

LONG SIGNATURE SHEET

RECEIVED
4/22/13

Revisions

RECEIVED
9/16/13



UNC CHARLOTTE

Proposal Number: PSYC 4-15-13

Proposal Title: Revision of the Masters in Clinical Community Psychology Degree

Originating Department: Psychology

TYPE OF PROPOSAL: UNDERGRADUATE GRADUATE UNDERGRADUATE & GRADUATE
(Separate proposals sent to UCCC and Grad. Council)

DATE RECEIVED	DATE CONSIDERED	DATE FORWARDED	ACTION	SIGNATURES
3/22/13	4/1/13	4/19/13	Approved	<u>DEPARTMENT CHAIR</u> <i>[Signature]</i>
	8/30/13	9/12/13	Approved	<u>COLLEGE CURRICULUM COMMITTEE CHAIR</u> <i>[Signature]</i> OSCAR LANSER
	10/11/13	10/11/13	Approved	<u>COLLEGE FACULTY CHAIR (if applicable)</u> <i>[Signature]</i> Michael Turner
		10/17/13	Approved	<u>COLLEGE DEAN</u> <i>[Signature]</i> C. BRODY
			Approved	<u>GENERAL EDUCATION</u> (for General Education courses)
			Approved	<u>UNDERGRADUATE COURSE & CURRICULUM COMMITTEE CHAIR</u> (for undergraduate courses)
10-22-13	11-5-13	11-5-13	Approved	<u>GRADUATE COUNCIL CHAIR</u> (for graduate courses) <i>[Signature]</i> ALAN R. FREITAG
			Approved	<u>FACULTY GOVERNANCE ASSISTANT</u> (Faculty Council approval on Consent Calendar)

Revised 08/01/11

OAA/lz



UNC CHARLOTTE

LONG FORM COURSE AND CURRICULUM PROPOSAL

*To: CLAS, Associate Dean Charlie Brody

From: Department of Psychology

Date: April 15, 2013

Re: Revision of the Masters in Clinical Community Psychology

The Long Form is used for major curriculum changes. Examples of major changes can include: creation of a new major, creation of a new minor, creation of a new area of concentration, or significant changes (more than 50%) to an existing program (Note: changing the name of an academic department does not automatically change the name(s) of the degree(s). The requests must be approved separately by the Board of Governors.)

Submission of this Long Form indicates review and assessment of the proposed curriculum changes at the department and collegiate level either separately or as part of ongoing assessment efforts.

*Proposals for undergraduate courses should be sent to the Undergraduate Course and Curriculum Committee Chair. Proposals related to both undergraduate and graduate courses, (e.g., courses co-listed at both levels) must be sent to both the Undergraduate Course and Curriculum Committee and the Graduate Council.

Revision of the Masters in Clinical Community Psychology

University of North Carolina at Charlotte

Graduate

Course and Curriculum Proposal from: Psychology

II. CONTENT OF PROPOSALS

A. PROPOSAL SUMMARY

We propose to revise the program curricular requirements so that the emphasis is on training students for a doctoral degree; the current curriculum is aimed at training students to practice as Licensed Psychological Associates in NC. Specifically, the new curriculum will largely overlap with the curriculum required for the first two years of the Health Psychology (HPSY) doctoral program. In addition, the requirements for the HPSY 2nd year project will be modified such that this project fulfills all university requirements for a MA thesis.

Incoming MA students will take 18 credit hours of required coursework, including completion of a thesis, and a minimum of 12 hours of elective coursework determined in consultation with their Advisory Committee. HPSY doctoral students who wish to complete a MA degree will complete 18 hours of required coursework, a minimum of 12 hours of elective coursework determined in consultation with their Advisory Committee, and a thesis (PSYC 6999).

Accordingly, we also propose to change the program title to "Master of Arts in Psychology." The degree remains unchanged – M.A. in Psychology.

B. JUSTIFICATION

In its current form, the program is resource-intensive, requiring a supervised clinical practicum, specialized courses required for licensing as a Psychological Associate in NC, and a thesis. The program typically has received many more applicants than it can support. The Department has had to decrease enrollments due to insufficient resources (faculty lines and GA positions). With current resources, we are not able to grow the HPSY doctoral program and at the same time maintain a thriving MA program that also provides clinical training.

Additionally, we anticipate that upcoming changes in North Carolina will make the degree much less marketable/employable and that, as a result, the demand and need for our degree in its current form will decrease.

The proposed changes will make the program a direct path or feeder into the Health Psychology doctoral program. Restructuring the MA program in this manner will have several benefits:

- 1) Students will receive excellent preparation for psychology doctoral programs.
- 2) Both programs (MA and HPSY) will become more robust without the use of additional resources.
- 3) The HPSY program will have a pipeline of highly qualified applicants.
- 4) HPSY doctoral students will have the option to complete a Masters in their first two years. This degree will make them more competitive for internships. It will also enable the Department to grant a student who terminates or is terminated from the doctoral program a MA degree.
- 5) We will be able to serve a larger number of MA students.

C. IMPACT. Changes to courses and curricula often have impacts both within the proposing department as well as campus-wide. What effect will this proposal have on existing courses and curricula, students, and other departments/units? Submit an Impact Statement that fully addresses how you have assessed potential impacts and what the impacts of this proposal might be. Consider the following:

1. What group(s) of students will be served by this proposal?

These changes will impact students admitted to the MA program for Fall 2014 and second-year HPSY doctoral students who wish to earn a MA degree.

2. What effect will this proposal have on existing courses and curricula?

We will be able to eliminate courses offered only for the MA in Clinical Community Psychology degree.

We will cross-list PSYC 6200 Health Psychology with PSYC 8200 Health Psychology I. (Please see attached copy.)

We will change PSYC 6202 Methods in Health Psychology, which will no longer be needed, to PSYC 6202 Health Psychology II and cross-list it with PSYC 8201 Healthy Psychology II. (Please see attached copy and syllabus).

III. RESOURCES REQUIRED TO SUPPORT PROPOSAL

NONE ADDITIONAL

When added resources are not required, indicate "none". For items which require "none" explain how this determination was made.

- A. **PERSONNEL.** Specify requirements for new faculty, part-time teaching, student assistants and/or increased load on present faculty. List by name qualified faculty members interested in teaching the course(s).

NONE. Changes proposed involve reorganization of the degree.

- B. **PHYSICAL FACILITY.** Is adequate space available for this course?

NONE. NO ADDITIONAL RESOURCES OR COURSES REQUIRED.

- C. **EQUIPMENT AND SUPPLIES:** Has funding been allocated for any special equipment or supplies needed? NONE.

- D. **COMPUTER.** Specify any computer usage (beyond Moodle) required by students and/or faculty, and include an assessment of the adequacy of software/computing resources by available for the course(s). NO CHANGE.

- E. **AUDIO-VISUAL.** If there are requirements for audio-visual facilities beyond the standard classroom podiums, please list those here. NO CHANGE.

- F. **OTHER RESOURCES.** Specify and estimate cost of other new/added resources required, e.g., travel, communication, printing and binding. NO CHANGE.

- G. **SOURCE OF FUNDING.** Indicate source(s) of funding for new/additional resources required to support this proposal. NOT APPLICABLE.

IV. CONSULTATION WITH THE LIBRARY AND OTHER DEPARTMENTS OR UNITS

- A. **LIBRARY CONSULTATION.** Indicate written consultation with the Library Reference Staff at the departmental level to ensure that library holdings are adequate to support the proposal prior to its leaving the department. (Attach copy of *Consultation on Library Holdings*).

ATTACHED

- B. **CONSULTATION WITH OTHER DEPARTMENTS OR UNITS.** List departments/units consulted in writing regarding all elements outlined in IIC: Impact Statement, including dates consulted. Summarize results of

consultation and attach correspondence. Provide information on voting and dissenting opinions (if applicable).

NOT APPLICABLE. THESE CHANGES WILL NOT AFFECT ANY OTHER DEPARTMENTS OR PROGRAMS.

V. INITIATION, ATTACHMENTS AND CONSIDERATION OF THE PROPOSAL

- A. **ORIGINATING UNIT.** Briefly summarize action on the proposal in the originating unit including information on voting and dissenting opinions.

The clinical and community faculty met several times in 2011-2012 and 2012-2013 to discuss these changes and to develop the new curriculum proposal. The changes that affect the HPSY program (i.e., option for students to complete a MA thesis) were approved by the HPSY advisory committee on Feb. 1, 2013. The proposal was next discussed and approved by HPSY faculty and students at their meeting on Feb. 22, 2013. The proposal received unanimous approval by the faculty of the Department of Psychology at the faculty meeting on March 22, 2013.

- B. **CREDIT HOUR. (Mandatory if new and/or revised course in proposal)**

Review statement and check box once completed:

- The appropriate faculty committee has reviewed the course outline/syllabus and has determined that the assignments are sufficient to meet the University definition of a credit hour.

NOT APPLICABLE. Only existing courses involved.

- C. **ATTACHMENTS.**

1. **CONSULTATION:** Attach relevant documentation of consultations with other units.
2. **COURSE OUTLINE/SYLLABUS:** For undergraduate courses attach course outline(s) including basic topics to be covered and suggested textbooks and reference materials with dates of publication. For Graduate Courses attach a course syllabus. Please see Boiler Plate for Syllabi for New/Revised Graduate Courses.
3. **PROPOSED CATALOG COPY:** Copy should be provided for all courses in the proposal. Include current subject prefixes and course numbers, full titles, credit hours, prerequisites and/or corequisites, concise descriptions, and an indication of when the courses are to be offered as to semesters and day/evening/weekend. Copy and paste the current catalog copy and use the Microsoft Word "track changes" feature (or use red text with "strikethrough")

formatting for text to be deleted, and adding blue text with "underline" formatting for text to be added).

- a. For a new course or revisions to an existing course, check all the statements that apply:
- This course will be cross listed with another course.
 - There are prerequisites for this course.
 - There are corequisites for this course.
 - This course is repeatable for credit.
 - This course will increase/decrease the number of credits hours currently offered by its program.
 - This proposal results in the deletion of an existing course(s) from the degree program and/or catalog.

For all items checked above, applicable statements and content must be reflected in the proposed catalog copy.

- b. If overall proposal is for a new degree program that requires approval from General Administration, please contact the facultygovernance@uncc.edu for consultation on catalog copy.

4. ACADEMIC PLAN OF STUDY (UNDERGRADUATE ONLY): Does the proposed change impact an existing Academic Plan of Study?
- Yes. If yes, please provide updated Academic Plan of Study in template format.
 - No.

5. STUDENT LEARNING OUTCOMES: Does this course or curricular change require a change in SLOs or assessment for the degree program?
- Yes. If yes, please detail below.
 - No.

SLO #1 which assesses students' knowledge of diagnosis, treatment and applied research through a comprehensive exam, and SLO #3 which assesses students' practical application of knowledge in a professional setting through internship evaluation will both be omitted. SLO #2, Graduate Master's level psychologists will have the knowledge and skills needed for employment and/or Ph.D. level training: advanced research skills, will be retained and separated into two SLOs:

- 1) Advanced research skills: Oral presentation will be assessed by percentage of students passing their thesis oral defense (measured using a rubric).
- 2) Advanced research skills: Technical writing will be assessed by percentage of students completing an acceptable written thesis (measured using a rubric).

6. TEXTBOOK COSTS: It is the policy of the Board of Governors to reduce textbook costs for students whenever possible. Have electronic textbooks, textbook rentals, or the buyback program been considered and adopted?

X Yes. Briefly explain below.

No. Briefly explain below.

Electronic materials are used as available. A reduction in costs may occur because fewer credit hours/courses will be required.

IMPORTANT NOTE: A Microsoft Word version of the final course and curriculum proposal should be sent to facultygovernance@uncc.edu upon approval by the Undergraduate Course and Curriculum Committee and/or Graduate Council chair.



UNC CHARLOTTE
J. Murrey Atkins Library

Consultation on Library Holdings

To: Fary Cachelin, Chair, Dept. of Psychology
From: Judy Walker, Education/Psychology Librarian
Date: 9/10/13
Subject: Revision of the Masters in Clinical Community Psychology

Summary of Librarian's Evaluation of Holdings:

Evaluator: Judy Walker Date: 9/10/13

Please Check One:

- Holdings are superior
- Holdings are adequate
- Holdings are adequate only if Dept. purchases additional items.
- Holdings are inadequate

Comments:

Since this primarily a revision/reorganization of the program with no new courses being added, the library resources will be unaffected by the proposal.

Evaluator's Signature

September 10, 2013
Date

Master of Arts in Psychology

Minimum credit hours required for graduation: 30

1. Core Requirements: (18 hours)

A. Methodology (6 credits)

- Option A:
 - PSYC 8102 Research Methodologies in Behavioral Sciences (3)
 - PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)
- Option B:
 - PSYC 6205 Field and Lab Based Quantitative Research Methods (3)
 - PSYC 6145 Applied Research Design & Program Evaluation (3)

B. Ethics (3 credits): Choose one of the following

- PSYC 6107/8107 Ethical and Professional Issues in Psychology (3)
- PHIL 6240/8240 Research Ethics in the Biomedical and Behavioral Sciences (3)

C. Health (6 Credits)

- PSYC 6200/8200 Health Psychology (3)
- PSYC 6202/8201 Health Psychology II (3)

D. Thesis (3)

- PSYC 6999
- Thesis committees shall have at least 3 members. At least one member should be a member of the health psychology faculty. The committee must be approved by the student's advisor and the program director. After submitting the formal written proposal to the committee, a proposal defense will be scheduled. Approval of the thesis proposal by the committee must be unanimous. Following a successful proposal, the student shall execute the study, write and submit the complete thesis to the committee. An oral defense in front of the committee shall then be scheduled. Approval of the completed thesis by the committee must be unanimous.

2. Electives (12 hours)

- Minimum 12 elective hours selected in consultation with the student's Advisory Committee.

MASTER OF ARTS IN ~~CLINICAL/~~ COMMUNITY PSYCHOLOGY

The objective of the master's degree program in Psychology is to train psychologists in the knowledge and skills necessary to address problems encountered in modern living. The program provides a foundation in the research methods and content of basic psychology as well as ~~training in the applied skills of professional practice~~ excellent preparation for doctoral programs in psychology. The relatively small, competitively selected student body receives individual attention from faculty members who maintain rigorous standards of academic excellence.

~~Students develop knowledge and skills in psychological assessment, learn various treatment and intervention strategies, and work with a variety of populations in consultation, evaluation, and research. An extensive practicum component utilizes the Charlotte area as a setting for applied experience. The program prepares students for the North Carolina psychology licensure exam and for positions in diverse settings such as community mental health centers, correctional facilities, and other human service programs. We prefer to admit students who plan to pursue a doctoral degree.~~

Additional Admission Requirements

To be considered for admission ~~to graduate study in~~ **Clinical/Community Psychology**, a student must present the following requirements in addition to those required by the Graduate School:

- 1) Completed application by March 1
- 2) 18 hours of undergraduate psychology including Introductory Psychology & Research Methods
- 3) An undergraduate course in statistics
- 4) Acceptable scores on the Verbal and Quantitative GRE
- 5) ~~The GRE subject test in psychology is recommended for applicants who were not psychology majors~~

Admission to the program is very competitive for the spaces available each year. Most students who are admitted have much better records than the minimum

required. The primary ~~Clinical/Community Psychology~~ application deadline is March 1 for admission in the Fall semester, but if space is still available, late applications will be considered until May 1. ~~Students may not begin the program during the Spring semester.~~

Degree Requirements

The ~~Clinical/Community Psychology~~ program requires at least ~~48~~ 30 semester hours of graduate coursework. Full-time students should be able to complete the program in two calendar years. A thesis ~~and comprehensive exam are~~ is required.

~~Basic Knowledge and Methods in Psychology~~ (14 hours)

~~PSYC 6102 Research Design and Quantitative Methods in Psychology (3)~~

~~PSYC 6107 Ethical and Professional Issues in Psychology (2)~~

~~PSYC 6999 Thesis (3)~~

~~and two courses (6 hours) selected from the following:~~

~~PSYC 6010 Topics in Learning and Cognition (3)~~

~~PSYC 6015 Topics in Perception and Physiological Psychology (3)~~

~~PSYC 6020 Topics in Developmental Psychology (3)~~

~~PSYC 6030 Topics in Social Psychology and Personality (3)~~

~~Clinical/Community Coursework~~ (34 hours)

~~PSYC 6050 Topics in Psychological Treatment (3)~~

~~PSYC 6141 Intellectual Assessment (4)~~

~~PSYC 6142 Personality Assessment (4)~~

~~PSYC 6145 Applied Research Design & Program Evaluation (3)~~

~~PSYC 6150 Psychological Treatment (4)~~

~~PSYC 6151 Behavior Disorders (4)~~

~~PSYC 6155 Community Psychology (3)~~

~~PSYC 6450 Practicum in Clinical Psychology (3)~~

~~PSYC 6455 Practicum in Community Psychology (3)~~

~~Or a second~~

~~PSYC 6450 Practicum in Clinical Psychology (3)~~

~~Elective (Selected in consultation with advisor) (3)~~

1. Core Requirements: (18 hours)

A. Methodology (6 credits)

- Option A:
 - PSYC 8102 Research Methodologies in Behavioral Sciences (3)
 - PSYC 8103 Basic Quantitative Analyses for Behavioral Sciences (3)
 - Option B:
 - PSYC 6205 Field and Lab Based Quantitative Research Methods (3)
 - PSYC 6145 Applied Research Design & Program Evaluation (3)
- B. Ethics (3 credits): Choose one of the following
- PSYC 6107/8107 Ethical and Professional Issues in Psychology (3)
 - PHIL 6240/8240 Research Ethics in the Biomedical and Behavioral Sciences (3)
- C. Health (6 Credits)
- PSYC 6200/8200 Health Psychology (3)
 - PSYC 6202/8201 Health Psychology II (3)
- D. Thesis (3)
- PSYC 6999
 - Thesis committees shall have at least 3 members. At least one member should be a member of the health psychology faculty. The committee must be approved by the student's advisor and the program director. After submitting the formal written proposal to the committee, a proposal defense will be scheduled. Approval of the thesis proposal by the committee must be unanimous. Following a successful proposal, the student shall execute the study, write and submit the complete thesis to the committee. An oral defense in front of the committee shall then be scheduled. Approval of the completed thesis by the committee must be unanimous.

2. Electives (12 hours)

- Minimum 12 elective hours selected in consultation with the student's Advisory Committee.

Hours beyond the 48 30 hours may be required by the academic advisor and the ~~Clinical/Community Program Committee~~ student's advisory committee. The faculty conduct a thorough review of student performance on a regular basis. Continuation in the program is contingent upon a favorable review during these evaluations. Students who consistently show borderline course

performance, ~~who are not developing good applied skills in the practice of psychology,~~ who fail to complete coursework in a timely basis, or who otherwise perform unprofessionally or unsatisfactorily, may be required to complete additional courses ~~or practicum work,~~ or may be removed from the program. The enrollment of a student who receives three grades of C or one Unsatisfactory (U) grade during his or her graduate career is automatically terminated.

College of Liberal Arts & Sciences 509
UNC Charlotte Graduate Catalog □ 2012-2013

Comprehensive Examinations

~~All students are required to successfully complete comprehensive examinations covering research design, ethics and knowledge of clinical/community psychology. Students who fail the comprehensive exam twice are removed from the program.~~

Assistantships

A variety of resources are available for financial assistance. These include teaching assistantships ~~to proctor the general psychology laboratory,~~ research assistantships from faculty grants, and graduate assistantships in other campus units such as the Learning Center and Disability Student Services. ~~These range in pay from \$8,000 to \$12,000 per academic year.~~

Research Experiences

Students are encouraged to become involved in ongoing research in the department, and they are required to complete a thesis.

Practica

~~Practica, involving practical experience working with human service agencies in the region, are a required part of the program.~~

COURSES IN PSYCHOLOGY (PSYC)

PSYC 6200. Health Psychology. (3) Cross-listed as PSYC 8200. Intensive review of the contributions of the discipline of psychology to the promotion and maintenance of health, the

prevention and treatment of illness, and the improvement of the healthcare system. The course will examine links between psychology and health by emphasizing interactions among biological, behavioral and social systems that impact health and illness experiences. Topics will include stress, coping, pain, chronic disease and psychoneuroimmunology. Emphasizes the relevance of age, gender, personality, and culture for understanding health related behaviors. *(Fall)*

PSYC 6202. ~~Methods in~~ Health Psychology II. Cross-listed as PSYC 8201. (3)

Prerequisite: ~~PSYC 6102 and~~ PSYC 6200. **Continuation of Health Psychology. Advanced review of qualitative and quantitative issues relevant to the conduct of health and behavior research. Topics include: assessment of quality of life; instrument sensitivity, specificity, and responsiveness; and, the evaluation of health service delivery. Emphasizes the development of methodological, analytical, and interpretive skills necessary to evaluate practices, programs, and policies in health psychology. *(Spring)***

**Health Psychology Ph.D. Program
Department of Psychology
University of North Carolina at Charlotte
Health Psychology II: PSYC 8201
Spring of 2013**

Instructor: Dr. Virginia Gil-Rivas
Meeting time: Tuesdays, 2:00 to 4:45 PM
Office hours: by appointment

Office: Colvard 4006
Location: Colvard 4014
Email: vgilriva@uncc.edu
Phone: (704) 687-1330

Course Description

This course covers current empirical and applied research in the field of health psychology. The materials to be reviewed in this course will examine the contributions of the discipline of psychology to the promotion and maintenance of health and the prevention and treatment of illness. The focus will be on the combined contribution of biological, behavioral, cognitive, affective, developmental, social, cultural, and environmental factors to health and well-being.

Objectives of the course

- To advance students' ability to develop applied their knowledge in the development of research proposals.
- To develop professional skills involving: the integration and application of empirical and theoretical knowledge to research, intervention and policy.
- To enhance students' ability to successfully communicate and interact with professional and lay audiences.

Structure of the course

Typically, we will begin class meetings with an overview of the topic that I will provide. Class members will bring up their questions, ideas, or issues raised by the week's readings. You will need to be able to evaluate the pros and cons of the theories, assumptions, ideas, and findings of the research reviewed in class. In addition, you are expected to understand the implications of these studies for research, prevention, treatment, and policy. **Participation in class discussions is essential** for achieving the goals of this course.

Requirements

Required text: Friedman H. S. (Ed.). (2011). *The Oxford Handbook of Health Psychology*. New York: Oxford University Press.

Suggested text: *Gerin, W. H., & C. H. Kapelewski (2011). *Writing the NIH Grant Proposal: A step-by-step guide*. Thousand Oaks, CA: Sage.

Required readings: The readings have been listed in this syllabus and are available electronically via the Atkins library or the Health Psychology Resource Center (designated with *). Students

are expected to read the assigned materials **before class** so that discussions are informed and lively. Please note that the instructor reserves her rights to change the reading list. If changes are made to the required readings, students will be informed in a timely manner.

Course Evaluation

Weekly questions/discussion points: Each week you are expected to contribute questions or discussion points based on the assigned readings starting on **January 15th** and ending on **April 9th** (a total of 12 sets of questions). These questions should be e-mailed to all members of the class (including the instructor) **no later than 9:00 AM on the Monday prior** the class meeting. You should give some thought to the question or issue you raised and be prepared to engage in class discussion.

Research Proposal: Students are expected to select a topic for their proposal and submit an outline no later than **February 19th** by 5:00 PM. The outline should provide enough detail about what your project so I can provide you with feedback. The research proposal is due in class no later than **April 23rd**. The proposal should not exceed **20 single-spaced typed pages** (not counting references) and should include the following elements: 1) specific aims (one page maximum); 2) Research strategy (significance, innovation and approach); and 3) references. Guidelines for this proposal are presented at the end of this syllabus. Please keep in mind that developing a strong research proposal is a labor intensive process, as such, please make sure to work on your proposal on a weekly basis to allow for ample time to develop and refine your ideas.

Research proposal presentation: Each student will provide a 45 minute presentation of their proposal. This presentation should include a discussion of the key elements of the proposal. Students may make use of visual aids and/or handouts to facilitate the communication of ideas. In addition, students should be prepared to answer questions posed by those in attendance.

Exams: Take home midterm exam covering the first 6 weeks of the course is due **March 5th by 5:00 PM**. The final exam will cover the material from the second half of the course and it is due on **May 7^h by 5 PM**. The exam will be based on assigned readings and lecture material.

	Points
Weekly Questions (12 @ 2 points each)	24
Outline of research proposal	30
Research proposal	100
Presentation of proposal	50
Midterm exam	50
Final exam	50
TOTAL POINTS	304

Grading Scale

A = 90-100%
 B = 80-89%
 C = 70-79%
 U = < 70%

Course policies

Attendance and missed classes: **Attendance and active participation in this course are expected.** You are allowed a maximum of **two** absences during the semester due to illness or unavoidable emergency. **Ten points will be deducted from your final grade for each additional absence.** Also, in the event that you must miss a lecture, it is both your responsibility to obtain any information that was presented in class (e.g., notes, handouts, etc.) and to learn the material that was missed during your absence. If you have any additional specific questions that need clarifying after taking these steps to catch up on the material that was missed on your own, please schedule a meeting with me.

Contacting the instructor: Students may contact me via email if they have any questions regarding the assignments or required materials. You may also schedule an appointment with me to seek guidance or clarification regarding course assignments and expectations. I make an effort to respond to students' requests and questions in a timely fashion between the hours of **9 AM and 6 PM**. However, emails that are sent by students after 6 PM, on the weekends or during holiday breaks may not receive a response until the next business day or next day that the university is open.

Late assignments: **All written assignments should be submitted on the day they are due.** Any assignments submitted **AFTER** the specified due date and time will incur a 5 points per day penalty (beginning with the day it is due and including weekend days).

Grade assignments: Course assignments will typically be graded within 2 weeks after they are due. In order to maximize your chances of receiving full credit for your written assignments, please remember to address **ALL** parts or sections of an assigned project.

Use of electronic devices. Cell phones or other communication devices should be **turn off and stored** during class. Laptops, netbooks and tablets are allowed as long as they are being used to take notes or review material related to this course.

Academic integrity: Each student is expected to abide by the UNCC Code of Student Academic Integrity. The Code of Student Academic Integrity governs the responsibility of students to maintain integrity in academic work, defines violations of the standards, describes procedures for handling alleged violations of the standards, and lists applicable penalties. The following conduct is prohibited:

1. *Cheating.* Intentionally using or attempting to use unauthorized materials, information, notes, study aids or other devices in any academic exercise. This definition includes unauthorized communication of information during an academic exercise.
2. *Fabrication and Falsification.* Intentional and unauthorized alteration or invention of any information or citation in an academic exercise. Falsification is a matter of altering information, while fabrication is a matter of inventing or counterfeiting information for use in any academic exercise.
3. *Multiple Submissions.* The submission of substantial portions of the same academic work (including oral reports) for credit more than once without authorization.
4. *Plagiarism.* Intentionally or knowingly presenting the work of another as one's own (i.e., without proper acknowledgment of the source). The sole exception to the requirement of acknowledging sources is when the ideas, information, etc., are common knowledge.

5. *Abuse of Academic Materials.* Intentionally or knowingly destroying, stealing, or making inaccessible library or other academic resource material.
6. *Complicity in Academic Dishonesty.* Intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.

Failure to adhere to the UNCC Code of Student Academic Integrity will result in a failing ("F") grade for the specific assignment involved and/or for the entire course.

UNC Charlotte Diversity Statement

UNC Charlotte strives to create an academic climate in which the dignity of all individuals is respected and maintained. Therefore, we celebrate diversity that includes, but is not limited to ability/disability, age, culture, ethnicity, gender, language, race, religion, sexual orientation, and socio-economic status. For additional information please go to the following website:

<http://www.provost.uncc.edu/diversity>. **Respecting diversity in all of its forms is an essential foundational principle for this course specifically guiding how we will interact with one another in the classroom environment and in our discussion of course material.**

Religious Accommodations: "The University of North Carolina at Charlotte is committed to diversity, nondiscrimination and inclusiveness, and to supporting its students, regardless of religious affiliation or non-affiliation, in accordance with state and federal laws and regulations. As part of this commitment, the University makes good faith efforts to accommodate a student's religious practice or belief, unless such accommodation would create undue hardship" (the entire policy can be accessed at <http://legal.uncc.edu/policies/ps-134.html>). Students should inform the instructor of any needed accommodations due to religious observances no later than the second week of class to allow sufficient time to make any arrangements.

Students with Disabilities Students with documented disabilities are eligible to receive assistance from the Office of Disability Services. For detailed information, contact the Office of Disability Services, located in Fretwell 230.

READINGS

Week 1 – January 15th

Health and Human Development

- Tinsley, B. J., & Burleson, M. H. (2011). Childhood health and chronic illness. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 499-521). New York: Oxford University Press.
- Nolan, J. A., Cottrell, L. A., & Dino, G. A. (2013). Parent health risk and support for physical activity. *American Journal of Health Behavior, 37*, 32-42. doi: 10.5993/AJHB.37.14
- Boardman, J., Alexander, K. B., Miech, R. A., MacMillan, R., Shanahan, M. J. (2012). The association between parent's health and the educational attainment of their children. *Social Science & Medicine, 75*, 932-939. doi: 10.1016/j.socscimed.2012.04.028
- Koinis-Mitchell, D., McQuaid, E. L., Jandasek, B., Kopel, S. J., Seifer, R., Klein, R. B., ... Fritz, G. K. (2012). Identifying, cultural and asthma-related risk and protective factors

associated with resilient asthma outcomes in urban children and families. *Journal of Pediatric Psychology*, 37, 424-437.

Week 2 – January 22th

Developmental Framework

Herge, W. M., Streisand, R., Chen, R., Holmes, C., Kumar, A., & Mackey E. R. (2012). Family and youth factors associated with health beliefs and health outcomes in youth with Type I Diabetes. *Journal of Pediatric Psychology* 37, 980-989.

Brook, J. S., Brook, D. W., Zhang, C., Seltzer, N., & Finch, S. J. (2013). Adolescent ADHD and adult physical and mental health, work performance, and financial stress. *Pediatrics*, 131, 5-13. doi: 10.1542/peds.2012-1725.

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Spink, K. S., Wilson, K. S., Ulvick, J. (2012). Social Influence and adolescent health-related physical activity in structured and unstructured settings: Role of channel and type. *Annals of Behavioral Medicine*, 44, 94-103. doi: 10.1007/s12160-012-9368-3

Gerin, W. H., & C. H. Kapelewski (2011). Writing the application part I (pp. 61-70). In *Writing the NIH Grant Proposal: A step-by-step guide*.

Week 3 – January 29th

Developmental Framework

Rook, K. S., Turk Charles, S., & Heckhausen, J. (2011). Aging and Health. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 347-393). New York: Oxford University Press.

Warner, L. M., Schwarzer, R., Schüz, B., Wurm, S., & Tesch-Römer, C. (2011). Health specific optimism mediates between objective and perceived physical functioning in older adults. *Journal of Behavioral Medicine*, 35, 400-406. doi:10.1007/s10865-011-9368-y.

Chen, B., Covinsky, K. E., Cenzer, I. S., Adler, N., & Williams, B. A. (2011). Subjective social status and functional decline in older adults. *Journal of General Internal Medicine*, 27, 693-699. doi:10.1007/s10865-011-1963-7.

St. John, P., & Montgomery, P. (2012). Does self-rated health predict death in older adults with depressive symptoms? *Canadian Journal of Aging*, 31, 49-54. doi:10.1353/cja.2012.0005

Gerin, W. H., & C. H. Kapelewski (2011). Writing the application part I (pp. 74-79). In *Writing the NIH Grant Proposal: A step-by-step guide*.

Week 4 – February 5th

Community Framework

Gil Lacruz, M. (2011). Community Health. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 781-804). New York: Oxford University Press.

Crespo, N. C., Elder, J. P., Ayala, G. X., Slymen, D. J., Campbell, N. R., Sallis, J. F., McKenzie, T. L., Baquero, B., & Arredondo, E. M. (2012). Results of a multi-level intervention to prevent and control childhood obesity among Latino children: The Aventuras para niños study. *Annals of Behavioral Medicine*, 43, 84-100.

Lenzi, M., Vieno, A., Perkins, D. D., Pastore, M., Santinello, M., & Mazzardis, S. (2012). Perceived neighborhood social resources as determinants of prosocial behavior in early adolescence. *American Journal of Community Psychology*, 50, 37-49. doi: 10.1007/s1046-011-9470x

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Week 5 – February 12th

Health Behavior Change

Schwarzer, R. (2011). Health Behavior Change. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 591-611). New York: Oxford University Press.

Armitage, C. J. (2009). Is there utility in the transtheoretical model? *British Journal of Health Psychology*, 14, 195-210.

Prentice-Dunn, S., McMath, B. F., & Cramer, R. J. (2009). Protection motivation theory and stages of change in sun protective behavior. *Journal of Health Psychology*, 14, 297-305. doi:10.1177/1359105308100214

Orbell, S., Lidieth, C. J., Henderson, N. G., Uller, C., Uskul, A. K., & Kyriakaki, M. (2009). Social-cognitive beliefs, alcohol, and tobacco use: A prospective community study of change following a ban on smoking in public places. *Health Psychology*, 28, 753-761. doi:10.1037/a0016943.

Gerin, W. H., & C. H. Kapelewski (2011). Writing the application part I (pp. 87-110). In *Writing the NIH Grant Proposal: A step-by-step guide*.

Week 6 – February 19th

Health Behavior Change

Lippke, S., Schwarzer, R., Ziegelmann, J. P., & Scholz, U., Schüz, B. (2010). Testing stage-specific effects of a stage-matched intervention: A randomized controlled trial targeting physical exercise and its predictors. *Health Education & Behavior*, 37, 533-46. doi: 10.1177/1090198109359386

Gay, J. L., Saunders, R. P., & Dowda, M. (2011). The relationship of physical activity and the built environment within the context of self-determination theory. *Annals of Behavioral Medicine*, 42, 188-196. doi:10.1007/s12160-011-9292-y.

Ludwig, J., Sanbonmatsu, L., Gennetian, L., Adam, E., Duncan, G. J., Katz, L. F., Kessler, R. C., Kling, J. R., Lindau, S. T., Whitaker, R. C., & McDade, T. W. (2011). Neighborhoods, obesity and diabetes – a randomized social experiment. *The New England Journal of Medicine*, 365 (16), 1509-1519.

Kaptein, Ad A., Bijsterbsch, J., Scharloo, M., Hampson, S. E., Kroon, H. M., & Kloppenburg, M. (2010). Using the common sense model of illness perceptions to examine osteoarthritis change: A 6-year longitudinal study. *Health Psychology, 29*, 56-64.

Week 7 – February 26th

Measurement and Design Considerations

Smith, T. W. (2011). Measurement in health psychology research. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 42-73). New York: Oxford University Press.

Aiken, L. (2011). Advancing health behavior theory: The interplay among theories of health behavior, empirical modeling of health behavior, and behavioral interventions. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 612-636). New York: Oxford University Press.

Week 8 – March 5th

Student recess

Week 9 – March 12th

Health and Illness Perception

Benyamini, Y. (2011). Health and Illness Perceptions. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 281-316). New York: Oxford University Press.

Renner, B., & Schupp, H. (2011). The perception of health risks. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 637-685). New York: Oxford University Press.

Gibbons, F. X., Houlihan, A. E., & Gerrard, M. (2009). Reasons and reaction: The utility of a dual-focus, dual-processing perspective on promotion and prevention of adolescent health risk behavior. *British Journal of Psychology, 14*, 231-248.

Craciun, C., Schuz, N., Lippke, S., & Schwarzer, R. (2010). Risk perception moderates how intentions are translated into sunscreen use. *Journal of Behavioral Medicine, 33*, 392-398.

Week 10th – March 19th

Adherence

*Trostle, J. A. (2000). The ideology of adherence: An anthropological and historical perspective. In D. Drottar (Ed.), *Promoting adherence to medical treatment in chronic childhood illness: Concepts, methods, and interventions* (pp. 37-55). Mahwah, NJ: Lawrence Erlbaum.

Linke, S. E., Gallo, L. C., & Norman G. J. (2011). Attrition and adherence rates of sustained vs. intermittent exercise interventions. *Annals of Behavioral Medicine, 42*, 197-209. doi: 10.1007/s12160-011-9279-8

Wagner, G. J., Goggin, K., Remien, R. H., Rosen, M. I., Bangsber, D. R., & Liu, H. (2011). A closer look at depression and its relationship to HIV antiretroviral adherence. *Annals of Behavioral Medicine, 42*, 352-360. doi:10.1007/s12160-011-9295-8

Lin, E. H. B., Von Korff, M. V., Ciechanowski, P., Peterson, D., Ludman, E. J., Rutter, C. M.,.... Katon, W. J. (2012). Treatment adjustment and medication adherence for complex patients with diabetes, heart disease, and depression: A randomized controlled trial. *Annals of Family Medicine, 10*, 6-14. doi: 10.1037/afm.1343

Week 11th – March 19th

Chronic Illness

Stanton, A. L., & Revenson, T. A. (2007). Adjustment to chronic disease: Progress and promise in research. In H. S. Friedman & R. C. Silver (Eds.), *Foundations of Health Psychology* (pp. 203-233). New York: Oxford.

Linden, A., Butterworth, S. W., & Prochaska, J. O. (2010). Motivational interviewing-based health coaching as a chronic care intervention. *Journal of Evaluation and Clinical Practice, 16*, 166-174. doi: 10.1111/j.1365-2753.2009.01300.x

Cohen, B. E., Paguluri, P., Na, B., & Whooley, M. A. (2010). Psychological risk factors and the metabolic syndrome in patients with coronary heart disease: Findings from the heart and soul study. *Psychiatry Research, 175*, 133-137. doi: 10.1016/j.psychres.2009.02.004

Chu, C., Umanski, G., Blank, A., Grossberg, R., & Selwyn, P.A. (2010). HIV-infected patients and treatment outcomes: an equivalent study of community-located, primary care-based HIV treatment vs. hospital-based care in the Bronx, New York. *AIDS Care, 22*, 1522-1529. doi: 10.1080/09540121.2010.484456

Week 12th – March 26th

Interventions

Westmaas, J. L., Gil-Rivas, V., & Silver, R.C. (2011). Designing and implementing interventions to enhance physical and mental health outcomes. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 73-94). New York: Oxford University Press.

McAndrew, L. M., Musumeci-Szabo, T. J., Mora, P. A., Vileikyte, L., Burns, E., Halm, E. A., Leventhal, E. A., & Leventhal, H. (2008). Using the common sense model to design interventions for the prevention and management of chronic illness threats: From description to process. *British Journal of Health Psychology, 13*, 195-204.

Munro, S., Lewin, S., Swart, T., & Volmink, J. (2007). A review of health behavior theories: how useful are they for developing interventions to promote long-term medication adherence for TB and HIV/AIDS? *BMC Public Health, 7*, 104. doi: 10.1186/1471-2458-7-104.

Stehl, M. L., Kazak, A. E., Alderfer, M. A., Rodriguez, A., Hwang, W-T., Pai, A.L.H., Boeving, A., & Reilly, A. (2009). Conducting a randomized clinical trial of a psychological intervention for parents/caregivers of children with cancer shortly after diagnosis. *Journal of Pediatric Psychology, 34*, 803-816. doi: 10.1093/jpepsy/jsn130

Week 13 – April 2nd

Health Services Utilization

- Lechuga, J., Swain, G. R., & Weinhardt, L. S. (2011). Impact of framing on intention to vaccinate daughters against HPV: A cross-cultural perspective. *Annals of Behavioral Medicine, 42*, 221-226. doi: 10.1007/s12160-011-9273-1.
- Farber, E. W., Hodari, K. E., Motley, V. J., Pereira, B. E., Yonker, M., Sharma, S., & Campos, P. E. (2012). Integrating behavioral health with medical services: Lessons from HIV care. *Professional Psychology, Research and Practice, 43*, 650-657. Doi: 10.1037/a0028788
- Suziedelyte, A. (2012). How does searching for health information on the internet affect individuals' demand for health care services? *Social Sciences & Medicine, 75*, 1828-1835.
- Lim, M.S.C., Hocking, J. S., Campbell, A. K., Fairley, C. K., Jordan, L., Lewis, J. A....Hellard, M. E. (2012). Impact of text and email messaging on sexual health of young people: A randomized controlled trial. *Journal of Epidemiology and Community Health, 66*, 69-74. doi: 10.1136/jech.2009.100396

Week 14 – April 9th

Patient Health-Care Provider Interaction

- Hall, J. A., & Roter, J. A. (2011). Physician-patient communication. In H. S. Friedman (Ed.), *The Oxford Handbook of Health Psychology* (pp. 317-346). New York: Oxford University Press.
- Potter, S. J., & McKinlay, J. B. (2005). From a relationship to encounter: An examination of longitudinal and lateral dimensions of doctor-patient relationship. *Social Science and Medicine, 61*, 465-479.
- Johnson, J. L., Bottorff, J. L., & Browne, A. J. (2004). Othering and being othered in the context of health care services. *Health Communication, 16*, 253-271.
- Conboy, L., A., Macklin, E., Kelley, J., Kokkotou, E., Lembo, A., & Kaptchuk, T. (2010). Which patients improve: Characteristics increasing sensitivity to a supportive patient-practitioner relationship. *Social Science & Medicine, 70*, 479-484.

Week 15 – April 16th

Student presentations

Week 16 – April 23rd

Student presentations - Research Proposal due by 5:00 PM

Week 17 – April 30th

Student presentations

May 7th - Final Exam

RESEARCH PROPOSAL GUIDELINES

Below I have listed the required sections for your research proposal in accordance to current NIH format. Please see Chapters 5 and 6 of the Gerin and Kapelewski (2011) book for more details.

Required Sections:

- A. *Specific aims* (1 page max). Goals of the proposed study and summary of expected outcome(s); impact of the proposed work on the field; and implications for public health.

- B. *Research strategy*
 - a. *Significance*
 - b. *Innovation*
 - c. *Approach*
 - i. *Overall research strategy*
 - ii. *Methodology*
 - iii. *Plan of analysis*

- C. *Literature cited*

Please note that your research paper should not exceed 20 single spaced pages (not including references). Use Arial, font size of 11 points or larger; margins should be at least ½ an inch on all sides. Allow enough time for each of the steps outlined above. It takes time to develop and refine our ideas and to integrate each section. Writing and revising your research proposal is a semester-long process.