervisor creates atmosphere of trust	1	2	3	4	5
10. Supervisor recommends other resources as needed (e.g., books)	1	2	3	4	5
11. Supervisor serves as a professional model	1	2	3	4	5
12. Supervisor is ethical	1	2	3	4	5
13. Overall quality of supervision	1	2	3	4	5

Comments:

Training experiences

14. Use of scientist-practitioner approach	1	2	3	4	5
15. Emphasis on health psychology	1	2	3	4	5
16. Presenting problems (e.g., severe mental illness) were as expected	1	2	3	4	5
17. Populations (e.g., adults) were as expected	1	2	3	4	5
18. Modalities (i.e., individual therapy) were as expected	1	2	3	4	5
19. Appropriate ratio of clinical to clerical/case management work	1	2	3	4	5
20. Flexibility of schedule	1	2	3	4	5
21. Sufficient quantity of clinical work	1	2	3	4	5
22. Adequate office space available	1	2	3	4	5
23. Computers available for report writing, test scoring, etc.	1	2	3	4	5
24. Overall quality of training experience	1	2	3	4	5

Comments:

Summary

25. Overall rating of site	1	2	3	4	5
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Would you recommend this training site to another student?	Yes	No	Uncertain
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Strengths and weaknesses of site, comments to future students, etc.:

Signature of student and date: _____

Please return this form to the Director of Clinical Training (Amy Peterman). After at least two students have finished at a site, responses will be collated and sent to the site.

Your responses will not be individually identified to the site, unless you specified request so.



UNC CHARLOTTE
Health Psychology Program
Sample Practicum Hour Tracking Form

Practicum Site Hours	Previous Cumulative Total Site Hours	Fall10 Semester Total Hours	Cumulative Site Practicum Hrs	1st week Fa09
Fall 2010 Semester				
1. Intervention Experience				
a. Individual Therapy				
Older Adults (65+)		0	0	0
Adults (18-64)		0	0	0
Adolescents (13-17)		0	0	0
School-Age (6-12)		0	0	0
Pre-School Age (3-5)		0	0	0
Infants/Toddlers (0-2)		0	0	0
b. Career Counseling				
Adults		0	0	0
Adolescents		0	0	0
c. Group Counseling				
Adults		0	0	0
Adolescents (13-17)		0	0	0
Children (12 and under)		0	0	0
d. Family Therapy				
		0	0	0
e. Couples Therapy				
		0	0	0
f. School Counseling Interventions				
1. Consultation		0	0	0
2. Direct Intervention		0	0	0
3. Other		0	0	0
g. Other Psychological Interventions				
1. Sports Psych/Perf. Enhancement		0	0	0
2. Medical/Health-Related		0	0	0
3. Intake Interview/Structured Interview		0	0	0
4. Substance Abuse Interventions		0	0	0
5. Consultation		0	0	0
6. Other Interventions (e.g., tx planning w/ patient)		0	0	0
h. Other Psych Experience with Students and/or Organ.				
1. Supervision of other students		0	0	0
2. Program Development/Outreach Programming		0	0	0
3. Outcome Assessment of programs or projects		0	0	0
4. Systems Interv./Org. Consult/Perf. Improvement		0	0	0
5. Other (specify: _____)		0	0	0
TOTAL INTERVENTION HOURS 1(a-h)		0	0	0
2. Psychological Assessment Experience				
1. Psychodiagnostic test administration		0	0	0
2. Neuropsych Assessment		0	0	0
3. Other (specify: _____)		0	0	0

3. Supervision Received

a. Individual Supervision by Licensed Psychologist	0	0	0	
b. Group Supervision by Licensed Psychologist	0	0	0	
c. Indiv. Sup. by Licensed Allied Ment. Health Professional	0	0	0	
d. Group Sup. by Licensed Allied Ment. Health Professional	0	0	0	
e. Other Superv. (e.g., advanced grad student) - Indiv.	0	0	0	
f. Other Superv. (e.g., advanced grad student) - Group	0	0	0	
TOTAL SUPERVISION HOURS - INDIVIDUAL	0	0	0	0
TOTAL SUPERVISION HOURS - GROUP	0	0	0	0

4. Support Activities**

TOTAL SUPPORT ACTIVITIES	0	0	0	0
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** includes case conferences; case management; consultation; didactic training/seminars; progress notes; chart review; psych assessment scoring, interpretation, and report-writing; video/audio recording review

Please note that this form changes a bit every year to fit the most current copy of the internship application form (i.e., the AAAP).



**COLLEGE OF LIBERAL ARTS & SCIENCES
HEALTH PSYCHOLOGY Ph.D. PROGRAM
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Second Year Project

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
Statement of the Problem	No evidence was provided to support the significance of the study. The problem/project is not relevant to the field of health psychology broadly defined and to other health-related disciplines. A description of the approach for investigating the problem is not provided or it is incomplete.	The study is relevant to the field of health psychology broadly defined and to other health-related disciplines. There is adequate evidence provided to support the significance of the problem. The approach for investigating the problem is appropriate.	The study has a strong theoretical basis and the findings can be generalized to other populations. Abundant and compelling evidence was provided to support the significance of the study for the field of health psychology broadly defined to other health-related disciplines. The proposed work has the potential to make a significant contribution to the field.
Review of Literature	The material reviewed is not relevant to the goals/focus of the study. The material reviewed is out of date, omits seminal work, is insufficient, or the quality of is marginal or not appropriate for scientific research.	The introduction is well organized, integrates findings from several sources. The review is thoughtful and provides clarification of the area of study and supports the chosen methodology. Articles are relevant, timely, and seminal, coming primarily from primary sources.	Extensive review that includes summaries, synthesis, and critiques of rigorous evidence-based sources. The review provides strong support for the aims of the project and the research design and methodology selected.
Methodology	Significant aspects of the design and methodology are inappropriate for the problem under study. The discussion of reliability and validity of measurement is omitted, insufficient, or inaccurate.	The design and methodology are appropriate. The discussion of reliability and validity of measurement is correct and sufficient, with problems having been identified.	Study design and methodology are appropriate and represent the quality necessary for publication in a peer-reviewed journal. The reliability and validity of measurement are clearly described.
Data Analysis and Findings	The analysis are not appropriate or accurately described. Major errors in data analyses or reporting of findings were made. Inappropriate interpretation of the results.	The analyses are reported and accurately described. Few errors in data analyses and reporting of findings. Maintains distinctions between data and interpretations.	Reports data analyses with a level of clarity and accuracy necessary for publication in a refereed journal or other publication outlet.
Interpretations, Conclusions, and Implications	Draws unrelated, inaccurate, or overstated conclusions. Stated limitations of the study are inaccurate or insufficient. Implications for future research and practice in the field of health psychology broadly defined and to the student's specialty area (i.e., general, clinical, community) are either omitted,	Draws accurate conclusions from the data. Stated limitations of the study are appropriate. Implications for future research and practice in the field of health psychology and to the student's specialty area (i.e., general, clinical, community) are thoughtful and appropriately related to the	Conclusions are accurate, appropriately linked to the problem and methodology. Implications for future research and practice in the field of health psychology and to the student's specialty area (i.e., general, clinical, community) are thoughtful and appropriately related to the findings or the limitations in the study.

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
	insufficient, or unrelated to the findings or to the limitations of the study.	findings or the limitations in the study.	
Quality of Writing	Did not adhere to APA guidelines or other style requirements. Numerous errors in spelling, typing, grammar, and format. The writing is poorly organized and lacks clarity. Writing is not of the expected professional quality.	Very few or minor errors in APA style or other style requirements. Minimal errors in spelling, typing, grammar, and format. Some organizational and clarity errors but they do not detract from the ability to accurately convey ideas.	No errors in APA style or other style requirements. No errors in spelling, typing, grammar, and format. Well organized and clear; accurately convey ideas. The writing is of professional quality.
Oral component	<i>Content:</i> The presentation had significant errors or omissions. Responses to questions were inappropriate or demonstrated lack of understanding of the literature and study findings. <i>Delivery:</i> The presentation did not follow a logical sequence. The presentation was not well paced. The presenter did not demonstrate confidence and/or ability to engage the audience.	<i>Content:</i> The presentation had few errors or omissions. Responses to questions were appropriate or demonstrated a good understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presenter demonstrated confidence and/or ability to engage the audience.	<i>Content:</i> The presentation was accurate and comprehensive. Responses to questions were appropriate or demonstrated an in-depth understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presentation was of professional quality and served as a model for other students.



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Comprehensive project

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
Statement of the Problem	No evidence was provided to support the significance of the study. The problem/project is not relevant to the field of health psychology broadly defined and to other health-related disciplines. A description of the approach for investigating the problem is not provided or it is incomplete.	The study is relevant to the field of health psychology broadly defined and to other health-related disciplines. There is adequate evidence provided to support the significance of the problem. The approach for investigating the problem is appropriate.	The study has a strong theoretical basis and the findings can be generalized to other populations. Abundant and compelling evidence was provided to support the significance of the study for the field of health psychology broadly defined to other health-related disciplines. The proposed work has the potential to make a significant contribution to the field.
Review of Literature	The material reviewed is not relevant to the goals/focus of the study. The material reviewed is out of date, omits seminal work, or is insufficient. The quality of the material reviewed is marginal or not appropriate for scientific research.	The introduction is well organized, integrates findings from several sources. The review is thoughtful and provides clarification of the area of study and supports the chosen methodology. Articles are relevant, timely, and seminal, coming primarily from primary sources.	Extensive review that includes summaries, synthesis, and critiques of rigorous evidence-based sources. The review provides strong support for the aims of the project and the research design and methodology selected.
Methodology	Significant aspects of the design and methodology are inappropriate for the problem under study. The discussion of reliability and validity of measurement is omitted, insufficient, or inaccurate.	The design and methodology are appropriate. The discussion of reliability and validity of measurement is correct and sufficient, with problems having been identified.	Study design and methodology are appropriate and represent the quality necessary for publication in a peer-reviewed journal. The reliability and validity of measurement are clearly described.
Data Analysis and Findings	The analysis are not appropriate or accurately described. Major errors in data analyses or reporting of findings were made. Inappropriate interpretation of the results.	The analyses are reported and accurately described. Few errors in data analyses and reporting of findings. Maintains distinctions between data and interpretations.	Reports data analyses with a level of clarity and accuracy necessary for publication in a refereed journal or other publication outlet.
Interpretations, Conclusions, and Implications	Draws unrelated, inaccurate, or overstated conclusions. Stated limitations of the study are inaccurate or insufficient. Implications for future research and practice in the field of health psychology broadly defined and to the student's specialty area (i.e., general, clinical,	Draws accurate conclusions from the data. Stated limitations of the study are appropriate. Implications for future research and practice in the field of health psychology and to the student's specialty area (i.e., general, clinical, community) are thoughtful and	Conclusions are accurate, appropriately linked to the problem and methodology. Implications for future research and practice in the field of health psychology and to the student's specialty area (i.e., general, clinical, community) are thoughtful and appropriately related to the findings or the

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
	community) are either omitted, insufficient, or unrelated to the findings or to the limitations of the study.	appropriately related to the findings or the limitations in the study.	limitations in the study.
Quality of Writing	Did not adhere to APA guidelines or other style requirements. Numerous errors in spelling, typing, grammar, and format. The writing is poorly organized and lacks clarity. Writing is not of the expected professional quality.	Very few or minor errors in APA style or other style requirements. Minimal errors in spelling, typing, grammar, and format. Some organizational and clarity errors but they do not detract from the ability to accurately convey ideas.	No errors in APA style or other style requirements. No errors in spelling, typing, grammar, and format. Well organized and clear; accurately convey ideas. The writing is of professional quality.
Integrative paper	The problem/focus of the proposal is not relevant to field of health psychology broadly defined. Alternatively, marginal efforts to integrate the work within the field of health psychology.	The problem/focus of the proposal is relevant to field of health psychology. The project was adequately integrated within the field of health psychology.	The problem/focus of the project is highly relevant the field of health psychology. The relevance of the proposed work for advancing the field is clearly stated.
Oral component	<i>Content:</i> The presentation had significant errors or omissions. Responses to questions were inappropriate or demonstrated lack of understanding of the literature and study findings. <i>Delivery:</i> The presentation did not follow a logical sequence. The presentation was not well paced. The presenter did not demonstrate confidence and/or ability to engage the audience.	<i>Content:</i> The presentation had few errors or omissions. Responses to questions were appropriate or demonstrated a good understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presenter demonstrated confidence and/or ability to engage the audience.	<i>Content:</i> The presentation was accurate and comprehensive. Responses to questions were appropriate or demonstrated an in-depth understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presentation was of professional quality and served as a model for other students.



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Dissertation Project

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
Statement of the Problem	No evidence was provided to support the significance of the study. The problem/project is not relevant to the field of health psychology broadly defined and to other health-related disciplines. A description of the approach for investigating the problem is not provided or it is incomplete.	The study is relevant to the field of health psychology broadly defined and to other health-related disciplines. There is adequate evidence provided to support the significance of the problem. The approach for investigating the problem is appropriate.	The study has a strong theoretical basis and the findings can be generalized to other populations. Abundant and compelling evidence was provided to support the significance of the study for the field of health psychology broadly defined to other health-related disciplines. The proposed work has the potential to make a significant contribution to the field.
Review of Literature	The material reviewed is not relevant to the goals/focus of the study. The material reviewed is out of date, omits seminal work, or is insufficient. The quality of the material reviewed is marginal or not appropriate for scientific research.	The introduction is well organized, integrates findings from several sources. The review is thoughtful and provides clarification of the area of study and supports the chosen methodology. Articles are relevant, timely, and seminal, coming primarily from primary sources.	Extensive review that includes summaries, synthesis, and critiques of rigorous evidence-based sources. The review provides strong support for the aims of the project and the research design and methodology selected.
Methodology	Significant aspects of the design and methodology are inappropriate for the problem under study. The discussion of reliability and validity of measurement is omitted, insufficient, or inaccurate.	The design and methodology are appropriate. The discussion of reliability and validity of measurement is correct and sufficient, with problems having been identified.	Study design and methodology are appropriate and represent the quality necessary for publication in a peer-reviewed journal. The reliability and validity of measurement are clearly described.
Data Analysis and Findings	The analysis are not appropriate or accurately described. Major errors in data analyses or reporting of findings were made. Inappropriate interpretation of the results.	The analyses are reported and accurately described. Few errors in data analyses and reporting of findings. Maintains distinctions between data and interpretations.	Reports data analyses with a level of clarity and accuracy necessary for publication in a refereed journal or other publication outlet.
Interpretations, Conclusions, and Implications	Draws unrelated, inaccurate, or overstated conclusions. Stated limitations of the study are inaccurate or insufficient. Implications for future research and practice in the field of health psychology broadly defined and to the student's specialty area (i.e., general, clinical, community) are either omitted, insufficient, or unrelated to the	Draws accurate conclusions from the data. Stated limitations of the study are appropriate. Implications for future research and practice in the field of health psychology and to the student's specialty area (i.e., general, clinical, community) are thoughtful and appropriately related to the findings or the limitations in	Conclusions are accurate, appropriately linked to the problem and methodology. Implications for practice and future research are compelling in their potential applications in the field of health psychology broadly defined and to the student's specialty area (i.e., general, clinical, community). Conclusions add to the knowledge base and are insightful in their

Elements	Unacceptable (U)	Acceptable (A)	Target (Publishable) (T)
	findings or to the limitations of the study.	the study.	implications for further study.
Quality of Writing	Did not adhere to APA guidelines or other style requirements. Numerous errors in spelling, typing, grammar, and format. The writing is poorly organized and lacks clarity. Writing is not of the expected professional quality.	Very few or minor errors in APA style or other style requirements. Minimal errors in spelling, typing, grammar, and format. Some organizational and clarity errors but they do not detract from the ability to accurately convey ideas.	No errors in APA style or other style requirements. No errors in spelling, typing, grammar, and format. Well organized and clear; accurately convey ideas. The writing is of professional quality.
Oral component	<i>Content:</i> The presentation had significant errors or omissions. Responses to questions were inappropriate or demonstrated lack of understanding of the literature and study findings. <i>Delivery:</i> The presentation did not follow a logical sequence. The presentation was not well paced. The presenter did not demonstrate confidence and/or ability to engage the audience.	<i>Content:</i> The presentation had few errors or omissions. Responses to questions were appropriate or demonstrated a good understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presenter demonstrated confidence and/or ability to engage the audience.	<i>Content:</i> The presentation was accurate and comprehensive. Responses to questions were appropriate or demonstrated an in-depth understanding of the literature and study findings. <i>Delivery:</i> The presentation followed a logical sequence. The presentation was well paced. The presentation was of professional quality and served as a model for other students.

Psychological Test Materials Guidelines

1. Test materials may only be used by students or faculty of the Health Psychology Program and the Psychology Department for research, teaching, and/or clinical practicum work. Because we pay by the administration for some testing software, please contact either the Dr. Amy Peterman (DCT) or Dr. Ryan Kilmer for permission to use computer scoring/interpretation programs.
2. Use of test materials must follow relevant APA ethical guidelines (see especially those governing Research and Publication and Assessment) which are available on-line (www.apa.org) or published in the December 2002 issue of the *American Psychologist*.
3. Copyright and test security issues should also be observed (see APA's website). Given that some of the test materials and the computer on which we have testing software will be used by other folks, use initials rather than the person's name to protect confidentiality.
4. All materials must be checked out at the time of use and checked back in when they are returned. There is a sign-up sheet posted in each room near each set of tests. Once you have checked out a test or computer, you are responsible for that item. Rooms where tests materials are kept (Colvard 4126 and Colvard 4004) should remain locked at all times. The cabinets in Colvard 4126 should also remain locked.
5. If you use the last copy of a measure, please inform the DCT so that additional copies can be re-ordered. Also, if there are any tests that you think that we need, please let me know and I will try to facilitate acquiring them.
6. Please let the DCT know if you want to borrow the laptop in his office with the testing material on it. It is loaned out on a first-come first-serve basis.

Newer Assessment Materials

The materials below can be found in the filing cabinet in Colvard 4004. Items with an * are located on the bookcase in the same room. In addition to the tests below, one of the department laptops is loaded with the following testing software: Wisconsin Card Sorting Test, Conners' Continuous Performance Test, Green's Word Memory Test and Green's Medical Symptom Validity Test. This computer is kept in the DCT's office (4013) and is available for all to use. Logon is "psychwork" and password is "psychology." A computer in the Health Psychology Resource Room has select scoring software (e.g., MMPI-2/MMPI-2-RF).

BAI Beck Anxiety Inventory
Record Forms

BDI-II Beck Depression Inventory-II
Record Forms

BASC-2 Behavioral Assessment Scale for Children-2 Manual: 1
*Manual, *Manual Supplement, and the following:
SDH: Structured Developmental History
SOS: Student Observation System
PF on PRS: Parent Feedback on Parent Rating Scale
PF on SR: Parent Feedback on Self-Report of Personality
PF on TRS: Parent Feedback on Teacher Rating Scales
PRS-P: Parent Rating Scale-Preschool
PRS-C: Parent Rating Scale Child
PRS-A: Parent Rating Scale Adolescent
TRS- P: Teacher Rating Scale-Preschool
TRS-C: Teacher Rating Scale Child
TRS-A: Teacher Rating Scale Adolescent
SRP-I: Self Report Interview Ages 6-7
SRP-A: Self-Report Adolescent
SRP-C: Self-Report College

BCT Booklet Category Test 2nd ed.
*2 Manuals and Record Forms

BNT Boston Naming Test
*2 Manuals and Record Forms

BRIEF-A Behavioral Inventory of Executive Functioning-Adult
Informant Record, Self Record, Informant Scorer, and Self Scorer

BSI Brief Symptom Inventory
*Manual, Answer Sheets, and Profile Forms

BSI-18	Brief Symptom Inventory-18 *Manual, Answer Sheets, Profile Forms
BTA	Brief Test of Attention *Manual, *Audio Cassette, Record Forms
CAPS	Clinician Administered PTSD Scale *2 Manuals, Interview Booklets
CASE	Clinical Assessment Scales for the Elderly *Manual, Form R, Form S, and Profile Forms
CASS	Conners-Wells' Adolescent Self-Report Scale Form S, Form L
Cat-A	Clinical Assessment of Attention Deficit-Adult *2 Manuals, *Score Summary Sheets, *Rating Form
Cat-C	Clinical Assessment of Attention Deficit-Child Teacher Summary, Parent Summary, Self-Report Summary, Teacher Rating Form, Student Rating Form, and Parent Rating Form
CRS-R	Conners' Rating Scale –Revised *Manual, CPRS-R: Conner's Parent Rating Scale-Revised Form L and Form S, CTRS-R: Teacher Rating Scale-Revised Form L and Form S
CVLT-II	California Verbal Learning Test Adult Version *Manual, *CD, CVLT-II: Standard Version, CVLT-II Alt: Alternate Version, and CVLT-II Short: Short Version
DAPS	Detailed Assessment of Posttraumatic Stress *Manual, Item Booklets, Answer Sheets, and Profile Forms
DRS-2	Dementia Rating Scale-2 *Manual, *Stimulus Cards, Scoring Booklets, and Profile Forms
DVT	Digital Vigilance Test *Manual, Test Booklets
ECST-R	Evaluation of Competency to Stand Trial Profile Forms and Record Forms
EDI-3	Eating Disorders Inventory- 3

*Manual, *Referral Form Manual, Item Booklet, SC- Symptom Checklist, RF- Referral Form, Profile Forms, and Answer Sheets

Finger Tapper

*User's Guide and Record Forms

HARE PCL-R Hare Psychopathy Checklist-Revised; 2nd Ed.

*Rating Booklet, *Technical Manual, Interview Guide, and Profile Forms

ILS Independent Living Scale

*Manual, Stimulus Book, Forms

M-FAST Miller Forensic Assessment of Symptoms Test

Interview Booklets

***MHS** Professional Tool Suite

*Software Manual, *Quick start Folder, and *CD, including:

Anger Disorder Scale

BarOn Emotional Quotient Inventory V5.1

BarOn Emotional Quotient Inventory: Short V.5

BarOn Emotional Quotient Inventory: Youth Version V.5

Carroll Depression Scales V.5

Children's Depression Inventory V.5

Clarke Sex History Questionnaire for Males-Revised V.5

Conners' Adult ADHD Rating Scales V.5

Conners' Continuous Performance Test II V.5

Conners' Rating Scales-Revised V.5

Hare Psychopathy Checklist-Revised 2nd ed. V.5

Health Dynamics Inventory V.5

Holden Psychological Screening Inventory

Jesness Inventory-Revised V.5

Level of Service/Case Management Inventory V.5

Level of Service Inventory-Revised V.5

Level of Service Inventory-Revised: Screening Version

Mayer-Salovey-Caruso Emotional Intelligence Test

Multidimensional Perfectionism Scale V.5

Symptom Assessment-45 Questionnaire V.5

Youth Level of Service/Case Management Inventory V.5

MMPI-2 Minnesota Multiphasic Personality Inventory-2

Answer Sheets

MMPI-A Minnesota Multiphasic Personality Inventory-Adolescent

*Manual, *Supplement, Test Booklet, and Answer Sheets

MMSE Mini-Mental State Examination

Forms and *User's Guide

Nelson-Denny Reading Test

*Manual, Form G, and Answer Sheets

RBANS

Repeatable Battery for the Assessment of Neuropsychological Status

*Manual, *Stimulus Book A, *Stimulus Book B, Record Form A, Record Form B, and Coding Scoring Templates: Forms A&B

RCMAS

Revised Children's Manifest Anxiety Scale

*Manual and Questionnaires

Ruff Figural Fluency Test

Record Forms

SIRS

Structured Interview of Reported Symptoms

*Manual and Interview Booklets

TAT

Thematic Apperception Test

*Stimulus Cards, *Manual (inside box), and Short Forms

T-CRS 2.1

Teacher-Child Rating Scale- 2.1

Record Forms

TOMM

Test of Memory Malingering

Score Sheets

TONI-3

Test of Nonverbal Intelligence-3

*Picture Book, *Examiners Manual, and Answer/Record Forms

TOWRE

Test of Word Reading Efficiency

Form A Record Book, Form B Record Book, and Form B Efficiency Forms

TSI

Trauma Symptom Inventory

WASI

Wechsler Abbreviated Scale of Intelligence

*3 Manuals, *3 Stimulus Booklets, *3 Block Design Sets, *3 Black Bags, and Record Forms

WCST-CV

Wisconsin Card-Sorting Test-Computer Version

*2 CD-ROMs and Record Forms

WRAT-4

Wide Range Achievement Test-4

*3 Professional Manuals, *3 Green Bags, Sample Sentence Completion Cards, Blue and Green Test Forms: Spelling/Word Reading List, Sentence Completion Cards, Response Forms, Test Forms, and Sentence Completion Test Forms

WTAR Wechsler Test of Adult Reading

Test Batteries/Kits

These test batteries/kits are located in the testing closet (Colvard 4126) and some are used for Intellectual Assessment. Please be mindful of checking WAIS/WISC and Woodcock Johnson kits out during the Fall when students are using these for class. Also, please note that some of the WAIS-III kits will be destroyed as they are becoming obsolete.

Name of Test	Number of kits
Attention Deficit Hyperactivity Disorder Test	1
Bayley Scales of Infant Development I and II	1
Concept Assessment Kit (Conservation)	1
Das Naglieri Cognitive Assessment System	1
Driscoll Play Kit	1
Gesell Development Schedules	2
GFW Auditory Memory, Selective Attention, Auditory Discrimination I-III, and Sound Symbol Tests	1
Kaufman Assessment Battery for Children	2
Kaufman Test of Educational Achievement (KTEA)	1
Luria Nebraska Neuropsychological Battery	1
Peabody Individual Achievement Test-R (PIAT-R)	1
Peabody Picture Vocabulary Test	1
Raven's Progressive Matrices	1
Stanford Binet Intelligence Scale-IV	4

System of Multicultural Pluralistic Assessment (SOMPA)	3
Wechsler Adult Intelligence Scale-IV (with Advanced Clinical Solutions)*	9
Wechsler Intelligence Scale for Children-IV	7
Wechsler Memory Scale-IV*	2
Wechsler Preschool and Primary Scale of Intelligence-Revised	1
Woodcock Johnson Tests of Achievement -III with updated norms*	8

* = computer scoring available in George Demakis' office.

Old School Tests

Several tests and related materials are located in two boxes in Colvard 4110 immediately to the right of the door and are primarily of historical interest. There are also some older test kits located in Colvard 4126 that are primarily of historical interest (e.g., WAIS-R), but should not be used clinically as they are obsolete.