



Combined Doctoral Program in
Counseling and School
Psychology



*Dissertation
Handbook*

2026-2027

"Transforming Hearts and Minds to Serve the World"

Revised October, 2026

Table of Contents

I. INTRODUCTION	1
II. GOAL AND PURPOSE OF THE DOCTORAL DISSERTATION	2
III. DOCTORAL DISSERTATION OPTIONS	3
IV. DOCTORAL RESEARCH SEQUENCE	6
V. DOCTORAL DISSERTATION COMMITTEE	7
VI. STUDENT RIGHTS AND OPTIONS	10
VII. DOCTORAL DISSERTATION PROPOSAL	11
VIII. DOCTORAL DISSERTATION DEFENSE	15
IX. SUBMISSION TO REGINA LIBRARY AND PUBLICATION IN PROQUEST	16
X. SOME SUGGESTIONS ABOUT PROCESS OF SUCCESSFUL COMPLETION	17
XI. APPENDICES	19
XII. FORMS	136

I. INTRODUCTION

This handbook provides the Rivier University, Psy.D. in Counseling & School Psychology's (the "Program") policies and procedures related to the Doctoral Dissertation, including process, content and organization of the Dissertation, associated courses, and committee.

The student is responsible for reviewing and familiarizing themselves with the contents of the Doctoral Dissertation Handbook ("Dissertation Handbook" or "the Handbook") as of the start of their doctoral-level coursework. Students will be held to the most recently published version of the Handbook as of the date of the student's admission to the Program.

II. GOAL AND PURPOSE OF THE DOCTORAL DISSERTATION

The Doctoral Dissertation (“Dissertation”) is an integral part of the Psy.D. in Counseling and School Psychology (“Program” or “Psy.D. Program”), providing each student the opportunity to demonstrate competence in contributing to the knowledge base and applied tools needed to practice in the most effective way possible, and to apply the methodological skills acquired through their academic and research coursework. The purpose of the Dissertation is to develop and demonstrate the critical thinking and problem-solving skills required of leaders of the profession who will drive the creative and knowledge-based development of psychological practices and standards.

The Doctoral Dissertation is a critical learning experience for doctoral students to learn how to draw on the theory and knowledge of psychology and education to identify and contribute to answering an important unanswered question. Students learn to construct and select hypotheses (potential explanations) to address their question. Students independently design an appropriate process, gather, and analyze information to evaluate their hypothesis. They interpret the information with open minds to determine what can be concluded about their question and how their explanations were and were not accurate or helpful. They evaluate personal assumptions and biases that may have influenced their selection or interpretation of hypotheses or their application to specific populations or specific contexts. Finally, they demonstrate their metacognitive skills, processes that enable them to self-monitor, evaluate, and correct their ongoing practice. The completion of the Doctoral Dissertation demonstrates students’ development of the ability to complete these steps, their scholarly excellence, and their ability to contribute original conceptualizations, findings, or applications to the field of psychology in schools and communities.

The Program’s goal is to help students become good consumers of research and develop the capacity to use empirical methods and information to evaluate important questions raised in practice, as is necessary for being a competent practitioner.

III. DOCTORAL DISSERTATION OPTIONS

The Program provides several options for students to meet competencies in both discipline-specific knowledge and profession-wide competencies and related elements, including completion of coursework on research and completion of the Doctoral Dissertation. Students must be continuously enrolled in CNSL 892 Directed Research in Psychology until they successfully defend the Dissertation Proposal, and in CNSL 896 Research in Psychology until they successfully defend the completed Dissertation. Students must successfully defend their Dissertation Proposal to be eligible to apply for an internship.

Students satisfy the Dissertation requirement by concluding a project in one of the following forms:

(1) Empirical Study

The Empirical Study is an investigation of a problem in the field of psychology with one or more research questions or hypotheses that the student seeks to test and/or objectives that will be attained through conducting the study. The Proposal should include a statement of the reasons for the selection of the problem and the relationship of pertinent research literature to the problem, as well as the research and data analysis methods. The completed dissertation should report the results, explain their theoretical and applied implications for the problem, and identify limitations and subsequent questions remaining based on the conclusions of the student's work.

For instance, a student might evaluate the relationship between a characteristic of individuals' personality, experience, or functioning to a clinical outcome of interest (such as trauma's effects on clinical relationships in therapy) or the differences between groups of subjects on an outcome variable of interest (such as different effectiveness of evidence-based treatment for anxiety in people who have vs. have not experienced discrimination in the previous year).

This option is typically recommended because it is the easiest way for students to demonstrate their ability to contribute significantly to the field and to the conceptual foundations for practice. In addition, it is an effective way for students to develop their knowledge, skills, and attitudes as consumers of empirical work addressing important questions for their practice.

(2) Case Study or Case Study Series

The Case Study is a clinical description of a client that includes a presenting problem, history, discussion of the symptoms and impairment, diagnosis, and etiology. A treatment plan must be presented, as well as a literature review of evidence-based practices for treatment of the identified disorder. Finally, the student must submit a Proposal to study some aspect of the disorder and treatment discussed in the literature review. Whenever possible, as part of the discussion the student should identify one or more testable hypotheses based on the outcome of the case study and suggest future empirical studies to test those hypotheses.

For instance, a transgender parent receiving parenting training for a child with oppositional defiant (ODD) behavior might demonstrate atypical ability to understand the child's perceptions of others' hostile intent. The resulting case study could reveal a mechanism of caregiver empathy as a protective or ameliorative factor for ODD that has not previously been adequately identified in the empirical literature.

The Case Study is a particularly difficult method to demonstrate a student's ability to contribute significantly to the field and to the conceptual foundations for practice. Novel insights must be identified in the student's understanding of the individual case, must be generalized in theoretically

supportable ways to relevant literature and practice in the field, and the conclusions made have to be justified through review and analysis of relevant literature.

(3) Critical/Systematic Literature Review or Meta-Analysis

The review is an organization, integration, and evaluation of previously published literature. Authors of literature reviews evaluate the progress research has made towards clarifying a specific problem or answering a specific question. A critical or systematic literature review is different from a traditional literature review in that it: is based on a clearly formulated question or questions; systematically identifies the relevant studies; evaluates their quality; and summarizes and interprets the evidence by use of explicit methodology.

For instance, children of first-generation immigrants might have different adjustment, behavioral difficulties, and academic challenges than other students, dependent in part on the difference between their own and their caregivers' acculturation levels. By comprehensively reviewing the literature on effects of parental immigration, parental acculturation, differences between parental and child acculturation, and the known relationship between these effects and school adjustment and performance, a systematic review can identify hypotheses and relationships that have not yet been identified in the literature.

A Meta-Analysis is similar to a systematic review in some respects but includes novel statistical analysis of results from multiple studies designed to answer a given research question. A meta-analysis produces a quantitative synthesis of empirical results to better estimate the strength of an experimental effect. Meta-analyses are particularly useful in areas of research in which individual studies have insufficient power to ensure replicable results (most topics in psychology). A well-conceived and implemented meta-analysis is useful to both researchers in the field and clinicians seeking accessible information to guide evidence-informed practice, and thus more likely to represent a meaningful contribution to the field.

The student's conclusions from the review must demonstrate an independent, significant contribution to the field and to conceptual foundations for practice, not merely summary or organization of the contributions of others.

(4) Theoretical Paper

The purpose of the theoretical paper is to address an important theoretical issue in the field of Counseling or School Psychology. The theoretical issue should be investigated thoroughly through a critical review of relevant literature, delineating the strengths and weaknesses in order to make an original contribution to the discussion through development of a novel theoretical position.

For instance, a student may believe that people with Schizophrenia develop self-stigma based on the beliefs of people with whom they interact that Schizophrenia is a genetic, biological, and thus unalterable disorder of behavior, capacity, and potential. The student's literature review would evaluate self-stigma in people with Schizophrenia, perceptions and beliefs about Schizophrenia and about people with Schizophrenia among people who interact with Schizophrenia (formal and informal caregivers, community members, and employers, for instance), and the effects of others' views on individuals' self-perceptions. Based in this review, the student might propose a new model to explain self-stigma and its impact on functioning and well-being among people who suffer from this disorder.

The theoretical paper is expected to demonstrate a grasp of the issue, an understanding of how the issues have previously been addressed, and the development of an original theory on the issue. It must make a significant contribution to understanding the theoretical issue through presentation of a well-justified, important new perspective. Because this new perspective needs to be a substantive contribution to the field, the topics that might be appropriate for a theoretical paper are limited and the conclusions that must be drawn require a level of conceptual sophistication that will typically be difficult for doctoral students, who are relatively new to their area of study, to achieve.

A fuller description of and requirements for each of the options above will be provided as a part of the research courses (CNSL 881, CNSL 864) that the student will take in their first year of doctoral studies and 892-E, the first Directed Research course that the student will take after completing the first-year research courses.

IV. DOCTORAL RESEARCH SEQUENCE

Beginning in their first year of doctoral (800-level) coursework, students in the Program will start the Research Sequences of courses. This sequence must be followed. Once started, continuous enrollment is required until the Doctoral Dissertation is successfully defended.

The Research Sequence provides students with sequential experience in developing basic knowledge about research methods and data analysis, culminating in the application of that knowledge to their Doctoral Dissertation. Students are expected to enroll in these courses in the order listed below:

1. CNSL 881 Quantitative Analysis in Psychology (3 credits)
2. CNSL 864 Research Methods and Design in Psychology (3 credits)
3. CNSL 892-E Directed Research in Psychology (initial section, 2 credits)
4. CNSL 892 Directed Research in Psychology (continuing as needed, 2 credits)
5. CNSL 896 Research in Psychology (initial section, 3 credits)
6. CNSL 896 Research in Psychology (continuing as needed, 1 credit)

After completion of the academic research courses, CNSL 881 and CNSL 864, students are required to complete a minimum of five (5) credits toward their Doctoral Dissertation. This includes a minimum of two (2) credits for the development and defense of the Proposal (CNSL 892), and a minimum of three (3) credits for the execution and defense of the Dissertation (CNSL 896). Many if not most students will require more than one semester for development and defense of their proposal, and almost all will require more than one semester for the execution and defense of the Dissertation.

Continuous enrollment in CNSL 892 is expected until the successful defense of the Proposal, at which point students enroll in CNSL 896 continuously until the successful defense of the Dissertation.

Students initially enroll in 892-E, a general section for all students (regardless of who will be on their committees) that introduces the dissertation process and expectations, guides students through how to select dissertation topics and methodologies and prepares students to succeed through completion of their dissertations. Students who have selected a core faculty member who has agreed to chair their committee sign up for the section of CNSL 892 with that faculty member as the assigned professor in subsequent semesters until they have successfully defended their proposals. Students who have not yet matched with a chair continue to sign up for the general section, 892-E until they do. Sections of 896 are listed by faculty; students should sign up for the section led by their chair.

A leave of absence or withdrawal from the Program for the purpose of conducting or completing the Dissertation is not allowed except by special permission by the Program Director and the Vice President of Academic Affairs, Rivier University. Continuous enrollment is required due to the faculty and committee guidance required by students in successfully completing their study and defense.

V. DOCTORAL DISSERTATION COMMITTEE

The Program has adopted a structured approach to the formation of the Doctoral Dissertation Committee (“Dissertation Committee”) in order to encourage effective mentoring of students, to ensure the quality and methodological soundness of the study, and to facilitate the process of completion for students.

Each student is responsible for convening a Dissertation Committee to oversee the Doctoral Dissertation. The Dissertation Committee will consist of two required members and one optional third member. The membership of each student’s Dissertation Committee varies depending on the content and methods appropriate to the Dissertation. Membership of the Dissertation Committee must be finalized prior to the defense of the Dissertation Proposal.

The Dissertation Committee as a whole is responsible for independently guiding the student through the following tasks, with assistance from the 892E instructor while the student is enrolled in that course:

- Refining the topic, including identification of a question that can appropriately be studied using the proposed methodology
- Organizing and completing a critical literature review with emphasis on evaluating the methodology and data analysis sections of studies
- Formulating the Dissertation question
- Matching the design or project format to the question
- Constructing the methodology
- Completing data analysis that is consistent with contemporary published standards in the field
- Interpreting results, generating conclusions, and proposing future studies
- Guiding the student in the use of the APA Publication Manual for writing style and use of tables and figures

In addition, the Dissertation Committee will share responsibility for the following tasks:

- Assuring that the student consults and follows the processes and procedures outlined in this Handbook
- Reviewing the deadlines associated with the Dissertation (e.g., defense of Proposal before applying for internship, defense of Dissertation by intended degree conferral deadlines) on a regular basis
- Setting goals and timetables for progression through the research sequence
- Maintaining regular contact with the student through meetings, email and/or phone regarding process, awareness and implementation of guidelines, timetables and procedures, in between meetings of the full Dissertation Committee
- Approving content, organization, and style of the Dissertation and drafts/sections thereof, and ensuring the inclusion of suggestions of the Dissertation Committee before any submission of Proposal or final Dissertation defense

The division of these tasks by the members of the Dissertation Committee will be overseen by the Committee Chair (see below).

Changes in topic area and/or format of the Dissertation may only occur with the agreement of all Dissertation Committee members.

Dissertation Committee Member Qualifications and Responsibilities

(1) Chair

The Dissertation Committee Chair (“Chair”) will be a core faculty member of the Program, including the Program Director and Director of Clinical Training. The Chair, in addition to the general Dissertation Committee responsibilities listed above, shall:

- Guide the student through the process of securing a second (and optional third) committee member

- Determine the frequency of contact and level of student responsibility for initiating contact on a regular basis
- Act as the instructor of the student's research courses, CNSL-892 and CNSL-896
- Communicate with Dissertation Committee members regarding the delegation of responsibilities, procedures, and processes associated with the Dissertation Committee
- Advise and assist the student through the IRB process, ensuring that the student submits all appropriate documentation to the University's IRB if human participants are involved in the research.
- Supervise the student's completion and defense of the Dissertation Proposal and final Dissertation, including any additional requirements specified by the student's Dissertation Committee.
- Support the student through the personal and professional development required for successful completion of a Dissertation that demonstrates the student's ability to make an independent contribution to the field.

(2) Second Committee Member

The second committee member shall be a Core, Associated, or Contributing faculty member in the Division of Counseling and Psychology at Rivier University. "Associated Faculty" are faculty who do not meet the criteria for core faculty but make a substantial contribution to the program. "Other Contributors" are individuals who have a role in the program, but to a much more limited extent than core or associated faculty and have minimal contact with students. This would include individuals who present seminars, regularly supervise practicum, or teach as adjunct faculty. This second member shall, in addition to the general responsibilities listed above:

- Assist the student in the preparation and defense of the Dissertation Proposal and execution of the Dissertation, compliance with IRB policies and professional ethical standards, writing of the Dissertation, preparation for the Dissertation Proposal defense and Dissertation defense, and submission of final copies of the Dissertation to the appropriate office(s) and the Regina Library.
- Supervise and assist the student in making changes in the Dissertation materials as stipulated by the Chair following the defense of the Dissertation Proposal and of the Dissertation.
- In the event that the Chair is unavailable due to an administratively approved leave of absence, or is no longer a Core faculty in the Program, assume the role and responsibilities of the Chair, until the Chair has returned from leave, or a new Chair is appointed, respectively.

(3) Additional Committee Member

The student will have the option of selecting a third committee member after consultation with the Chair. It is expected that this third member will possess specific and needed expertise regarding the Dissertation topic or some aspect of the research methodology that is lacking in the skill competencies of the Chair and second member. Additional requirements for the third member include but are not limited to the following:

- Must be selected no later than the end of the fall semester of the student's second year of doctoral courses.
- Is a doctoral level psychologist, or a non-psychologist with a terminal degree in a related field, having held the doctoral or terminal degree for a minimum of two years.
- Is not currently a clinical supervisor of the student, unless approved by the Chair.

(1) Research Chair Match

- Part of 892-E (and/or 864)
- Information on faculty interests/past research will be shared with students at the start of 892-E (or 864)
- Deadline to submit match request (e.g., mid-892-E or mid-864; one-week until matches released)
- Students rank top three choices for committee chair
- Students encouraged to communicate with potential choices prior to submission of match preferences to ensure good fit/interest in topic/likelihood of helpfulness
- Faculty have input (during week between ranking and match release)
- Number of total advisees for each faculty considered to ensure even load between faculty

Upon matching, the Chair will sign and file the *Dissertation Committee Membership Agreement Form*.

(2) Dissertation Second Committee Member, Additional Committee Member

After the student has been matched with a Chair, the student will consult with their Chair before requesting participation of additional committee members. The Chair must approve the name(s) of any faculty who may serve as additional committee members. If approved, any additional member will sign and file the *Dissertation Committee Membership Agreement Form*.

At the initial meeting of the student and Chair following the match, the student and Chair will discuss the search for the second and optional third committee members. Due consideration will be given to the student's preference. The Chair will ensure that, together, the members of the Dissertation Committee will collectively meet competencies in research methodology and statistical data analysis needed to guide a critical literature review, construct the Dissertation methodology, and conduct analysis of Dissertation data and other information and materials. Only the chair's and second committee member's approval and signatures are required for successful completion of the Dissertation. Third/additional members serve as consultants to the student and the committee regarding the project.

VI. STUDENT RIGHTS AND OPTIONS

While it is always preferable for students to be able to work out concerns or challenges with their Chair or other committee members, sometimes students will not feel able to make sufficient progress or to meet committee members' expectations. In such cases, students have the right to request intervention of the Program Director or a change in Dissertation committee membership.

Intervention of the Program Director

If a student's efforts to resolve concerns or challenges with their Chair or other committee members has not led to resolution acceptable to the student, the student may request intervention by the Program Director. In these cases, the Program Director will discuss the situation separately with the student and the relevant committee member and then together with both, to determine whether conversation or mediation can sufficiently resolve the concerns. The Program Director will offer feedback to both parties and attempt to support negotiations to enable the student to continue with the committee as constituted. If these efforts do not sufficiently resolve the student's concerns, they have the option of requesting approval to change their Dissertation committee membership.

Change in Dissertation Committee Membership

The membership of a student's Dissertation Committee may be changed at any time up to the point of submission of the Dissertation Proposal to the Chair and the convening of the defense of the Dissertation Proposal. After the Dissertation Proposal defense, the student may not change the membership of the Dissertation Committee except in the case of the lack of availability of a current member to serve, and any changes must be made with the approval of both the remaining committee member(s) and the Program Director.

A student may change the Chair of their Dissertation Committee only prior to the Dissertation Proposal defense, and only with the approval of the Program Director.

To request a change in membership in a student's Dissertation Committee, the student must submit the *Change of Dissertation Committee Membership Form* to the Program Director. This form includes the rationale for change in committee membership, and a statement of review and support by the student's Chair and the student's Academic Advisor. If approved by the Program Director, the new member will complete and file the *Dissertation Committee Membership Agreement Form*.

VII. DOCTORAL DISSERTATION PROPOSAL

Students enroll in CNSL 892-E in the fall semester of their second year of doctoral courses (dependent upon successful completion of CNSL-881 and CNSL-864). The purpose of this course, and any subsequent sections of CNSL 892, is the development and defense of the Dissertation Proposal. The Proposal states the problem(s) to be investigated and describes how the study will be performed and reported. The preparation and writing of the Proposal are therefore very important. Although the student may seek guidance on the choice of the topic and the method of solving the problem, the major responsibility for the proposal itself lies with the student working independently, in order to demonstrate their own ability to plan and outline a Dissertation. Students should adhere to the guidelines provided in this Handbook, by the instructor of their CNSL 892-E course, and by their Chair, to ensure the development of their Doctoral Dissertation proposal and final completed draft.

A. Style Guide

The Proposal should be typed, double-spaced, and printed single-sided, as required by the standards of the APA Style Guide (Publication Manual of the American Psychological Association, 7th Edition (Washington, D.C.: American Psychological Association, 2019)). The Proposal should be no more than twenty (20) pages in length, exclusive of appendices and references. The body and content of the proposal should be presented clearly, concisely, and precisely. For all other formatting and style questions, students should refer to the APA Style Guide.

B. Revision

As the student's inquiry process proceeds, significant changes in the subject, methodology, or direction of the study may be required. In this case, the student must submit a revised Dissertation proposal or an addendum to the Dissertation Proposal to the Dissertation Committee Chair for dissemination to the Dissertation Committee.

C. Conducting the Proposal Defense

The steps in setting up and conducting the Dissertation Proposal defense include the following:

- (1) The student will submit their completed proposal to the Dissertation Committee Chair for distribution to the Dissertation Committee. Note that this step does not strictly require previous review of the proposal by members of the Committee, but students are strongly encouraged (and may be required by their Committee Chair) to seek feedback on the proposal and address any identified concerns before they schedule the defense (unless their Chair recommends discussing the concern during the defense).
- (2) The student and the members of the Dissertation Committee will collaborate on the selection of a date for the Proposal defense. Once determined, the Chair will notify the Program Director, who will announce the Proposal defense to the Program.
 - a. With the Chair's approval, students and the Program will invite the PsyD student body and faculty, others on campus, and the regional professional community, as agreed with the student.
- (3) The members of the Dissertation Committee must all be present for the entirety of the Proposal defense meeting.
- (4) Upon the student's successful defense of the Proposal, the members of the Dissertation Committee will each sign the *Acceptance of Doctoral Dissertation Proposal Form* ("Acceptance Form").
- (5) The student will submit to the Program Director:
 - a. a copy of the signed Acceptance Form
 - b. a complete application to the Rivier University Institutional Review Board (IRB), if relevant given the Dissertation methodology

- c. a certification of completion of Collaborative Institutional Training Initiative (CITI) training, if relevant given the Dissertation methodology
 - d. a copy of their Chair's CITI training certification, if relevant given the Dissertation methodology
- (6) Upon obtaining the required signatures from the IRB on the Acceptance Form, the student will submit the original Acceptance Form and one copy of the final Dissertation Proposal to the Program Director.
 - a. If the Dissertation Committee requires the student to make any changes to the Proposal, the changes must be made and approved by the Committee Chair prior to the student submitting the Proposal to the Program Director. Note that any substantive changes to the proposal should be completed prior to submission to the IRB.
 - b. The student should attach to the Acceptance Form an extra copy of the Title Page and Abstract from their Proposal, showing the student's name and the names of the members of the Dissertation Committee.
- (7) At the time of the Proposal, the student and the members of the Dissertation Committee will agree on the form of the Dissertation according to the guidelines for the Dissertation as provided in this Handbook.

D. Submission of the Dissertation Proposal to the Rivier University Institutional Review Board

Following the student's defense of the Proposal and completion of all required revisions, and prior to the student being allowed to proceed with their research if relevant, the student must receive the signed approval of the Rivier University Institutional Review Board (IRB) to begin the conduct of the Dissertation research. The student will apply to the IRB after obtaining a certificate of passing all necessary training requirements. Students should review the Rivier University IRB website during the process of preparation of their Dissertation Proposal to prepare their application.

The Rivier University IRB conducts its administration via Canvas; students completing their IRB process will be enrolled in the Canvas IRB shell to complete their IRB Application. Detailed information about the Collaborative Institutional Training Initiative (CITI) training program and guidelines for proposal are found in the Canvas IRB course modules.

The Rivier University IRB meets monthly during the academic year. Exempt or expedited proposal are reviewed as they are received. Proposals requiring full review are discussed at monthly meetings. The Rivier University IRB strives to review proposals in a timely manner. Researchers submitting proposals during the summer months should anticipate that reviews will be delayed and plan accordingly.

A brief introduction and rationale for the necessity of IRB review and approval is provided:

- (1) Introduction. In accordance with its federal Wide Assurance on file with the Department of Health and Human Services, Rivier University has an Institutional Review Board for Human Participants (IRB). The IRB is a standing committee, appointed by and reporting directly to the Vice President of Academic Affairs.
- (2) Membership. The Rivier University IRB shall be comprised of one member from each division and a member of the external community with relevant research expertise. Members shall be appointed by the Vice President of Academic Affairs for a term of at least one year but no more than three continuous years of service. The chair shall be appointed from within the membership of the IRB by the Vice President of Academic Affairs.
- (3) Commitment. The Rivier University IRB is comprised of a group of faculty charged with reviewing proposed research involving human subjects to ensure the protection and ethical treatment of those individuals in accordance with all applicable laws, policies, ethical guidelines, and national standards governing the research, including:

- a. The Common Rule
(<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>)
- b. State regulations
- c. The Federal Wide Assurance
- d. Institutional policies
- e. Ethical Principles and Guidelines for the Protection of Human Subjects of Research outlined in the Belmont Report
(<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>)

These principles require the balancing of risks to subjects against the scientific knowledge to be gained and the potential benefits to subjects and society.

The primary mission of the Rivier University IRB is to ensure the protection of rights, privacy, and welfare of all human participants in research conducted by Rivier's faculty, professional staff, and students. The IRB also focuses on the informed consent process to verify that the participant's involvement in research is voluntary. The IRB has the authority to review, approve, recommend, modify or disapprove research protocols submitted by faculty, staff and student investigators, where the IRB feels it is necessary to protect and ensure the ethical treatment of human subjects. This does not mean the altering of research methods not associated with the protection of human subjects. Without exception, all human participant research conducted by Rivier University investigators, students, and staff, and any others conducting research at Rivier or utilizing Rivier resources, must receive prior approval of Rivier University's IRB.

(4) Definitions.

- a. A "human subject" means a living individual about whom a researcher (whether professional or student) conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information.
- b. "Intervention" includes both physical procedures by which data are gathered and manipulations of the participant or the participant's environment that are performed for research purposes. Intervention includes communication or interpersonal contact between the investigator and participant.
- c. "Private information" includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information that has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public. Private information must be individually identifiable (i.e., the identity of the participant is or may readily be ascertained by the investigator or associated with the information) in order to obtain the information constituting research involving human participants.
- d. "Protected Health Information" (PHI), under the HIPAA Privacy Rule, refers to individually identifiable health information. Individually identifiable health information is that which can be linked to a particular person. Specifically, this information can relate to:
 - i. The individual's past, present or future physical and mental health or condition
 - ii. The provision of health care to the individual
 - iii. The past, present, or future payment for the provision of health care to the individual

Common identifiers of health information include names, social security numbers, addresses, and birth dates.

The HIPAA Security Rule applies to individual identifiable health information in electronic form or electronic protected health information (ePHI). It is intended to

protect the confidentiality, integrity, and availability of ePHI when it is stored, maintained, or transmitted.

- e. “Research” in the IRB context is considered to be a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Activities that meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program, which is considered research for other purposes that are described above.
- f. An “Investigator” is the individual(s) designated to have the appropriate level of authority and responsibility to direct the research project and/or activity.

The IRB for Human Participants has the final determination as to what constitutes Research and the use of Human Participants. The IRB for Human Participants makes the final determination as to whether or not activities meet the definition of Research and if the activity needs to be reviewed and/or approved by the IRB for Human Participants. Investigators cannot exempt themselves and their activities from IRB review and approval. The approval by the IRB for Human Participant cannot occur after the data for a research activity has been collected.

Federal regulations require full IRB review of all proposed research involving greater than minimal risk to human subjects. All new proposals, amendments, and continuing reviews that involve minimal risk to subjects may be reviewed by the IRB (at the IRB’s discretion) using an expedited review procedure, if that study falls under one of the expedited review categories as outlined: <http://www.hhs.gov/ohrp/policy/expedited98.html>.

A form guiding students’ development of their Request for Approval to Conduct Human Participant Research is included in Appendix 1, below. A professional development PowerPoint presentation summarizing the process and a checklist of IRB requirements (in the form of a “quiz”) are included in the Dissertation module of the Program Canvas page. An example of a successful IRB submission is included in Appendix 2 and examples of approved Dissertation Proposals in Appendix 3, below.

VIII. DOCTORAL DISSERTATION DEFENSE

Students enroll in CNSL 896-# in the semester directly subsequent to their successful defense of their Dissertation Proposal. The section of CNSL 896 will be that section assigned to their Dissertation Committee Chair. The purpose of this course, and any subsequent sections of CNSL 896, is the execution and final defense of the Doctoral Dissertation.

The student and the members of the Dissertation Committee will collaborate on the selection of a date for the defense; once determined, the Chair will notify the Program Director, who will announce the date and location of the defense to the Program.

When arranging the defense of their Doctoral Dissertation, students must adhere to the following timeline:

- (1) The student must submit the Doctoral Dissertation to their Dissertation Committee Chair, along with a written request to schedule the oral defense of their Dissertation.
 - a. The student may submit either an electronic copy or printed copy of the Dissertation
 - b. The Dissertation must be in Word format, Times New Roman and 12 pt. font
 - c. The Dissertation must be acceptable for examination purposes:
 - i. Written in a correct and accurate form incorporating any and all changes identified at the Dissertation defense
 - ii. Conforms to the standard practices of the APA Style Manual
- (2) The Chair will review the submission and confirm that the Dissertation is ready for the defense; if confirmed, the Chair and the Program Director will confer to determine the date and time for the oral defense, and the Program Director will announce the date, time and location to the PsyD program, Rivier University community, and regional professional community, inviting attendance at the public portion of the defense.
- (3) Upon approval/notification of the scheduling of the defense, the student will distribute a copy of the Dissertation (electronic or printed) to each of the members of their Dissertation Committee, at least fourteen (14) workdays prior to the date of the defense.
- (4) After the conduct of the Dissertation defense, the Chair will complete the *Results of Doctoral Dissertation* form, reporting the results of the student's defense.
 - a. The Chair will obtain the signatures of all members of the Dissertation Committee, and the signature of the student.
 - b. Upon completion and signature of all required parties, the Chair will submit the form to the Program Director.
- (5) The Chair will prepare a Signature Page for inclusion in the final, publication version of the Doctoral Dissertation, obtaining the signatures of the Chair, Committee members, and the Vice President for Academic Affairs. The Signature Page will conform to the following guidelines:
 - a. Formatted as shown in Appendix 4
 - b. Original signatures of all signatories
- (6) The Chair will send the completed Signature Page to the student; the student will then submit the final version of the Dissertation and the Signature Page to the Program Director. The Program Director will then insert the Signature Page and send the publication version to the student to use in the required submission to the Regina Library.

IX. SUBMISSION TO REGINA LIBRARY AND PUBLICATION IN PROQUEST

The successful defense of the Doctoral Dissertation is the culmination of the Program for the student. Completion of the Program and conferral of the Psy.D. requires the completion of the requisite forms by the Committee Members, Chair, and Program Director, as described in this Handbook, and the delivery by the student of the Dissertation to the Regina Library.

Rivier University participates in the ProQuest Dissertation and Theses Dissemination program. The Program Director will provide, along with the publication version of the student's Dissertation, instructions for submitting the Dissertation through the ProQuest/ETD Administrator online submission tool.

Students will have the option to decide the Type of Publication, inclusion or exemption from Creative Commons (use by others of their work), and registration for U.S. copyright via this online submission process.

Students are required to order at least one (1) printed copy of the Doctoral Dissertation, to be delivered to the Program Director. This copy will be stored as part of the collection of the Regina Library. The student will be reimbursed by the Program for the costs of obtaining this printed copy of the Dissertation. Students may order additional copies of their Dissertation at their own cost. Delivery of the printed copy to the Program Director is required for completion of the Program.

Examples of past dissertations are available online through the Regina Library, ProQuest, by selecting Advanced Search, in more options choosing Rivier as the University/Institution and Counseling and School Psychology as the Department.

X. SOME SUGGESTIONS ABOUT PROCESS OF SUCCESSFUL COMPLETION OF THE DISSERTATION

Doctoral Dissertations are difficult to complete. Many students find themselves struggling, feel stuck or feel shame about their lack of progress (and often, lack of communication with their chair and/or committee members), and too often, avoid working on the dissertation or reaching out to their committee for help. As the culmination of doctoral training, with the requirement to demonstrate ability to contribute independently to the field, the dissertation is an ideal activity for provoking imposter syndrome. These are some suggestions to help students not succumb to these challenges.

1. Schedule time to work on your dissertation. Ideally this will be the same time each week, but if that's not possible or preferable, schedule time ahead for each week or month. If something comes up that makes a scheduled time not work, only allow yourself to postpone working on the dissertation during scheduled times if you schedule an alternative equal amount of time as a substitute. However you manage your time, you need to make steady progress. You may encounter unexpected problems that require time to solve.
2. Agree with your chair to develop consistent check-ins and communication expectations. These can be regularly scheduled meetings, emails, or deadlines for sending evidence of your efforts and progress, or they can be ad hoc as long as you have deadlines for communication and mutually agreeable expectations for how to track (mutually defined) reasonable progress and when to take additional steps to address challenges or evaluate potential improvements.
3. Determine a general question or at least an area of interest. Because this will likely change- at least be refined- as you review the relevant literature, it should be general, potentially practical as a framework for completing your dissertation in a reasonable amount of time, and broad enough to allow you to focus in on a specific question that will contribute to the field once you have more information. If you are particularly enthusiastic about a risky option (for example, research that requires administering questionnaires to a population which is difficult to access), you should develop plans for alternative approaches with your committee.
4. The literature review is typically the hardest, longest part of the dissertation process. You will need to review enough literature to ensure that you are contributing significantly and using appropriate methodology, but not so much to include everything ever written related to psychology or human experience. It is also common for students to realize they have a large set of resources that all need to be reread to be used in writing the literature review. This is worth avoiding.
5. One strategy is to create an initial, very general (and vague) 4-6 bullet outline of your question or your general area of interest. Ideally this will be framed as a brief argument that will be understandable, interesting, and convincing to a lay observer such as a family member or friend with no exposure to psychological theory and literature. Then start reading only the literature that you might include under one of the bullets. If there are relevant published review articles or book chapters, that is often a good place to begin (with the understanding that most reviews and chapters are written with a particular point of view or thesis position, so you should seek out reviews written from different perspectives as well). Starting with secondary literature is often an efficient way to identify gaps in the knowledge base that you might fill with your dissertation research, with the caveat that you will need to go to the primary literature to make sure that the review articles provide accurate representations of the state of knowledge. In this regard, the reference pages of review articles will lead you to some of the most important and relevant original articles. Again, however, keep in mind that most narrative and even systematic reviews tend to emphasize papers that support their thesis. You should also seek relevant papers through data-bases like the Rivier Library and bibliographies of original articles. Anything else that seems interesting or might inform your final question should be briefly summarized and identified for potential review later (in a "parking lot", see below for examples of how to store information to be able quickly to review it for relevance and understanding of potential usefulness).

6. As you read, create a summary of the information you are learning that will make it easy to access, use, and plug into an evolving outline. Make sure to include the source (citation), methodology used, main relevant findings, likely the section of your outline for which it is relevant, and any other information that will help you organize, track, access, and use it later. Examples of article tracking tools are included in the appendices. Another alternative is a document in which you paste titles, abstracts, notes, and associated references.
7. Do your work in a way that feels right for you. One option is to note where relevant articles would go in your outline. As you progress, you will refine your understanding of what is left to contribute, which will refine your question, your argument, and thus your outline. This is the goal of reviewing the literature, not a problem with your idea. As your outline evolves, it will become more and more detailed, with more and more information listed where it will go. For students who find this iterative method easiest, by the time they have completed reviewing their literature, refining their outline, and listing the information they will address in the outline, they can find writing straight out of the outline, referencing their literature tracking tool, to flow naturally.
8. When you begin writing, use clear topic subheadings. Each sub-section should focus on a particular idea. Even within sub-headings, use modular paragraphs: one paragraph, one idea. You may not know exactly what the dissertation will look like when you are done, but do not let that stop you from writing good paragraphs that can be easily moved around as needed if the overall structure of your outline changes.
9. The literature should help you clarify both what questions are relevant to address in your dissertation and what methodology (including subjects, settings, measures, and analyses) are most appropriate to address them.
10. Your chair and you should review the implications for what you will do for your dissertation on an ongoing basis, including to make sure that it is practical and that you can complete it in a reasonable amount of time.
11. There are some other tips for completing the dissertation that will come up for different students and at different times. For instance, your chair and you should be clear about the questions (hypotheses) you will address, identifying the specific information and analyses you will use to determine your answers before collecting your data (of whatever sort), and agreeing on what to do under various scenarios for how the dissertation process might unfold (e.g., difficulty enlisting enough subjects). Regular communication with, and support from, your chair will help you ensure that you're receiving other tips and help using these suggestions to make this the least painful, most successful, and most rewarding process it can be.
12. It is not required that students seek feedback from the committee before submission of their Doctoral Dissertation. However, students are *strongly* encouraged to do so and to address any substantive issues before submission of the Doctoral Dissertation to ensure the smoothest possible process.
13. Remember, at the end- when you're presenting your findings and discussing their implications- you will realize that you are (one of) the world's experts in your specific area of study, ready to contribute your newly developed expertise to the field and to incorporate it into your professional practice if you choose.

IX. APPENDICIES

[Appendix 1](#): Form Guiding Submission to the IRB

[Appendix 2](#): Example of a Successful Submission to the IRB

[Appendix 3a](#): Example of an Approved Dissertation Proposal (1)

[Appendix 3b](#): Example of an Approved Dissertation Proposal (1)

[Appendix 4](#): Organization of Doctoral Dissertation Proposal

[Appendix 5](#): Procedures for the Defense of the Doctoral Dissertation Proposal

[Appendix 6](#): Style Guide for the Doctoral Dissertation Proposal and the Dissertation

[Appendix 7](#): Sample Title Page for the Doctoral Dissertation

[Appendix 8](#): Sample Dissertation Committee Signature Sheet

[Appendix 9](#): Example Tools for Tracking Reviewed Literature

Appendix 1: Form Guiding Submission to the IRB

IRB Application:

REQUEST for APPROVAL to Conduct Human Participant Research

The basic goal of an IRB is to **ensure that the human participants' rights** (especially understanding risks/benefits of participation & freedom/autonomy in choice to participate) **are upheld**. The IRB protocol described in this application is the formal design of the plan for the proposed research activity. It allows IRB members to review the research project in order to protect the rights of human participants. Therefore, this protocol document should **describe the parameters of a research project IN DETAIL**. The protocol includes a description of the research design/methodology to be employed, the eligibility requirements for prospective participants, the treatment/intervention process(es), and the proposed method(s) of analysis that will be performed on the data collected. The information provided by the Principal Investigator must be **DESCRIPTIVE ENOUGH TO FACILITATE IRB REVIEWERS' (and the participants') UNDERSTANDING OF WHAT THE PARTICIPANT(S) WILL DO and HOW THEY WILL BE TREATED**. Please **write clearly and concisely**. (HINT for students: the Rivier Writing Center and/or your faculty advisor should review your application.)

A complete application will be **ONE PDF FILE** that includes **ANSWERS to all sections of this application AND ALL RELEVANT attachments**. The PDF file is then submitted to the IRB Canvas site.

Signatures of student principal investigator (PI) and a FACULTY ADVISOR are required for student applications regardless of education level (undergraduate/graduate).

Name of Principal Investigator (PI):

PI status (HIGHLIGHT): Faculty/Staff Doctoral Student Graduate Student
Undergraduate Student Non-Rivier Student Non-Rivier
Researcher Other (explain):

Type of Project (HIGHLIGHT):

Research using Rivier community participants by Rivier researcher(s)
Research using NON-Rivier community participants by Rivier researcher(s)
Research using Rivier participants by NON-Rivier researchers (**ATTACH** other IRB PROPOSAL and approval letter; you do not need to complete the remainder of this form at this time)

Cooperating Institutions: If you are working with or conducting your research with non-Rivier community participants (e.g., school, clinic, etc.), **ATTACH a letter of cooperation** from that institution. IF that site's IRB has given approval for the research, **ATTACH** the cooperating institution's IRB approval letter.

Faculty Advisor (if student researcher):

Faculty Advisor Email (if student researcher):

Department:

Phone:

Email:

Project Title:

Anticipated funding source (if grant, provide source & grant #):

Anticipated Data Collection Dates (begin-end):

SUMMARY

Insert (here - not as attachment) a 1-page abstract briefly explaining the background (include references to previous literature), purpose, and plan for use of human participants in terms UNDERSTANDABLE to a LAY PERSON.

PARTICIPANTS

A. How many participants will be involved in this research? (Make certain to JUSTIFY sample size)

B. Does your study focus specifically on any of the following vulnerable populations?
HIGHLIGHT the appropriate answer(s).

Minors

Prisoners

Pregnant persons

Persons with disabilities

Educationally or economically disadvantaged

Other (specify):

Not Applicable (no vulnerable participants)

C. List specific eligibility requirements (age, race, sex, gender, etc.) for participants (or describe screening procedures) including those criteria that would exclude otherwise acceptable participants. (e.g., if your study uses only male or female participants, explain why).

D. How will participants be recruited? (e.g., How will they be contacted? Who will contact them? How does one enter into the research project – feel free to use a flowchart for complex studies). Make certain to ATTACH any email, flyer, announcement, or ANY communication with the potential participants.

E. If you are contacting people via social media or an organization, please include details of how you will contact them. Include any permissions needed (and granted).

- F. Is there ANY relationship between the researcher and the participants? Specifically, is there a power differential in the relationship that might lead to the perception of coercion by the participant (i.e., senior/first year student, grad/undergrad student, campus leader/student, teacher/student, superintendent/principal/teacher, employee/employer)? IF SO, identify options to protect participants from perceived or actual coercion/recourse.**

RESEARCH METHOD

- A. In general, this study can be described as: (HIGHLIGHT)**
Archival (analysis of de-identified data collected elsewhere)
Anonymous questionnaire (NO ONE can identify who gave which answers)
Observation of public behavior
Confidential interview, focus group, or non-anonymous questionnaire (researcher will be able to identify who gave which answers)
Experiment (two or more groups, divided by intervention/manipulation/condition)
Other (explain):
- B. Please describe the procedure to be followed in this research (what will participants do?) INCLUDING the interaction between the research and the participants.** If appropriate, include a description of the ways in which different groups of participants will receive different treatments and include any stimulus materials generated to conduct the research project.
- C. How many times will you meet/interact with participants?**
- D. How much total time will be required of each participant?**
- E. Where will the research take place (e.g., Rivier classroom, on-line, clinic, other)? IF on-line, how will you assure data confidentiality (that only the researcher(s) will be able to connect participant identification with specific answers)? (e.g., IP addresses will not be collected, MS forms/Google forms/Qualtrics/Survey Monkey set to de-identify data, etc.)**
- F. Attach any research tool, script, or stimulus materials that you will use to collect data from participants. If an interview is unstructured, list the specific TOPICS of discussion.**
- G. Who developed the research tool? (HIGHLIGHT) I DID SOMEONE ELSE**
If you are using a research tool developed by SOMEONE ELSE (e.g., standardized questionnaire, survey assessment tool), describe/include PERMISSION to use that tool. This also applies to tools that are freely available (include reference/link).
- H. Do you, or any other person associated with the research project, have or appear to have any actual or potential conflicts of interest with respect to this research?**
NOYES-describe:

INFORMED CONSENT

A. What category of consent documentation will you be obtaining from your participants?
(**HIGHLIGHT** all that apply & ATTACH A COPY OF CONSENT FORM

Written PARTICIPANT consent

Written GUARDIAN (parent or other) consent

Click consent

Unsigned consent/anonymous questionnaire

PARTICIPANT assent

Oral PARTICIPANT consent

Other (specify):

I will not be documenting consent

- B. If you are NOT obtaining documenting WRITTEN or CLICK consent, you will need a waiver from the IRB. If this is the case, please specify which type of alternative consent you are obtaining and WHY you are utilizing this type of consent (e.g., participant is under the age of 7 years old, this is a phone interview, there are literacy issues, having a consent document could pose some risk to the participant) or why you are foregoing consent (anonymous survey without risk).**

DATA COLLECTION/STORAGE

- A. Describe the method(s) of recording participant responses (e.g., audio, video, written notes, survey, etc.).**
- B. Where, and for how long, will these materials be stored? Please describe the precautions being taken to ensure the security and safety of the materials.**
- C. When/how will the data/responses be disposed of when the research is complete?**
- D. Will the data be used for subsequent analysis? (e.g., will anyone retain rights to re-use these data? Will the data be coded for future use?)**
- E. Where, and for how long, will these retained data be stored? Please describe the precautions being taken to ensure the security and safety of the materials.**

CONFIDENTIALITY

- A. What assurances will be given to participants about the information collected?**

(HIGHLIGHT)

ANONYMITY assured (data can NOT be linked to participant identity by anyone)

CONFIDENTIALITY assured (data can be linked to participant by the researcher[s])

NEITHER ANONYMITY/CONFIDENTIALITY assured (data can be linked to participant by others)

- B. If you highlighted that information is CONFIDENTIAL, describe the steps you will take to provide confidentiality.**

- C. If you highlighted that NEITHER anonymity nor confidentiality is assured, explain WHY confidentiality is not assured AND measures taken to assure PARTICIPANTS UNDERSTAND how their information will be used. ATTACH any permission/releases that will be requested of participants.**

RISKS & BENEFITS

- A. Are any of the risks (physical, psychological, or other) associated with participation in this study GREATER than what the participants would encounter in their normal, daily lives?**

NOYES-explain:

- B. Could participating in this study cause participants PHYSICAL harm? If so, what steps will be taken to protect them?**

- C. Could ANYONE participating in this study feel uncomfortable or distressed (PSYCHOLOGICAL HARM)? (Think about other people and not your personal opinion.) If so, what steps will you take to protect them?**

- D. Could participating in this study cause participants SOCIAL, FINANCIAL, LEGAL, or other harm? If so, what steps will be taken to protect them?**

- E. Describe potential GUARANTEED benefits for the participants EXCLUDING cash, course credit, or other in-kind payments.**

- F. Describe any cash, course credit, or other payment benefits. IF course credit, HOW will individuals who choose NOT to participate earn credit?**

- G. Describe any potential benefits to SOCIETY.**

H. Describe any benefits for the RESEARCHER.

I. What are the intended uses of these data? (e.g., classroom pedagogy, publication, oral presentation)

J. How do the benefits of this study outweigh the risks?

ATTACHMENT CHECKLIST (HIGHLIGHT All that apply)

NOTE: Make certain **ALL COMMUNICATIONS WITH PARTICIPANTS are at or below an 8th GRADE READING LEVEL** (include confirmation of reading level with each document). **Confirmation of the reading level** can be obtained through MS Word's Review Document tab and can be **screen-shot for inclusion in this ONE PDF application file.**

Assurance of Principal Investigator and Faculty Advisor Form **(REQUIRED FOR ALL STUDENT APPs)**

Approval letter from OTHER IRB for use of Rivier community participants by non-Rivier researchers

Approval letter from Cooperating Institution(s)

Approval letter from Cooperating Institution's IRB

Recruitment letter, poster, flyer, announcement, etc.

Participant Instructions

Stimulus Materials (researcher generated pictures, word lists, etc. used to test groups of participants)

Survey Instrument (Questionnaire)

Interview Guide (structured or unstructured)

Permission for use of survey or other copyrighted materials

Informed Consent

Debriefing Materials

CITI Training Certificate **(REQUIRED FOR ALL APPs)**

Appendix 2: Example of Successful IRB Submission

(included with permission)

(begins on following page)

Analysis of Female Autism Spectrum Disorder and Rigid Repetitive Behaviors IRB Submission
Forms

Erin Micali

Rivier University



Project #:

ASSURANCE OF PRINCIPAL INVESTIGATOR AND FACULTY ADVISOR

Principal Investigator: Erin Micali

Faculty Advisor (if necessary): Dr. Cheryl Maykel

Department:
Education

Title of Proposal/Project

Analysis of Female Autism Spectrum Disorder and Rigid Repetitive Behaviors

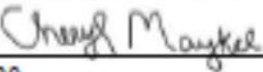
I CERTIFY as follows concerning the above named research proposal in which I am the principal investigator:

- (1) The rights and welfare of the subjects will be adequately protected.
- (2) Risks or discomfort (if any) to subject(s) have been clearly indicated and it has been shown how they are outweighed by potential benefits to the subject or by the importance of the knowledge to be gained.
- (3) The informed consent of subjects will be obtained by appropriate methods, which meet the requirements of the University's general assurance procedures.
- (4) Any proposed changes in research activity will be reported to the Institutional Review Board. Those changes may not be initiated without Institutional Review Board review and approval except where necessary to eliminate apparent immediate hazard to the subjects.
- (5) Any unanticipated problems involving risks to human subjects or others will promptly be reported to the Institutional Review Board.
- (6) If the study is approved, a report on the progress of the research will be submitted to the Institutional Review Board after one year, and each year until completion of the project. The Continuing Review Form will be used for this purpose.
- (7) I have completed the necessary research ethics training and have included the certificate with these materials.

Signature:  Date: 10/20/20

Principal Investigator

The Faculty Advisor's signature on the Assurance form confirms that they have supervised the composition of the proposal and they approve of the research proposal as submitted.

Signature:  Date: 11/5/20

(Faculty Advisor as appropriate, for student researchers)

5/16

IRB Application Proposal Form

Every researcher must complete this entire application form and a complete submission must include all relevant attachments (see attachment list). Signature of the PI and faculty advisors (for student researchers) are required in two locations: request for approval of human participant research and PI assurance form. Incomplete applications will be returned.

All parts of the application and attachments must be combined into one PDF file for submission. Canvas will only accept one PDF file per proposal.

REQUEST FOR APPROVAL OF HUMAN PARTICIPANT RESEARCH

The IRB protocol is the formal design of plan for the proposed experiment or research activity. A protocol is a document that describes the parameters of a research experiment in detail. The protocol includes a description of the research design or methodology to be employed, the eligibility requirements for prospective subjects and controls, the treatment/intervention regimen(s), and the proposed methods of analysis that will be performed on the collected data. The information provided must be descriptive enough to facilitate the understanding of a review without leaving too many unanswered questions. However please be as brief as possible. Complete all areas of the form using as much detail as needed to provide a clear description of your proposed research.

Name: Erin Micali

Phone: (401)447-6583

Email: emicali@rivier.edu

Project: Title Analysis of Female Autism Spectrum Disorder and Rigid Repetitive Behaviors

Date Planned to Begin Research (anticipated): 12/18/2021

Date the Collection of Data is to End (anticipated): 1/18/2021

Principal Investigator (s): Erin Micali

* Status:

- ☐ Rivier Faculty/Staff
- ☒ Rivier Doctoral Student
- ☐ Rivier Graduate Student
- ☐ Rivier Undergraduate Student
- ☐ Student (Non-Rivier)
- ☐ Researcher (Non-Rivier)

☒ Other

Department: Education

Faculty Advisor (if student researcher): Dr. Cheryl Maykel

Faculty Advisor Email (if student researcher): cmaykel@rivier.edu

Anticipate funding source (Specify Funding. If grant funded provide the following: Source and Grant #): none applicable

Type of Project:

- ☐ Faculty research
- ☒ Faculty supervised student research
- ☐ Non-Rivier affiliated research
- ☐ Research proposing to use Rivier participants that has been approved by another IRB (include a copy of IRB letter of approval from other institution as attachment in the next item)

If Research has been approved by another IRB please upload letter of approval as part of proposal PDF file.

Summary: Briefly summarize (approximately 1-2 pages) the purpose of the research and planned use of human participants in terms understandable to a lay person.

The purpose of this study is to determine if females with Autism Spectrum Disorder (ASD) engage in rigid repetitive behaviors (RRBs) differently across ages based on their developmental level. RRBs are one of the three identifying criteria of ASD per the Diagnostic and Statistical Manual of Mental Disorders- Fifth Edition (DSM-V) and currently there is a limited amount of research about how females with ASD engage in RRBs. However, it is known that they engage in RRBs less intensely and less often than males with the same diagnosis. As such, this research aims to help to identify the type and frequency of RRBs females engage in to help with diagnostic clarification. If this study is successful it will help to bring attention to the shortcomings in current diagnostic practices as this study will focus solely on female participants and comparing females to each other in different age groupings. I will compare females in a pre-pubescent group, a pubescent group, and post-pubescent group to identify if there are any differences in the type and frequency of RRBs they engage in. My hypotheses are that females who are in the post-pubescent group will engage in RRBs less often and less intensely than the other two age groupings. In addition, I hypothesize that females with

ASD who are in the pre-pubescent group will engage in the most overt (obvious) RRBs as compared to the pubescent and post-pubescent group. If my hypotheses are supported than I could add to the growing literature to support accurate diagnosis of female ASD.

Due to study design, the participants will not meet with the researcher at any point in the study. Instead, the researcher will receive consent forms from a neuropsychological clinic psychologist who has recruited the family on the researcher's behalf after testing is complete and the participants have received a diagnosis of ASD and feedback sessions are complete. Once the forms are signed and the parents of the participants consent to the study, the researcher will collect the raw data from the Autism Diagnostic Interview- Revised, Sensory Profile 2, Rigid Repetitive Behaviors Checklist, and demographic questionnaire located in the participants testing file and deidentify it by giving the participant a randomly assigned number and adding the data to an aggregated data file.

PARTICIPANTS: a) How many participants will be involved in this research?

I anticipate 30 female participants to be in the study.

PARTICIPANTS: b) List specific eligibility requirements for participants (or describe screening procedures) including those criteria that would exclude otherwise acceptable participants. For example, if your study uses only male or female participants explain why.

Eligibility will be screened using a demographic questionnaire. In addition, I am recruiting from a neuropsychological clinic. All participants will have completed a neuropsychological evaluation to determine diagnosis prior to being offered participation in the study. It is standard practice that all neuropsychological evaluations are screened by two evaluators before final diagnosis is determined. It is standard practice at this clinic that all evaluations include an intelligence battery which will determine IQ. This will help to safeguard and ensure that no participant has co-occurring cognitive impairment.

There are several eligibility requirements for participation:

1. Female- This study is interested in comparing only female participants to each other across age. Previous research has focused extensively on cross gender comparison. As such, there has been severe limitations in the amount of conclusions that can be drawn about females with ASD and RRBs. This study hopes to be able to analyze female RRBs more extensively using only female participants.
2. A diagnosis of ASD- This study looks at RRBs in females with ASD. As such, a formal diagnosis of ASD is required for inclusion.
3. No co-occurring cognitive impairment- All participants must have an IQ over 70 as determined by a Wechsler Intelligence Scale- a standard battery for neuropsychology evaluations at Katalyst Psychological Family Center and will be accessed by the psychologist who will be asking possible participants to join the study. Those who have

an IQ under 70 will not be considered for the invitation by the psychologist on the study. IQ under 70 can cause more severe, overt, and higher frequency of RRBs which can bias data.

4. Living with a parent or guardian – The intensity, specificity, and intrusiveness of the Autism Diagnostic Questionnaire- Revised questions requires a parent or guardian to answer them as these people are most familiar with the participant's behaviors, everyday tics and motions. As such, it is important for the validity of this study that a parent or guardian be present for the questionnaire.
5. Aged 6-17- This is the age groups for the study beginning at pre-pubescent and ending before the participant is a legal adult. Also, it is believed that before age 6 RRBs are not fully formed.

PARTICIPANTS: c) How will participants be recruited? (Include as an attachment at the end of the application any flyers, announcements, etc. that will be used to recruit participants).

Participants will be recruited by the licensed psychologist who owns Katalyst Psychological Family center, a neuropsychological clinic in Manchester, New Hampshire that specializes in ASD. Each family who meets the inclusion criteria will be given the opportunity to participate in the study after receiving the diagnosis of ASD to eliminate bias of feeling like they must participate in the study (because they have already been given all results/ feedbacks/ and had questions answered). Recruitment will happen solely through word of mouth at the end of the feedback session. If the family agrees they will immediately be provided with consent form to fill out and the demographic questionnaire. Prior to the recruitment period beginning, the licensed psychologist will be given a typed list of inclusion criteria to familiarize herself and keep with her during feedback sessions so that she will know who to offer participation to.

PARTICIPANTS: d) Is there a formal relationship between the researcher and participant (i.e., teacher/student, superintendent/principal/teacher, employer/employee, etc.) that might lead to the perception of coercion? If so, identify options to participation.

There is a possibility that the researcher evaluated the participant during the neuropsychological evaluation. However, the researcher is not a part of feedback sessions, asking for participation, or follow-up treatment of the potential participant.

PARTICIPANTS: e) Does your study focus specifically on any of the following vulnerable populations? If so, please check the appropriate box(es):

- ☐ Minors
- ☐ Prisoners
- ☐ Pregnant women
- ☐ Persons with disabilities

- ☐ Educationally or economically disadvantaged
- ☐ Other

Research Methods

- ☐ Interview, focus group or non-anonymous questionnaire
- ☐ Anonymous questionnaire
- ☐ Observation of public behavior
- ☐ Analysis of de-identified data collected elsewhere
- ☐ Other, please specify

The researcher will receive data files from a previously conducted neuropsychological evaluation at a clinic in Manchester, New Hampshire. At that time the researcher will be able to see the participant's name and birth date. However, the researcher will then transfer the data into an aggregated data file which will not contain name or identifying information. There will not be any way to trace the aggregated file to the participant.

RESEARCH METHODS: a) Please describe the procedure to be followed in your research (what participants will do) and the interaction between the researcher and the participants. Include if appropriate a description of the ways in which different subjects or groups of participants will receive different treatment.

The participant and I will have no direct contact despite me working at the facility in which I aim to collect data. There is a chance that I will provide the evaluation for the participant prior to their involvement or recruitment in the study. However, I will not be involved in the recruitment procedures. I will not be a part of their treatment. The following protocol will be standard across all participants. The interaction will take place between the testing psychologist and the parent of the participant.

If family chooses to participate, the parent will be asked to fill out a demographic questionnaire and consent forms immediately following the family's feedback session with the testing psychologist at the clinic.

It is standard practice for a neuropsychological evaluation to receive the Autism Diagnostic Interview- Revised and Child or Adolescent/ Adult Sensory Profile-2. The RRB checklist is being integrated to be standard practice.

Evaluators have been trained in the ADI-R and in observation of people with ASD. As such, every participant receives the same ASD qualification batteries. The Child or Adolescent/ Adult Sensory Profile-2 will be sent to parents via Q-Global. If a parent needs paper accommodation the researchers can print this for the family and the examiner can manually enter the answers

into Q-Global. Paper versions of the two screeners will be available for those parents who request them from the testing psychologist. Interested participants will return the paper screeners via mail with a prepaid envelope or submit them electronically via Simple Practice, a secure online server which the client will access through a personalized link sent through email. The researcher will collect the de-identified screeners.

This study will use two formal measures during data collection. The study will use the Autism Diagnostic Interview- Revised, measuring the dependent variable of RRBs. It will also use a secondary measure of the dependent variable, a checklist that will screen RRBs created by the researcher. The checklist will allow for first-hand observational data.

The researcher will collect all 93 answers to the ADI-R for the current study to ensure that no data is misrepresented or missed. These interviews will be done face-to-face in the neuropsychological testing clinic office as per the procedure of the neuropsychological clinic. They take approximately one hour.

RESEARCH METHODS: b) How many times will you meet/interact with participants?

I will never meet with the parents. Instead, parents of the participants will be contacted only once, during recruitment, during a feedback session for their child's neuropsychological evaluation **by the psychologist**. The recruitment will be done by the psychologist giving the feedback. They will be asked to fill out a demographic questionnaire and consent forms. This process should take approximately 10 minutes of their time.

RESEARCH METHODS: c) How much total time will be required of each participant?

Approximately 10 minutes of the parents of the participant's time will be required for the parent to fill out the demographic questionnaire and consent form. This will be the only part of the study that is entirely unique to the neuropsychological evaluation. All other information that is collected is standard practice for the neuropsychological evaluation. The ADI-R takes approximately 1 hour to complete by a parent or guardian. The Child or Adult/Adolescent Sensory Profile-2 takes approximately 10 minutes to complete. The RRB checklist is completed in the evaluation by the evaluator and not by the parent.

RESEARCH METHODS: d) Where are the performance sites for this research? (i.e., where will it take place?)

The research will take place at a neuropsychological clinic in Manchester, New Hampshire that specializes in ASD (Katalyst Family Center).

RESEARCH METHODS: e) If you are conducting surveys, include a copy of the survey instrument as an attachment at the end of the application. If you are conducting individual interviews or focus groups, including ethnographies or oral histories, attach a list of interview questions. If the interview format isn't yet specified or you are conducting unstructured interviews, attach a list of specific topics to be discussed.

RESEARCH METHODS: f) Do you or any other investigators associated with the project described in this application have or appear to have any actual or potential conflicts of interest with respect to this research?

- ☐ Yes
☒ No

INFORMED CONSENT: a) What categories of consent documentation will you be obtaining from your participants? Check all that apply:

- ☐ Written Participant Consent
☒ Written Parental Consent
☐ Participant Assent
☐ Oral Consent
☐ Click Consent for an online survey with minimal risk
☐ Unsigned Consent (for use with anonymous questionnaires)
☐ I will not be documenting consent

INFORMED CONSENT: If you are not obtaining written consent, you will need a waiver from the IRB. If this is the case please specify which type of alternative consent you are obtaining and why you are utilizing this type of consent (e.g., participant is under the age of 7, this is a phone interview, there are literacy issues, having a consent document could pose some risk to participants) or why you are foregoing consent (anonymous survey without risk).

COLLECTION/RETENTION OF INFORMATION: a) Describe the method(s) of recording participant responses (e.g., audiotape, videotape, written notes, survey, etc.) you will be using.

I will be collecting the raw data of the testing material (ADI-R, RRB Checklist, and Child/Adult/Adolescent Sensory Profile-2) from the participant's neuropsychological evaluation. This data is handwritten notes in personalized folders with client's names on it that are kept in a file cabinet that is locked and kept in the office that is locked. Transfer of data will begin with the researcher going to the office weekly on Wednesday. There will be a designated row of the filing cabinet for participants that have agreed to participate. The researcher will gain access to the cabinet via a key which she holds. When a new participant is available (evident by the file being in the front half of the row before a marker labeled "new participants") the writer will personally transcribe the raw data from the file to the aggregated data table in the clinic. At no time will the files leave the clinic. After the file has been transcribed the researcher will return the raw data to the file cabinet in behind the marker labeled "new participant".

COLLECTION/RETENTION OF INFORMATION: b) Where and for how long will these materials be stored? Please describe the precautions being taken to ensure the security and safety of materials.

Raw data will be kept in a locked file cabinet that only the evaluator and researcher hold keys to. The file cabinet is in a locked office. The keys to the office and the keys to the file cabinet are kept separate to avoid breach of data. Raw data will never leave the testing clinic. I will bring an external hard drive to transfer the data onto an aggregated data table. My aggregated data table will be on an encrypted hard drive that will be kept on an external hard drive that is password protected and locked by fingerprint and stored in a locked room. After the research publication is complete, data will be held electronically on an encrypted hard drive for up to 7 years after research procedures are completed.

COLLECTION/RETENTION OF INFORMATION: c) When/How will they be disposed of when the research is completed?

After that 7 years' time, the data will be destroyed per NIH guidelines.

COLLECTION/RETENTION OF INFORMATION: d) Will the recordings of participant responses be coded for subsequent analysis?

The raw data will be coded for qualitative and quantitative analysis.

COLLECTION/RETENTION OF INFORMATION: e) Where and for how long will the coded data be stored? Please describe the precautions being taken to ensure the security and safety of the materials.

Data will remain on the encrypted hard drive which is password and fingerprint protected for 7 years. At no time will names or identifying information be on the hard drive. There will be no way to attach the participant to the raw data on the aggregated data table as the researcher will not be giving the participants a coded number to attach to their name. The hard drive will be kept in a locked cabinet until time expires. The keys will be kept separate from the cabinet.

CONFIDENTIALITY: a) What assurances will be given to participants about the information collected?

- ☐ Anonymity is assured (data cannot be linked to participant identity)
- ☒ Confidentiality is assured (names and identifying information are protected, i.e. stored separately from data)
- ☐ Neither anonymity or confidentiality is assured

CONFIDENTIALITY: b) If you checked that information is Confidential describe the methods that will be taken to provide confidentiality.

The researcher will not transfer names or birthdates nor identifying information from raw data to aggregated data file. At no time will the columns or aggregated data table have any identifying information nor will the hard drive.

CONFIDENTIALITY: c) IF you checked that neither Anonymity or Confidentiality is assured explain 1) why confidentiality is not assured and 2) measures taken to assure participants understand how their information will be used. Describe and include as an attachment at the end of this application any written or permission releases that will be requested from participants.

RISKS: a) Could participating in this study cause participants physical harm? If so what steps will be taken to protect them?

There is no foreseen physical harm that could come from this study as the participants are not directly involved in the study. However, after each neuropsychological evaluation the evaluated participant, the female with ASD, may be exhausted due to the numerous tests the evaluator performs on the participant. As such, strain may be an unintended side effect. If this is the case, it is suggested they do not return to academics for the day.

RISKS: b) Could participating in this study cause participants to feel uncomfortable or distressed? If so, what steps will be taken to protect them?

The participant, the parent, could feel distress relating to receiving the child's diagnosis. As such, standard protocol of the clinic is for the licensed psychologist to sit with the family, process the emotions, and give them access to clinician's names, phone numbers, and referrals for further therapy should it become necessary. In addition, the licensed psychologist provides her office phone number for additional distress, questions or concerns thought of after the fact for all families regardless of family presentation during the feedback sessions.

RISKS: c) Are there any other risks associated with participation in this study? Measures being taken to mitigate these additional risks?

There is not.

RISKS: d) Are any of the risks associated with participation in this study (e.g., physical, psychological, financial, social, legal, etc.) greater than what participants would encounter in their normal day to day lives?

No.

BENEFITS: a) Please briefly describe the potential benefits for the researcher.

An anticipated benefit from this research is diagnostic clarification for females with ASD. If the research can identify the type and frequency of RRBs females with ASD engage in then the research can help in diagnostic clarification and accurate diagnosis of females with ASD.

BENEFITS: b) Please describe the potential for guaranteed benefits for the participants, EXCLUDING cash or in-kind payments.

There are no guaranteed benefits for the participants.

BENEFITS: c) What are the potential benefits to society from this research?

The benefits to society would include diagnostic clarification for females with ASD. This could help to diagnosis females earlier and more accurately. It will also help to push research forward.

BENEFITS: d) What are the intended uses of the data?

The data will be used to analyze how frequently and what RRBs females with ASD engage in based on female maturation. In addition, exploratory correlations will be run to determine if different ASD measures correlate with one another.

BENEFITS vs RISKS: Do the benefits of this study outweigh the risks? Please briefly explain why.

It is the belief of the researcher that the benefits of the research far out way the risks because the risks of this study are minimum to none. In contrast, the benefits include the potential to clarify female diagnosis, diagnosis of females at a younger age and differences of presentation of RRBs across female maturation.

CO-INVESTIGATORS, COOPERATING DEPARTMENTS,

COOPERATING INSTITUTIONS: If you are working with/conducting your research at another institution or organization, include a letter of cooperation from that institution. IF the cooperating institution is a primary data collection site, the RIVIER IRB will need a letter of approval from that institution's IRB.

Please check all the documents below that apply to your research. Then copy all the documents into one PDF file and upload them to the proposal assignment in Canvas.

- ☐ Written Consent/Assent form(s) (see separate link on IRB website for checklist, templates, and samples)
- ☐ Recruitment letter, poster, ad
- ☐ Subject instructions
- ☐ Tests/Surveys/Questionnaires
- ☐ Interview guides
- ☐ Debriefing materials
- ☐ Other institutional approval letters
- ☐ Human Subject Certificate (Required)

Please included your signed Assurance of Principal Investigator (provided below) and Faculty Advisor Forms in the PDF file.

***Planning for Date Research is to begin:**

Check one box.

- ☐ I have a specific date I need to start my research
- ☐ There is no specific date I need to start my research
- ☐ Upon IRB approval

Rigid Repetitive Behaviors Checklist

<u>Type</u>	<u>Check if seen in testing session</u>
Facial	
Eye bulging	
Cheek sucking (fish lips)	
Rapid or exaggerated eye blinking	
Head banging	
Body	
Tensing	
Pointer finger to thumb (potato chip fingers)	
Arm flailing	
Arm flapping	
Feet tapping	
Feet pointing (ballerina feet)	
Leg shaking	
Rocking	
Finger flicking	

Spinning/ twirling	
Swaying side-to-side	
Pacing	
Flexing shoulder blades	
Arching back	
Skin picking/ trichotillomania	
Verbal	
Repetitive Speech	
Echolalia	
Strict rule following	
Repetitive questioning	
Obsessive speech (about things, people, history etc.)	
Robotic speech (no tone, pitch, rate fluctuation)	
Toy	
Line toys up	

Play with part of object	
Pet object	
Spin toy	
Bang toy	
Tap toy	
Twist toy	
Arrange by pattern	
Obsessions	
Re-do task until it is just right/ perfect	
Rituals (explain)	
Counting	
Hoarding	
Need to tell/ask/confess	
Fear of saying the wrong thing/ not saying something/ forgetting to say something	

Demographic Questionnaire

Participant's Gender: ☐ Male ☐ Female ☐ OtherAge of Participant: years monthsRace: ☐ White ☐ Hispanic, Latino, or Spanish Origin☐ Asian ☐ Black or African American☐ American Indian or Alaska Native ☐ Middle Eastern or North African☐ Native Hawaiian or Other Pacific Islander ☐ Other race, ethnicity, or origin

What is your relationship to the child?

Birth parent ☐ Foster parent ☐ Adopted Parent ☐Other Relative ☐ Legal Guardian ☐Other ☐ (Please write in your relationship)

With whom does the participant primarily live?

☐ Both parents ☐ One parent ☐ Group home ☐ Residential AgencyFoster parent ☐ Adopted Parent ☐Other Relative ☐ Legal Guardian ☐Other ☐ (Please write in your relationship)

At what age was the participant diagnosed with Autism Spectrum Disorder? _____

How would you best describe the severity of the participant's disability?

_____ Severe _____ Moderate _____ Mild

Does the participant have a secondary diagnosis?

Yes _____ No _____ Unknown _____

If yes, check below:

Secondary Disability: _____ Depressive Disorder _____ Anxiety Disorder

_____ Attention Deficit Hyperactivity Disorder (ADHD/ ADD)

_____ Mood Disorder/ Bipolar Disorder

_____ Hearing Impairment _____ Deafness

_____ Blindness _____ Personality Disorder

_____ Specific Learning Disability _____ Oppositional Defiant Disorder

_____ Traumatic Brain Injury _____ Speech or Language Impairment

_____ Intellectual Disability _____ Eating Disorder

_____ Post Traumatic Stress Disorder (PTSD)

_____ Obsessive Compulsive Disorder (OCD)

_____ Other (Please explain) _____

How would you best describe the severity of the participant's secondary disability?

RIVIER UNIVERSITY
DEPARTMENT OF EDUCATION
420 Main St. Nashua, NH 03060

Analysis of Female Autism Spectrum Disorder and Rigid Repetitive Behaviors

CONSENT FORM FOR RESEARCH

My name is Erin Micali and I am a student in the Combined Doctoral Program in Counseling and School Psychology, Psy.D. at Rivier University. I am conducting research on the amount and type of rigid repetitive behaviors that females with Autism Spectrum Disorder engage in. The purpose of this research is to better understand the diagnostic profile of females on the spectrum. I anticipate approximately 30 participants in my study between the ages of 6 and 17.

If you allow your daughter's testing results to be entered in the study, you will be asked to complete one demographic questionnaire which should take approximately ten minutes of your time. In addition, I will be looking at the answers you gave during the Autism Diagnostic Interview – Revised (ADI-R), and the Child (or Adolescent) Sensory Profile you completed. All of these will be de-identified by removing your daughter's name and birthdate. Participation in this study is confidential. Only the testing results, scores and symptoms will be used in this research study. None of the information will identify your daughter in current or future publications.

Participation in this study is expected to present minimal risk to you. However, if you feel uncomfortable you have the option of withdrawing from the study without any consequences.

While there are no direct benefits to you for participation in this study, I may learn more about the relationship between female Autism Spectrum Disorder and rigid repetitive behaviors which may help in future diagnosis of females with autism.

All information collected will be stored in safe and secure environment using aggregate data, electronic versions on encrypted drive and/or network, for the duration of the research process. After the research and data collection is complete, data will be stored, on a password protected and secure hard drive in a locked cabinet, for 7 years. After said time all data on the aggregated data and the hard drive and/or network will be professionally destroyed per National Institute of Health (NIH) research guidelines for destruction of sensitive data.

The decision to take part in this study is entirely up to you. You do not have to participate. If you decide to participate in the study, you may withdraw at any time.

If you have any questions pertaining to the research you can contact Erin Micali at emicali@rivier.edu or Dr. Cheryl Maykel, Chair of Rivier University's Institutional Review Board at cmaykel@rivier.edu.

I have read the consent form. I have had time to discuss my questions and they have been answered to my satisfaction. By signing this line, I certify that I have read and understand the Consent Form for research.

_____ (date)

CITI Certificate of Completion



Completion Date 20-Oct-2020
Expiration Date 20-Oct-2023
Record ID 39058741

This is to certify that:

Erin Micali

Has completed the following CITI Program course:

Social & Behavioral Research - Basic/Refresher	(Curriculum Group)
Social & Behavioral Research	(Course Learner Group)
1 - Basic Course	(Stage)

Not valid for renewal of certificates through CMC. Do not use for TransCelerate mutual recognition (see Completion Report).

Under requirements set by:

Rivier University

CITI
Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wc3f318394-3b2f-4388-ac9a-0d7f017a6962-39058741

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

*NOTE: Scores on this [Requirements Report](#) reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- Name: Erin Mical (ID: 9588366)
- Institution Affiliation: Rivier University (ID: 5608)
- Institution Email: emical@rivier.edu
- Institution Unit: Education
- Curriculum Group: Social & Behavioral Research - Basic/Refresher
- Course Learner Group: Social & Behavioral Research
- Stage: Stage 1 - Basic Course
- Record ID: 38055741
- Completion Date: 28-Oct-2020
- Expiration Date: 28-Oct-2023
- Minimum Passing: 80
- Reported Score*: 82

REQUIRED AND ELECTIVE MODULES ONLY

	DATE COMPLETED	SCORE
History and Ethical Principles - SBE (ID: 490)	20-Oct-2020	5/5 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	20-Oct-2020	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	20-Oct-2020	4/5 (89%)
Assessing Risk - SBE (ID: 503)	20-Oct-2020	4/5 (89%)
Informed Consent - SBE (ID: 504)	20-Oct-2020	4/5 (89%)
Privacy and Confidentiality - SBE (ID: 505)	20-Oct-2020	4/5 (89%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	20-Oct-2020	3/5 (60%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify?inv=624752-5608-4225-56074&id=29028741

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citiprogram.org

Phone: 888-529-6929

Web: <https://www.citiprogram.org>

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 1
COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

• **Name:** Erin Micali (ID: 9509366)
 • **Institution Affiliation:** Xavier University (ID: 3828)
 • **Institution Email:** emicali@xavier.edu
 • **Institution Unit:** Education
 • **Curriculum Group:** Social & Behavioral Research - Basic/Refresher
 • **Course Learner Group:** Social & Behavioral Research
 • **Stage:** Stage 1 - Basic Course
 • **Record ID:** 39056741
 • **Report Date:** 20-Oct-2020
 • **Current Score(s):** 85

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Defining Research with Human Subjects - SBE (ID: 491)	20-Oct-2020	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	20-Oct-2020	4/5 (80%)
Assessing Risk - SBE (ID: 503)	20-Oct-2020	4/5 (80%)
Informed Consent - SBE (ID: 504)	20-Oct-2020	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	20-Oct-2020	5/5 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14926)	20-Oct-2020	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	20-Oct-2020	5/5 (100%)
The IRB Administrator's Responsibilities (ID: 15015)	20-Oct-2020	3/5 (60%)

*For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?id=9509366-5a6c-432b-8a6f-cd56a074e319-39056741

Collaborative Institutional Training Initiative (CITI Program)
 Email: support@citiprogram.org
 Phone: 888-529-5929
 Web: <https://www.citiprogram.org>

Letter on behalf of Katalyst Psychological Family Center

Katalyst Psychological Family Center, LLC
150 Myrtle Street, Manchester, NH 03104
603-213-0700

Institutional Review Board
Rivier University
420 South Main Street
Nashua, NH 03060
November 3, 2020

My name is Dr. Katerina Tolstikova, I am a licensed clinical psychologist, owner of Katalyst Psychological Family Center, LLC, located in Manchester, New Hampshire. In my private practice, I conduct Autism Spectrum Disorder evaluations with children and adults. I am happy to give Erin Micali permission to collect data for her dissertation entitled *Analysis of Female Autism Spectrum Disorder and Rigid Repetitive Behaviors* at Katalyst Psychological Family Center, LLC. I believe this will greatly benefit scientific community and further improve our diagnostic skills in this important area.

I have read Erin Micali's dissertation proposal and am familiar with her procedures. I understand that Erin Micali will be integrating the Rigid Repetitive Behaviors Checklist, that she created based on the current literature, into all Autism Spectrum Disorder evaluations for the purposes of standardized procedures. I understand she will be collecting the raw data of the Adolescents/ Adult or Child Sensory Profile- 2, Autism Diagnostic Interview-Revised and Rigid Repetitive Behaviors Checklist from neuropsychological evaluations conducted at Katalyst Psychological Family Center, LLC. I understand and acknowledge that I will be asking potential participants to join the study on behalf of Erin Micali. This will be done after their testing is completed and the diagnosis of Autism is made, during their feedback sessions. I am comfortable with giving participants consent forms to sign and demographic questionnaires to fill out. All data collection will be de- facto and Erin Micali will de-identify the data in the office and transfer the de-identified data onto an aggregated data table which will be stored on a hard drive which will leave the office.

Thank you
Sincerely,

K. Tolstikova, PhD

Katerina Tolstikova, PhD
Licensed Psychologist
NH #1284
603-213-0700

Appendix 3a: Example of an Approved Dissertation Proposal
(included by permission of the author)

Impact of Problematic Smartphone Screen Time on Psychological Well-Being in Adults

A Correlational Study

By

Thomas A. Scaggs

A Dissertation Proposal Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Psychology

Rivier University

Nashua, NH

2024

Abstract

From an evolutionary perspective, smartphones are an extremely recent development for humans. Nearly every adult in the U.S. now owns a smartphone with usage frequency and duration steadily increasing over a variety of applications. These facts beckon the age-old question seen at the onset of television, video games, and computers—is this new technology detrimental to well-being?

Empirical data exists to examine the negative relationships and impact the total amount of screen time has on measures of mental health, like depression or anxiety. However, the research typically shares a significant shortfall; by solely using the total amount of screen time to draw correlations, researchers miss *what* is being done on the phone during this time. The resulting research groups people of similar screen time together when the applications and resulting content can be fundamentally different (e.g., using exercise apps, scrolling social media, travelling via GPS).

The present study differs by collecting the most used application category durations in addition to the total screen time amount. User's scores on a self-report measure of psychological well-being will then be correlated with both total screen time and the top applications' categories. The resulting data will therefore better explain which application types have the greatest negative impact on psychological well-being and provide evidence as to whether it is appropriate to use total screen time when describing the relationship to psychological well-being or if more in-depth data (i.e., app category being used) is needed to draw those conclusions, make recommendations, and guide future research.

Keywords: *adult, screen time, apps, psychological well-being, PWB, smartphone, correlation, relationship, problematic*

Statement of Problem

Smartphones capable of connecting to and interacting with the internet are an extremely new and rapid development in human history. Information from the Pew Research Center (2021) reported that American smartphone ownership has increased from 35% in 2011 to 85% in a mere decade. Pair this with more recent information coming out of the COVID-19 pandemic demonstrating that screen time of all varieties has increased; adults added nearly an hour per day on average, and this resulted in measurable adverse impacts to dietary behaviors, sleep, mental health, and eye health (Trott et al., 2022).

One of the more obvious tradeoffs that takes place when time is spent using screens is that users are not engaging in more physically demanding activities that could curb increasing obesity rates that play a part in heart disease and diabetes (Buchanan et al., 2016). Postures and duration (times > 15 minutes) associated with the use of smartphones and tablets can also result in negative impacts on the musculoskeletal system, primarily in the neck and upper extremities (Thorburn et al., 2021). Furthermore, data on eye health reveals that the increased use of screens has diminished ocular health with reported frequencies of issues ranging from headaches, eye pain, and increased sensitivity to light occurring at higher rates than ever before (Bahkir & Grandee, 2020). These findings demonstrate the presence of a pervasive and excessive smartphone habit that has a wide range of negative impacts on physical health measures.

Findings of this nature prompted the American Academy of Pediatrics to recommend children and adolescents limit total screen time to 2 hours per day, which includes non-phones (e.g. computers, televisions, tablets; Strasburger et al., 2017). The same recommendations do not exist for adults and instead, the World Health Organization (WHO) has focused its recommendations on reducing sedentary behavior by increasing moderate-intensity physical activity to 150-300 minutes throughout the week while limiting sedentary behavior whenever possible (Bull et al., 2020). However, many adults can attest to the increasingly sedentary nature

of modern jobs and popular leisure activities that leave many well below this recommended range each week. This is reflected in research by Wagner and colleagues (2021) that showed weekly recreational screen time among adults in 2018 was an average of 25.9 hours, but a short two years later and amidst the COVID-19 pandemic, the same cohort had increased their weekly average to 28.5 hours per week. This trend, linked to human well-being in a complex and stressful world, is both concerning and demanding of further study.

The findings about screen time's negative effect on physical health are also found in psychological research. Reducing screen time to less than 3 hours per week was shown to significantly improve self-reported well-being scores on the WHO-5 Well-Being Index self-report as well as biomarkers of stress level measured via salivary cortisol and cortisone, but 3 hours per week of total screen time is out of reach for most users (Pederson et al., 2022). This data suggests that stress from overuse of screens can be observed in both subjective self-report measures and is backed by objective biological markers of stress too. Likewise, sleep cannot escape the negative impacts of screen time either; adults who use smartphones prior to bedtime report inadequate sleep at a 2.2-fold rate and excessive daytime sleepiness by a 2.7-fold rate when compared to those who do not engage in use prior to bedtime (Grigg-Damberger et al., 2020).

Other research by Madhav and colleagues (2017) showed that rates of depression among American adults were significantly associated with duration of screen time with a high predictive value and, interestingly, female participants were even more highly affected than males. Similarly, findings have shown that both high- and low-socioeconomic status adults will experience increased rates of depression as their screen time increases (Jáuregui et al., 2022). Thus, there is a strong empirical basis for the assertion that measurable negative impacts are resulting from these screen-related habits on the interrelated domains of physical and psychological well-being.

Justification for the Study

Longitudinal research by Keyes and Simoes (2012) showed positive mental health is an important predictive factor in mortality rates over a 10-year period, so it is imperative that research determines the level of impact smartphone screen time is having on adults. Ultimately, it may be overly reductive to only measure the total amount of screen time and draw correlations between well-being or other mental health measures, because there are a variety of activities being done while on devices. Among the many application categories now on the market, those in the social media category are used with the greatest frequency (Smith, 2015), however, these types of apps have also been linked to the most detrimental impacts on adult psychological well-being in areas of depression, anxiety, and body satisfaction (Sharma et al., 2020). Others may use their phones for educational applications or, perhaps due to socioeconomic reasons, supplement a lack of television and computer access by using their phones for entertainment purposes or general purposes, which would vastly inflate the amount of use reported. Furthermore, applications exist to track exercise data, so one could feasibly increase their weekly screen time average by engaging in non-sedentary activity. Therefore, it may be important to ensure that studies of smartphone use and its impacts on mental health mitigate the risk of confounding variables by differentiating what is being done on the phone.

The purpose of this study is to test whether it is in fact appropriate to holistically approach the measurement of overall screen time as it relates to psychological well-being or if it is more appropriate to measure and, by extension, make recommendations based on the type of activity the device is being used for during that overall time.

Literature Review

Prevalence

Mobile phones have come a long way since their initial inception back in 1973 when they required tethering to a car battery or external battery bag, an external antenna, and thousands of

internal parts (Woyke, 2014). When its creator, Martin Cooper of the Motorola company, made the first cellphone call before reporters in New York City, it marked a definitive starting point for cellphones, but the emergence of more advanced devices, now referred to as smartphones, is murkier. As interest in cellphone ownership built and technology began to allow greater depth of capability, manufacturers began expanding their devices' features to offer users the ability to message one another using mobile data and increase their work productivity using applications. With personal digital assistants (PDAs) and BlackBerrys filling this gray area in the timeline, it's asserted that they still fell short of the smartphone moniker, because they lacked a distinct operating system that allowed external developers to write their own applications (known as "apps" for short). These apps offered users the ability to download unique, new programs and allowed further customization of the device beyond what came standard from the manufacturer. Woyke (2014) asserts that the true beginning of smartphones occurred in 2007 with the first Apple iPhone. This was the first time mobile devices housed comparable capabilities to computers, such as full internet access, games, and applications that could be used for a variety of purposes, all while fitting neatly into one's pocket.

Fast forward to the present day and 85% of U.S. adults own a smartphone (Pew Research Center, 2021). With the increasing availability and speeds of internet in homes and via cell tower data, users experience fewer limitations by their location, time, or purpose when using their smartphones (Gui & Buchi, 2021). Adults ages 30-45 are now using this unlimited access to juggle competing and increasing career demands with personal commitments to their children and aging parents (Mehta et al., 2020), but increased access has also led to higher use and overuse. In fact, a study by Schuster and colleagues (2022) identified that participants with an average age of 35.9 spent about 215 minutes on their phones per day with social media, video conferencing, and texting apps being the highest use. What's more, participants struggled to separate work and personal use hours, citing pressure to respond quickly to things like work

emails as a contributing factor to their high use numbers and a need to set boundaries on use times to ensure family time was not encroached upon.

A Nielsen (2020) report was able to demonstrate that, in 2019, U.S. adults' average daily smartphone usage time (4:03 hours per day) had eclipsed their live television viewing time (3:42 hours per day) for the first time. This officially made smartphones the most used media device in the country, beyond personal computers, televisions, and radio; devices that previously garnered similar questions about their potential negative impacts on humans and society. While Nielsen's report remains vague in identifying what is being done on the phone or whether work-related activities are included or excluded, the prominent position smartphones hold on our population is nonetheless clear.

To better understand the smartphone's rise in popularity in comparison to other technology, work by Song and Sela (2022) highlighted the private and personal nature of smartphones as compared to other devices. The individualized nature of smartphones allows a more unique and personally customized selection of applications on them. The researchers assert that, unlike shared personal computers or other devices, smartphones are thought to activate intimate self-knowledge and private self-focus in its users, which drives more self-expressive options (Song & Sela, 2023). Considered in comparison with live television programming, which lacks the kind of control and personalization options allotted to smartphone users in the types of content they are consuming, it becomes clear why these personally customized devices have become increasingly important parts of people's everyday experience and seemingly critical in their unique routines.

Prevalence of Apps Categories

A defining shift from cellphone to smartphone occurred with the emergence of third-party apps that could be downloaded onto the device's operating system (Woyke, 2014). This allowed users to go beyond the factory-installed application offerings and begin to customize

their own experience, leading to the highly personalized and salient devices modern users now take for granted. At its onset, Apple's App Store offered a mere 552 applications and 25% of them were free (Longanbill, 2008). Fast forward to 2023 and the App Store now houses nearly 1.80 million applications and generated \$1.10 trillion (USD) in developer billings in 2022 alone (Apple, 2023). The Google Play store (formerly the Android Market), which is linked to the most popular operating system, Android, surpasses Apple in number of available applications and overall users. When Google Play became official in 2009, it housed 16,000 apps for download (Ceci, 2023c), but this number has risen significantly to 3.55 million by the end of 2023 (Ceci, 2023a).

The growing number and diversity of apps has led to the industry distinguishing 33 different app categories in the Google Play store and 24 in Apple's App Store (Stocchi et al., 2021). These distinct categories are home to millions of different applications that generate significant revenue for developers by charging for use, offering in-app purchases or subscriptions, and collecting personal data to inform advertising (Sheremetov & Slesar, 2023). An important consideration that must be made when discussing popular app categories is the difference between the most created apps within categories vs. the most used apps. According to a dataset compiled by Ceci (2023b) of the now 26 different app categories on the Apple App Store, the Games category has the greatest market share with 12.68%. Business, Education, and Utilities categories are the next most popular with 10.35%, 9.79%, and 9.22%, respectively. Social Networking apps fall midway (15th) through the list with a total market share of 2.16% and Music apps right behind with 1.93% of total apps available. Admittedly, apps that do not have active screens open, such as music and podcasts, will not increase the device's screen time average, but many users may exercise while watching music videos or podcast video recordings, which would impact use numbers. In practice, however, users appear to use apps more frequently

from categories with less overall applications offered, which suggests that one cannot take the number of apps produced to represent popularity of use (Kataria, 2023).

Kataria (2023) compiled data capturing the most frequently used apps, which demonstrates that developers are producing a higher number of apps in categories that are not aligned with what is most used by consumers. The most glaring disparity can be seen in the fact that Social Media apps make up just 2.16% of the total market share of App Store apps, but 22.20% of all users report using these apps each week for an average of 131 minutes. Games topped the list of most prevalent apps on the App Store, but they are second in the most used with 19.40% of users clocking 116 minutes a week on average. Like Social Networking, Music apps held a small percentage of the market share (2.16%) but had a high weekly average of time used at 80 minutes. Conversely, there appear to be a high number of Education apps available (3rd most produced; 9.79% of total apps), but usage of these applications failed to garner a high enough average usage time to have its own distinct mention in Kataria's (2023) data set and were grouped into the Others category.

Importantly, both iOS and Android operating systems offer their own versions of built-in app use monitoring and tracking. Android Digital Wellbeing and iOS Screen Time each track users total average weekly screen time and offer the ability to break this overall time down by applications in descending order (Simon, 2023). Each app developer strategically assigns their application into a definitive category prior to its release on online marketplaces. Coupled with built-in screen time tracking, gaining an objective understanding for how long a user has been using their smartphone and what they were doing during this time has never been easier.

Influences on Use

Broadly speaking, smartphones are designed to instigate their use. They achieve this by using notifications that can disrupt both professional and private lives as they beckon the user back to the device for a text, email, or app-related message (Heitmayer & Lahlou, 2021).

Smartphone notifications in the form of sounds, visuals, or haptic (vibration) alerts have become a unifying design feature regardless of operating system. While users can opt out of receiving them, the notifications are fueled by the need to constantly be available or a fear of missing out on meaningful activities, like social media posts, sales on goods and services, or news, so many users keep them on. However, at their core, notifications are a highly disruptive part of many people's lives, negatively impacting attention and depleting resources that would otherwise be allocated to things occurring outside of the device (Heitmayer & Lahlou, 2021)

Beyond notifications, the variability of apps paired with the private nature of smartphone ownership has led to greater individuation and specialization in use (Song & Sela, 2022). While some people may have different devices for work and personal use, for others their personal device is also used professionally. Respondents who do use their cellphone for work purposes have reported the highest frequency of use (Musicant et al., 2015), but there are other less tangible measures that have also been identified. Research by Bian and Leung (2014) demonstrated that university students with high levels of loneliness and shyness have a higher likelihood of meeting the threshold for a smartphone addiction, which mimics substance use in that it leads to impairments in multiple domains of their life, such as relationships, finances, and mental health. In this way, smartphones are used to build a network of relationships, known as social capital, and social networking has played a key role in this area.

Age has been shown to be a significant influence of smartphone usage. Adolescents and young adults are more susceptible due to higher rates of anxiety related to the frequency and quality of connectedness in their lives (Cleary et al., 2020). This worry causes young people to seek outlets for developing connectedness on social media platforms but, simultaneously, opens them up to greater exposure to negative interactions like harsh judgment and harassment that can negatively impact their mental health. Older adults (aged 60–78), however, have been shown to exhibit greater resistance to smartphone adoption due to fear, lack of knowledge, and worrying

that the technology is too complex (Yang et al., 2022). However, a brief 16-hour training has been shown to remediate this use deficit and allow older adults to access our digitized society, fulfilling daily necessities, improving the ability to leave independently, and fulfill the same social needs sought by their younger counterparts. It's logical to conclude that future generations who have been exposed to this type of technology throughout their lifetime will not share the same hesitancy and use rates among future older adult populations will only rise. Regardless of age, smartphones have the potential to provide positive impacts through increased social connectedness and independence in managing everyday tasks, but the key appears to lie in finding a balance and avoiding overuse.

Smartphone games are another highly produced and used category of apps for a variety of reasons. Spurred by their portability, mobile smartphone games can be taken anywhere and are often used as a distraction from regular life, boredom, or stressful events such as academic work (Syvertsen et al., 2022). The games are often easy to learn and lack any end to them, so they can be picked up easily and continued endlessly. However, users with higher social anxiety, depression, loneliness, and a lack of self-control have a higher likelihood to use these apps (Jang & Ryu, 2016; Wang et al., 2019), because they are using the games to regulate their moods and avoid emotional difficulties (Syvertsen et al., 2022). Many games also include features like loot boxes, which are similar to slot machines, that provide players with unpredictable payouts within the context of a never-ending game (Li et al., 2019). The culmination of these features and factors aims for high use, but often results in problematic and addictive use, which is exactly what developers are aiming for.

App designers end goal is to create highly habit-forming environments that users want to come back to over and over, and this process begins in advertising that draws users to the application (Langvardt, 2019). Once the user has an application, the developers hope to create an association that solves a problem or creates relief in some way, such as loneliness using social

media or task avoidance in games. The next step entails creating an environment of endless use, such as scrolling without needing to prompt for more or playing a game that never ends, which entices users to lose track of their consumption. The apps will also include a reward system that taps into human being's biological reward systems, steadily releasing dopamine through tiny interactions or variable rewards seen in "Likes" on Facebook or loot boxes in games. All of these happen within the context of a customizable User Interfaces (UI) that allows each person to pick and choose between features they do or do not like while the User Experience (UX) algorithms learn and modify how the program operates uniquely to each user over time (Langvardt, 2019). The pairing of apps designed to foster infinite usage and users attempting to solve real-life and psychological problems using them is the crux of both use and overuse.

Patterns of Use

Due to the highly influential design of both the device and the apps within it, adults have developed some interesting habits and patterns for their use. Most adults in a study by Lee and colleagues (2020) engaged with their device within 60 minutes of waking up with 22.70% using within the first 5 minutes. Before sleeping, most people were using their smartphone 5-minutes before attempting sleep and a total of 68.35% of respondents reported using it within the last 30 minutes of their day.

Research by Grimaldi-Puyana and others (2020) identified that users with highly sedentary behavior throughout the day are more likely to have greater use rates on their smartphones. This is concerning when taken in the context of the increasingly sedentary lives among Americans; many adults now spend 70% or more of their waking hours sitting due to changes in job functions and leisure activities (Owen et al., 2010). Additionally, 64% of American adults report using their smartphones for business-related purposes, which is the highest rate in the world and eclipses the global average of 54% (Petrosyan, 2023).

Despite screen-based activities at work (computers) and home (televisions) becoming commonplace, adults have shown that their desire to use smartphones cannot be dismayed. Research by Heitmayer (2022) demonstrated that smartphones are in fact the only device participants will use without another device present (one will use a TV or computer with a smartphone nearby, only the smartphone is used alone) and did not engage continuously with other screens without taking a “screen break” using their smartphone. Many users in the study kept their smartphone within arms-length and viewing distance, were subsequently prompted by notifications, responded on the smartphone, and sometimes engaged in other tasks afterward, before finally returning to the previous task they were engaging with.

While much research exists on adult and adolescent smartphone usage, fewer studies investigate older adults (60+ years) usage. Work by Busch and colleagues (2021) demonstrated that while older adults use smartphones for similar reasons to younger people (e.g. loneliness, habit, emotional gain), they appear not to excessively engage at the same high rate. Among older adults in the sample, there was an extremely low prevalence of problematic smartphone use (2.40%). Furthermore, researchers were able to identify that older adults appear to be able to have less social pressure to use the devices than adolescents do, and the participants were able to use their higher self-control to mediate their usage amounts.

Impacts on Well-being

Positive Impacts

While empirical research that demonstrates positive impacts from excessive amounts of smartphone use has yet to be produced, research identifying the benefits of non-problematic usage have. For instance, research by Harries and colleagues (2016) showed that “always-on” apps, such as those that track step counts and alert users to levels of inactivity, can result in increased physical activity among early-middle-aged men in their study. Other research by Dupont and colleagues (2023) runs contrary to commonly held beliefs about smartphones’

negative impact on memory; the authors studied the impact setting smartphone reminders has on memory and found that doing so frees up participants' capacity to remember a greater amount both high and low value task information. The authors suggest this outcome is likely a result of the individual freeing up cognitive space for recalling the content of the task rather than remembering when to do it (Dupont et al., 2023).

Within the social domain, the COVID-19 pandemic's social distancing resulted in many individuals reporting lower levels of social connection and well-being, but having a smartphone helped to moderate the negative impact of physical distance and improve well-being despite a loss of in-person contact (David & Roberts, 2021). Even though older adults often report feeling lonelier and more isolated, another study focused on older adult smartphone use found that those who engaged in use were shown to have positive effects on life satisfaction and were able to mediate the effects of depressive symptoms (Sagong & Yoon, 2022). However, it is important to note that older adults, even those who categorize their use as being problematic or high, are shown to occur at a very low rate (2.4%) and average 4 hours or less (Busch et al., 2021).

Taken together, these findings demonstrate that there are positive impacts associated with smartphone usage, but they are generally linked to moderate or low use that augments a person's ability to remember something or connect with people they care about. Relatedly, research by Studer and others (2022) attempted a novel approach by incorporating data from people who do not use smartphones at all. Their findings demonstrated that non-users of smartphones show similarly negative impacts on social anxiety, depression, life satisfaction, and stress also seen in intense (problematic) users; both groups had higher rates of mental health problems than moderate users. These findings suggest the importance of moderation of use because either end of the spectrum (intense/problematic and non-use) may experience similarly increased rates of mental health problems not seen in those who use their smartphones for moderate amounts of time (Studer et al., 2022).

Negative Impacts

With ownership, availability of a vast array of apps, and overall use increasing dramatically over a short period of time, it stands to reason that this rapid development and implementation of a new and prevalent behavior would result in a myriad of effects on human beings. As previously discussed, the majority of smartphone uses are tied to sedentary behaviors, so increased musculoskeletal issues in the neck and upper extremities have been observed (Thorburn et al., 2021), pronounced pain in the eyes and diminished ocular health (Bahkir & Grandee, 2020), and general inactivity that contributes to obesity rates (Buchanan et al., 2016). However, the apps that users have been shown to use at the highest rates, such as social media (Katria, 2023), engage and impact a wide array of measures linked to psychological well-being (PWB), such as self-acceptance, positive relationships with others, autonomy, and environmental mastery—to name a few from the empirically supported measure used herein by this study (Ryff et al., 2007).

Indeed, a systematic review by Elhai and colleagues (2017) used 23 peer-reviewed papers that examined the relationship between more problematic smartphone use on psychopathology and found a positive correlation between smartphone use and rates of depression and anxiety. Additionally, researchers identified that overall stress rates were also related to high use. This finding is likely related to research previously cited by Syvertsen and colleagues (2022) that suggested users often turn to their smartphones in times of distress to aid in emotional regulation—a type of experiential avoidance that may provide a short-term relief without long term resolution. When comparing mental health challenges like anxiety and depression and increased smartphone use, research at present remains unable to pinpoint if these mental health disorders are caused by increased smartphone use or if increased use results in the disorders; currently, Augner and colleagues' (2023) research shows that anxiety and depression are robustly associated with problematic smartphone use, but since correlation does not provide

causation, the evidence acts as an indicator of symptoms and their possible manifestation due to problematic smartphone use being a maladaptive coping skill that often contributes to worsening symptoms of anxiety and depression. Prolonged and heightened stress levels were found to interfere with sleep quality, prolong sleep latency, and result in daytime dysfunction (Exelmans & Van den Bulk, 2015). This smartphone-induced sleep disturbance was shown to co-occur with elevated stress levels, anxiety, and depression, even among highly educated medical students (Nikolić et al., 2023).

Perhaps most unfortunately, despite research suggesting that users with higher social anxiety, depression, loneliness, and a lack of self-control are most likely to have the highest use rates (Jang & Ryu, 2016; Wang et al., 2019), there doesn't appear to be resounding support for its effectiveness in alleviating or improving these areas. While some research amidst the COVID-19 pandemic suggested that smartphone use could help to moderate the negative social impacts of social distancing among adolescents (David & Roberts, 2021), most studies find that when the line between use and overuse is crossed, diminishing and often negative returns are found. In fact, data suggests that the desire for social connectedness and use of social media apps to that end is a driving factor in the development of smartphone addiction and influences increased use of other applications, like watching videos and games, resulting in a cycle of increase (Ostic et al., 2021; Jeong et al., 2016). The greater the overall use, the greater the instance of what has been termed “phubbing” or having conflicts with others due to smartphone use or a desire to use the phone instead of paying attention to people (Ostic et al., 2021). This research suggests that while people may initially turn to their smartphones to fulfil social desires, in time, the way apps are designed often leads to overuse that negatively impacts the user's desire and success in connecting with others and, relatedly, they score lower on measures of PWB.

Important within the context of the present study is *what* exactly the user is doing on their phone that results in higher use numbers. While overall use of social media apps has been correlated to negative impacts on PWB, the immense variety of apps and uses in our present day may no longer allow for generalizations about overall use numbers' impact on user's well-being. While research suggests that users may be logging the most hours on social media apps, others may be exercising, listening to music, or traveling using GPS and, by nature, have inherently different impacts on PWB levels with similar overall average use rates.

The Present Study

The goal of this study is twofold. A study by Twenge and Campbell (2018) demonstrated that higher levels of screen time are correlated with lower scores on measures of PWB in children and adolescents, but much of the research available continues the trend of focusing on younger populations. It is logical to conclude that similar findings would be seen in adults due to the tradeoff that occurs between active and sedentary/solitary activities when screens are chosen, but this study's first aim is to measure overall Smartphone Screen Time (SST), which can be objectively measured, and compare this data with subjective self-reported PWB scores.

The second endeavor of this study is to go a step further by collecting available top App Category total weekly use data (type and time) also located within smartphones' screentime reporting feature (eg. social media, entertainment, education, gaming, exercise, travel). In doing so, the study will be able to examine two types of correlations: 1) total SST and scores on a PWB self-report and 2) the user's High Use Category Time (HUCT) of application categories using 6 pre-determined categories based on known/expected use data (i.e. social media, gaming, communication, entertainment, mobile browsing, other) is a more adequate predictor/moderator of PWB.

Methods

Study Design

A correlational research design was selected to examine the relationship between total SST and PWB. An ANOVA will be used to analyze the relationship between total PWB and HUCT. If statistical significance is found between HUCT groups and PWB, post-hoc analysis can aid in determining group differences based on category used most. Additional linear regression analysis of certain HUCTs may be possible based on data saturation and findings.

Sample

Participants will be recruited via online sources (discussed later in detail within Procedures) and will have to agree that they are an adult (≥ 18 years old) presently residing in the United States or one of its territories who owns a smartphone (Apple iPhone [iOS] or Samsung [Android]) to be included in the study; preliminary operating system research indicates that other Android operating system phones do not report comparable weekly use data but, since these two device manufacturer's make up the vast majority of market share (Counterpoint, 2024); excluding other manufacturers/models still results in the majority of users and demographics being captured.

Respondents will be allowed to share the study's link, resulting in snowball recruiting in addition to initial efforts. Any international respondents will be excluded and not prompted to proceed with the study. If possible, an even-gendered split of participants closely approximating the racial and ethnic makeup found within the most recent U.S. Census Bureau data for the United States will be gathered. Should data saturation not be met, further efforts may be employed to source additional participants and attain a representative sample with adequate sample power. The most demanding statistical analysis within this study is expected to require a one-way ANOVA, fixed effects, omnibus between the independent variable of six pre-determined App Category groups (HUCTs) and the dependent variable of PWB. G*Power software calculates that to achieve a moderate effect size ($f = .25$) with a .05 alpha level, a total sample size of 324 participants is required (Faul et al., 2009).

Measures

Smartphone Screen Time (SST) The study will instruct adults on how to retrieve their daily average Smartphone Screen Time (SST) value from their device's Settings based on the type of phone they have. This value is offered by default in Hours and Minutes. After this is recorded and received, these will be converted solely to Minutes to aid in data analysis. This variable's scale of measurement is ratio (continuous).

High Use Category Time (HUCT) The study will collect user data on their most used App Category, which groups all alike apps used (e.g. social media) and provide a total amount of time used in the past week in hours and minutes (later converted to minutes). Application are pre-sorted into categories based on developers identify their application's type in the Apple App Store or Google Play Store. Based on previously available use data, it is expected that most users top HUCT will fall within five categories (i.e. social media, gaming, communication, entertainment, and mobile browsing) and the remaining will be placed into an Other category. This variable's scale of measurement is nominal (categorical).

Psychological Well-Being (PWB) The study will include a measure of PWB gathered from the 42-item Psychological Well-Being Scale (PWB) initially developed by Ryff (1989) and later adapted to be briefer while maintaining validity (Ryff et al., 2007). The PWB has a wealth of supporting research for its validity and reliability across genders, ages, and levels of education. This brief questionnaire consists of positive and negative statements related to six established dimensions of psychological well-being: autonomy, environmental mastery, personal growth, purpose in life, positive relations, and self-acceptance. Respondents will provide a rating on a 6-point Likert scale according to their level of agreement with the statement provided. Some examples include "In general, I feel I'm in charge of the situation in which I live." And "When I look at the story of my life, I am pleased with how things have turned out." This variable's scale of measurement will be interval (continuous).

Procedures

Participants will be U.S. adults recruited via convenience and snowball sampling using online sources. The study will attempt to gather data using a variety of online spaces targeting users across the lifespan by gaining permission from moderators of specific Facebook Groups and Reddit Subreddits; groups for college students, parents, and older adults will be identified to attempt gaining a wide range of adult users in the sample. This study will also utilize Amazon Mechanical Turk (mTURK), which draws respondents for web-based surveys using a low-cost response model depending on the qualification/level of the worker requested and is currently used by top universities (e.g. Princeton, University of Pennsylvania) in sourcing research respondents.

Using a Google Forms questionnaire, informed consent and attestation of adulthood, residency, and smartphone ownership/type will be gained, anonymous demographics data collected (discussed later), a validated PWB measure completed (Ryff's PWBS), and respondents will be given detailed instructions for accessing and reporting their average weekly SST and HUCT (type/time) data specific on either Android or Apple mobile operating systems. A final page on the study will provide a link to an external website where respondents can enter their email and be entered into a lottery for four separate \$25 Amazon gift cards for participating.

No identifying information will be requested at any time during or after the study, apart from providing their email address on an external site at the study's conclusion for incentive lottery purposes that will not be linked to their data in any way. Important demographics information collected during this process will include age, gender identity, race/ethnicity, socioeconomic status (SES), whether the phone is used for personal, work, or both, and an estimate of the adult's average weekly physical activity in minutes. Based on previously mentioned research linking physical activity and measures associated with PWB as well as dual-use (work and personal) potentially confounding use rates, it will be important to collect this

data. Once collected, the overall SST and HUCT use amounts will be converted from hours and minutes format to solely minutes for ease of analysis.

Data analysis will first be run on the demographics data. The adult's age and average weekly physical exercise (minutes) will be analyzed and presented using mean, range, and standard deviation due to these variables being ratio/continuous level variables. The respondent's gender identity and race/ethnicity will be presented using frequencies and percentages due to being nominal variables.

According to Bennet and colleagues (2020), socioeconomic status (SES) can be divided into three categories: low, middle, and high in the United States. Low SES is defined as a household income lower than \$48,500. Middle SES is defined as household income between \$48,500 to \$145,000. High SES is defined as household income above \$145,000. Respondents will be placed into their respective category based on self-reported SES and, due to being a categorical level of measurement, will be reported with frequency and percentages of low, middle, and high SES respondents. Additionally, the overall range of reported income and mean will be reported as well for all respondents. The adult's estimate of their average daily physical activity in minutes (converted to minutes, if given in hours and minutes) will be presented using mean, standard deviation, and range due to being a ratio level of measurement.

The independent variable of SST and respective time in each HUCT, after being converted to minutes, will be analyzed and presented using mean, standard deviation, and range due to being a ratio/continuous variable. The same overall analysis of PWB data will be presented to assist in making general statements about the sample.

To answer the primary research question, logic and previously completed research has identified the independent variable of SST as a true independent variable. The study's first aim is to determine if a relationship exists between total average SST and PWB. Secondly, it will examine if any relationship exists between each HUCT and PWB. If statistical significance is

found between HUCT (category) and PWB, additional post-hoc analysis will be done and, if data saturation/sampling allows, linear regression analysis of times spent in HUCTs and PWB can be explored. It may also be possible to view impacts to specific subdomains within the PWB and determine what specific areas of PWB (e.g. self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth) are most impacted by overall and specific types of use/overuse within SST and HUCTs.

Finally, using the data available, the study will attempt to conclude whether it is valid to use total screen time or most used app category when relating to effects on PWB by comparing these findings for congruency. Thus, a simple linear regression analysis is best suited to determine if there is a predictive, linear association between the variables and, if so, its structure. Beyond the initial linear regression between SST and PWB, this study further aims to examine the relationship via ANOVA of HUCTs and determine if these types act as a moderator upon observed outcomes on the PWB self-report.

Research Questions & Hypotheses

1. What is the relationship between smartphone screen time (SST) and psychological wellbeing (PWB) in U.S. adults?
 - H_{A0} : There is not a relationship between SST and PWB.
 - H_A : There is a relationship between SST and PWB.
2. What effect, if any, does the type of High Use Category Times (HUCTs) have on PWB?
 - H_{B0} : PWB is not affected by the type of HUCT used.
 - H_B : PWB is significantly affected by the type of HUCT used.

Analysis

Based on the research available, it is projected that a simple regression analysis will reveal a statistically significant negative association between SST and PWB in adults. Available

research previously cited supports the assertion that increased screen time has a deleterious effect on objective measures of both depression, anxiety, and even physical activity, which are all correlated with PWB. Therefore, it is likely that PWB will rise as screen time diminishes and vice versa, which would result in the null hypothesis being rejected. What is presently unclear without completing the study is the potential slope or degree of change that will be available using the beta coefficient as well as the variability of dispersion around the regression line. However, based on available research, it is expected that above the levels recommended for leisure screen time by the medical professionals, there will be a consistent decrease in PWB as SST increases.

Prior research supports the assertion that the ANOVA to compare scores on PWB and respondents' HUCTs will: 1) reveal that SST may be relatively poor and inaccurate predictor of PWB when compared with more specific means, such as assessing types of application categories being used most, 2) respondents with social media applications as their primary HUCTs will have the lowest PWB scores, and 3) other application categories, especially more commonplace types not linked to deleterious psychological effects like Entertainment or Communication, will not result in significant negative impacts on PWB. Overall, the study is expected to demonstrate that it is imperative for researchers to understand *what* is being done on smartphones and not simply how much time is being spent overall to make accurate predictions about impacts and subsequent recommendations for use. The findings will have important ramifications for future study of PWB, smartphone use, and how best to structure future research of adults, adolescents, and children moving forward.

References

- Augner, C., Vlasak, T., Aichhorn, W., & Barth, A. (2023). The association between problematic smartphone use and symptoms of anxiety and depression-a meta-analysis. *Journal of public health (Oxford, England)*, 45(1), 193–201.
<https://doi.org/10.1093/pubmed/fdab350>
- Apple. (2023, August 28). App Store developers generated \$1.1 trillion in total billings and sales in the App Store ecosystem in 2022. *Apple Newsroom*.
<https://www.apple.com/newsroom/2023/05/developers-generated-one-point-one-trillion-in-the-app-store-ecosystem-in-2022/>
- Bahkir, F. A., & Grandee, S. S. (2020). Impact of the COVID-19 lockdown on digital device-related ocular health. *Indian journal of ophthalmology*, 68(11), 2378–2383.
https://doi.org/10.4103/ijo.IJO_2306_20
- Bennett, J., Fry, R., & Kochhar, R. (2021, August 3). Are you in the American middle class? Find out with our income calculator. *Pew Research Center*.
<https://www.pewresearch.org/short-reads/2020/07/23/are-you-in-the-american-middle-class/>
- Bian, M., & Leung, L. (2015). Linking loneliness, shyness, smartphone addiction symptoms, and patterns of smartphone use to social capital. *Social Science Computer Review*, 33(1), 61–79. <https://doi.org/10.1177/0894439314528779>
- Buchanan, L., Rooks-Peck, C., Finnie, R., Wethington, H., Jacob, V., Fulton, J. E., Johnson, D. B., Kahwati, L., Pratt, C., Ramírez, G., Mercer, S. L., & Glanz, K. (2016). Reducing recreational sedentary screen time. *American Journal of Preventive Medicine*, 50(3), 402–415. <https://doi.org/10.1016/j.amepre.2015.09.030>
- Bull, F. C., Al-Ansari, S. S., Biddle, S., Borodulin, K., Buman, M. P., Cardon, G., Carty, C., Chaput, J. P., Chastin, S., Chou, R., Dempsey, P. C., DiPietro, L., Ekelund, U., Firth, J.,

- Friedenreich, C. M., Garcia, L., Gichu, M., Jago, R., Katzmarzyk, P. T., Lambert, E., ... Willumsen, J. F. (2020). World Health Organization 2020 guidelines on physical activity and sedentary behaviour. *British journal of sports medicine*, 54(24), 1451–1462.
<https://doi.org/10.1136/bjsports-2020-102955>
- Busch, P. A., Hausvik, G. I., Ropstad, O. K., & Pettersen, D. (2021). Smartphone usage among older adults. *Computers in Human Behavior*, 121, 106783.
<https://doi.org/10.1016/j.chb.2021.106783>
- Ceci, L. (2023a, August 29). *Number of apps available in leading app stores Q3 2022*. Statista.
<https://www.statista.com/statistics/276623/number-of-apps-available-in-leading-app-stores/>
- Ceci, L. (2023b, September 5). *Most popular Apple App Store categories as of 3rd quarter 2022, by share of available apps*. Statista. <https://www.statista.com/statistics/270291/popular-categories-in-the-app-store/>
- Ceci, L. (2023c, September 5). *Number of available applications in the Google Play Store from December 2009 to June 2023*. Statista.
<https://www.statista.com/statistics/266210/number-of-available-applications-in-the-google-play-store/>
- Cleary, M., West, S., & Visentin, D. (2020). The mental health impacts of smartphone and social media use. *Issues in Mental Health Nursing*, 41(8), 755–757.
<https://doi.org/10.1080/01612840.2020.1748484>
- Cotten S. (2021). The ties that bind: How online and offline interactions affect social support and quality of life for older adults. *Innovation in Aging*, 5(Suppl 1), 299.
<https://doi.org/10.1093/geroni/igab046.1166>
- Counterpoint. (2024, March 20). *US smartphone market share: quarterly*.
<https://www.counterpointresearch.com/insights/us-smartphone-market-share/>

- David, M. E., & Roberts, J. A. (2021). Smartphone Use during the COVID-19 Pandemic: Social Versus Physical Distancing. *International journal of environmental research and public health*, 18(3), 1034. <https://doi.org/10.3390/ijerph18031034>
- David, M. E., Roberts, J. A., & Christenson, B. (2018). Too much of a good thing: Investigating the association between actual smartphone use and individual well-being. *International Journal of Human-Computer Interaction*, 34(3), 265–275. <https://doi.org/10.1080/10447318.2017.1349250>
- Dupont, D., Zhu, Q., & Gilbert, S. J. (2023). Value-based routing of delayed intentions into brain-based versus external memory stores. *Journal of Experimental Psychology: General*, 152(1), 175–187. <https://doi.org/10.1037/xge0001261>
- Elhai, J. D., Dvorak, R. D., Levine, J. C., & Hall, B. J. (2017). Problematic smartphone use: A conceptual overview and systematic review of relations with anxiety and depression psychopathology. *Journal of Affective Disorders*, 207, 251–259. <https://doi.org/10.1016/j.jad.2016.08.030>
- Exelmans, L., & Van den Bulck, J. (2016). Bedtime mobile phone use and sleep in adults. *Social science & medicine (1982)*, 148, 93–101. <https://doi.org/10.1016/j.socscimed.2015.11.037>
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149–1160.
- Grigg-Damberger, M. M., & Yeager, K. K. (2020). Bedtime screen use in middle-aged and older adults growing during pandemic. *Journal of clinical sleep medicine: JCSM: official publication of the American Academy of Sleep Medicine*, 16(S1), 25–26. <https://doi.org/10.5664/jcsm.8892>

- Grimaldi-Puyana, M., Fernández-Batanero, J. M., Fennell, C., & Sañudo, B. (2020). Associations of objectively-assessed smartphone use with physical activity, sedentary behavior, mood, and sleep quality in young adults: A cross-sectional study. *International journal of environmental research and public health*, 17(10), 3499. <https://doi.org/10.3390/ijerph17103499>
- Gui, M., & Büchi, M. (2019). From use to overuse: Digital inequality in the age of communication abundance. *Social Science Computer Review*, 39(1), 3–19. <https://doi.org/10.1177/0894439319851163>
- Harries, T., Eslambolchilar, P., Rettie, R., Stride, C., Walton, S., & Van Woerden, H. (2016). Effectiveness of a smartphone app in increasing physical activity amongst male adults: A randomised controlled trial. *BMC Public Health*, 16(1). <https://doi.org/10.1186/s12889-016-3593-9>
- Heitmayer, M. (2022). Patterns of multi-device use with the smartphone. A video-ethnographic study of young adults' multi-device use with smartphones in naturally occurring contexts. *Computers in Human Behavior Reports*, 8, 100244. <https://doi.org/10.1016/j.chbr.2022.100244>
- Heitmayer, M., & Lahlou, S. (2021). Why are smartphones disruptive? An empirical study of smartphone use in real-life contexts. *Computers in Human Behavior*, 116, 106637. <https://doi.org/10.1016/j.chb.2020.106637>
- Jang Y., Ryu S. (2016). The role of parenting behavior in adolescents' problematic mobile game use. *Social Behavior and Personality: An International Journal*, 44(2), 269–282. <https://doi.org/10.2224/sbp.2016.44.2.269>
- Jeong, S., Kim, H., Yum, J., & Hwang, Y. W. (2016). What type of content are smartphone users addicted to?: SNS vs. games. *Computers in Human Behavior*, 54, 10–17. <https://doi.org/10.1016/j.chb.2015.07.035>

- Kataria, M. (2023, January 4). App usage statistics 2022 that'll surprise you (Updated). *Simform*. Retrieved September 27, 2023, from <https://www.simform.com/blog/the-state-of-mobile-app-usage/>
- Keyes, C. L. M., & Simões, E. J. (2012). To flourish or not: Positive mental health and all-cause mortality. *American Journal of Public Health*, 102(11), 2164–2172. Pro<https://doi.org/10.2105/ajph.2012.300918>
- Langvardt, K. (2019, October 1). Regulating habit-forming technology. *Fordham Law Review*, 88(1). <http://doi.org/10.2139/ssrn.3351936>
- Lee, J. J., Wang, M. P., Luk, T. T., Guo, N., Chan, S. S.-C., & Lam, T. H. (2020). Associations of electronic device use before and after sleep with psychological distress among chinese adults in Hong Kong: Cross-sectional study. *JMIR Mental Health*, 7(6), e15403. <https://doi.org/10.2196/15403>
- Li W., Mills D., Nower L. (2019). The relationship of loot box purchases to problem video gaming and problem gambling. *Addictive Behaviors*, 97, 27–34. <https://doi.org/10.1016/j.addbeh.2019.05.016>
- Loganbill, S. (2008, July 10). App Store launch: 552 applications, 135 of them free. *WIRED*. <https://www.wired.com/2008/07/pinch-media-552-applications-135-free-on-app-store-launch/>
- Madhav, K. C., Sherchand, S. P., & Sherchan, S. (2017). Association between screen time and depression among US adults. *Preventive medicine reports*, 8, 67–71. <https://doi.org/10.1016/j.pmedr.2017.08.005>
- Mehta, C. M., Arnett, J. J., Palmer, C. G., & Nelson, L. (2020). Established adulthood: A new conception of ages 30 to 45. *American Psychologist*, 75(4), 431–444. <https://doi.org/10.1037/amp0000600>

- Musicant, O., Lotan, T., Grimberg, E., Shani, M., & Albert, G. (2015). Frequency and patterns of smartphone use while driving: Evidence from self-reports. *Transportation Research Board 94th Annual Meeting Transportation Research Board*.
<https://trid.trb.org/view/1337442>
- Nikolić, A., Bukurov, B., Kocić, I., Vuković, M., Ladjevic, N., Vrhovac, M., Pavlović, Z., Grujičić, J., Kisić, D., & Šipetić-Grujičić, S. (2023). Smartphone addiction, sleep quality, depression, anxiety, and stress among medical students. *Frontiers in Public Health*, 11.
<https://doi.org/10.3389/fpubh.2023.1252371>
- Nielsen (2020). The Nielson total audience report: April 2020.
<https://www.nielsen.com/us/en/insights/report/2020/the-nielsen-total-audience-report-april-2020/>
- Owen, N., Sparling, P. B., Healy, G. N., Dunstan, D. W., & Matthews, C. E. (2010). Sedentary behavior: emerging evidence for a new health risk. *Mayo Clinic proceedings*, 85(12), 1138–1141. <https://doi.org/10.4065/mcp.2010.0444>
- Ostic, D., Qalati, S. A., Barbosa, B., Shah, S. M. M., Galvan Vela, E., Herzallah, A. M., & Liu, F. (2021). Effects of social media use on psychological well-being: A mediated model. *Frontiers in psychology*, 12, 678766. <https://doi.org/10.3389/fpsyg.2021.678766>
- Pedersen, J., Rasmussen, M., Sørensen, S. O., Mortensen, S. R., Olesen, L. G., Brage, S., Kristensen, P. L., Puterman, E., & Grøntved, A. (2022). Effects of limiting digital screen use on well-being, mood, and biomarkers of stress in adults. *NPI Mental Health Research*, 1(1). <https://doi.org/10.1038/s44184-022-00015-6>
- Petrosyan, A. (2023, March 31). *Adults worldwide using personal smartphones for business activities 2021, by country*. Statista. <https://www.statista.com/statistics/1147490/share-adults-use-personal-smartphone-business-activities-by-country/>

Pew Research Center. (2021). Mobile fact sheet. Pew Research Center: Internet, Science & Tech.

<https://www.pewresearch.org/internet/fact-sheet/mobile/>

Ramsey Buchanan, L., Rooks-Peck, C. R., Finnie, R. K. C., Wethington, H. R., Jacob, V.,

Fulton, J. E., Johnson, D. B., Kahwati, L. C., Pratt, C. A., Ramirez, G., Mercer, S. L.,

Glanz, K., & Community Preventive Services Task Force (2016). Reducing Recreational

Sedentary Screen Time: A Community Guide Systematic Review. *American journal of*

preventive medicine, 50(3), 402–415. <https://doi.org/10.1016/j.amepre.2015.09.030>

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of

psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–

1081. <https://doi.org/10.1037/0022-3514.57.6.1069>

Ryff, C. D., Almeida, D. M., Ayanian, J. S., Carr, D. S., Cleary, P. D., Coe, C., ... Williams, D.

(2007). *National Survey of Midlife Development in the United States (MIDUS II), 2004-*

2006: Documentation of the Psychosocial Constructs and Composite Variables in

MIDUS II Project I. Ann Arbor, MI: Inter-university Consortium for Political and Social

Research. <https://doi.org/10.3886/ICPSR04652.v8>

Sagong, H., & Yoon, J. Y. (2022). The effects of smartphone use on life satisfaction in older

adults. *CIN: Computers, Informatics, Nursing*, 40(8), 523–530.

<https://doi.org/10.1097/cin.0000000000000867>

Screen time and children. (2020). American Academy of Child & Adolescent Psychiatry.

[https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Watching-TV-054.aspx)

[Guide/Children-And-Watching-TV-054.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Watching-TV-054.aspx)

Sharma, M. K., John, N., & Sahu, M. (2020). Influence of social media on mental health: a

systematic review. *Current opinion in psychiatry*, 33(5), 467–475.

<https://doi.org/10.1097/YCO.0000000000000631>

Schuster, A. M., Cotten, S. R., & Meshi, D. (2022). Established adults, who Self-Identify as smartphone and/or social media overusers, struggle to balance smartphone use for personal and work purposes. *Journal of Adult Development*, 30(1), 78–89.

<https://doi.org/10.1007/s10804-022-09426-3>

Sheremetov, D., & Slesar, M., (2023, August 22). Mobile app development: How to make Money with free mobile apps? *Onix*. <https://onix-systems.com/blog/how-mobile-developers-make-money-from-free-apps>

Simon, M. (2023). iOS Screen Time vs. Android Digital Wellbeing. *Macworld*.

<https://www.macworld.com/article/231723/android-digital-wellbeing-vs-ios-screen-time.html>

Smith, A. (2015). *A “week in the life” analysis of smartphone users*. Pew Research Center: Internet, Science & Tech. <https://www.pewresearch.org/internet/2015/04/01/chapter-three-a-week-in-the-life-analysis-of-smartphone-users/>

Song, C. E., & Sela, A. (2022). Phone and self: How smartphone use increases preference for uniqueness. *Journal of Marketing Research*, 60(3), 473–488.

<https://doi.org/10.1177/00222437221120404>

Stocchi, L., Pourazad, N., Michaelidou, N., Tanusondjaja, A., & Harrigan, P. (2021). Marketing research on Mobile apps: past, present and future. *Journal of the Academy of Marketing Science*, 50(2), 195–225. <https://doi.org/10.1007/s11747-021-00815-w>

Strasburger, V. C., Hogan, M. J., Mulligan, D. A., Ameenuddin, N., Christakis, D. A., Cross, C., Fagbuyi, D. B., Hill, D. L., Levine, A. E., McCarthy, C., Moreno, M. A., & Swanson, W. S. L. (2013). Children, adolescents, and the media. *Pediatrics*, 132(5), 958–961.

<https://doi.org/10.1542/peds.2013-2656>

- Studer, J., Marmet, S., Wicki, M., Khazaal, Y., & Gmel, G. (2022). Associations between smartphone use and mental health and well-being among young Swiss men. *Journal of Psychiatric Research*, 156, 602–610. <https://doi.org/10.1016/j.jpsychires.2022.10.036>
- Syvertsen, A., Ortiz de Gortari, A. B., King, D. L., & Pallesen, S. (2022). Problem mobile gaming: The role of mobile gaming habits, context, and platform. *Nordic Studies on Alcohol and Drugs*, 39(4), 362–378. <https://doi.org/10.1177/14550725221083189>
- Thorburn, E., Pope, R., & Wang, S. (2021). Musculoskeletal symptoms among adult smartphone and tablet device users: a retrospective study. *Archives of physiotherapy*, 11(1), 1. <https://doi.org/10.1186/s40945-020-00096-6>
- Trott, M., Driscoll, R., Irlado, E., & Pardhan, S. (2022). Changes and correlates of screen time in adults and children during the COVID-19 pandemic: A systematic review and meta-analysis. *EClinicalMedicine*, 48, 101452. <https://doi.org/10.1016/j.eclinm.2022.101452>
- Twenge, J. M., & Campbell, W. K. (2018). Associations between screen time and lower psychological well-being among children and adolescents: Evidence from a population-based study. *Preventive medicine reports*, 12, 271–283. <https://doi.org/10.1016/j.pmedr.2018.10.003>
- Wagner, B. E., Folk, A. L., Hahn, S. L., Barr-Anderson, D. J., Larson, N., & Neumark-Sztainer, D. (2021). Recreational Screen Time Behaviors during the COVID-19 Pandemic in the U.S.: A Mixed-Methods Study among a Diverse Population-Based Sample of Emerging Adults. *International Journal of Environmental Research and Public Health*, 18(9), 4613. <https://doi.org/10.3390/ijerph18094613>
- Wang H. Z., Sheng J. R., Wang J. L. (2019). The association between mobile game addiction and depression, social anxiety, and loneliness. *Frontiers in Public Health*, 7, Article 247. <https://doi.org/10.3389/fpubh.2019.00247>
- Woyke, E. (2014). *The smartphone: Anatomy of an industry*. The New Press.

Yang, C. C., Li, C. L., Yeh, T. F., & Chang, Y. C. (2022). Assessing Older Adults' Intentions to Use a Smartphone: Using the Meta-Unified Theory of the Acceptance and Use of Technology. *International journal of environmental research and public health*, 19(9), 5403. <https://doi.org/10.3390/ijerph19095403>

Appendix 3b: Example of an Approved Dissertation Proposal
(included by permission of the author)

The Relationship between PTSD Severity and Help-Seeking Attitudes in Human Trafficking
Survivors

Stacy Farese

Department of Education and Counseling, Rivier University

Dissertation Proposal

Dr. Elizabeth Harwood

May 5, 2024

Abstract

Human trafficking is a severe problem that affects millions of people around the world. There are two significant types of trafficking: labor and sex trafficking. Labor trafficking often involves the involuntary and unpaid work of people who are trapped or coerced into forced labor situations. Sex trafficking involves commercial sexual exploitation, with mostly women and girls being targeted. Unfortunately, it can be challenging to identify and help those caught in trafficking situations. Instances of trafficking are often not accounted for. This is due to individuals' inability to recognize victimization, fear of reporting, and lack of databases tracking incidents (Allan et al., 2023). Trafficking survivors often experience lasting impacts, including trauma and significant levels of PTSD. Survivors would likely benefit from receiving mental health support services; however, trafficking survivors often face barriers to help-seeking. Research surrounding help-seeking attitudes of human trafficking survivors is limited. The present study aims to examine the relationship between PTSD severity and help-seeking attitudes of survivors.

Keywords: *human trafficking, PTSD, trauma, help-seeking attitudes*

Statement of Problem

Human trafficking is a significant global issue, with approximately 50 million people worldwide in modern slavery (International Labour Organization [ILO] et al., 2022), a substantial increase from 40.3 million victims of human trafficking in 2017 (Marburger & Pickover, 2020). Studies indicate that human trafficking survivors (HTS) often have histories of multiple, repeated, or complex trauma (Brady et al., 2021). Exposure to repeated traumas increases the likelihood of developing PTSD and other disorders. According to Back et al. (2022), the risk of developing other mental health disorders, employment and relationship issues, medical problems, and suicidality increases if PTSD and trauma are left untreated. Hopper and Gonzalez (2018) found that those who identified higher levels of symptoms were less likely to have received mental health services. Sex trafficking survivors tend to have lengthy trauma histories with an increased likelihood of developing PTSD and complex PTSD (Hopper & Gonzalez, 2018). More research is needed on informed practices and interventions for human trafficking victims (Brady et al., 2021; Cunha et al., 2022). Furthermore, trauma-informed and empirical approaches for trafficking survivors have not been developed. Research is additionally needed on adult survivors of sex trafficking to increase understanding of risk factors for being trafficked, services to survivors, and improved prevention strategies (Allan et al., 2023). Trafficking survivors display a critical need for treatments due to the increased likelihood of experiencing mental health concerns. Despite the need for mental health care, trafficking survivors may not pursue or have access to mental health treatment.

Justification

These reasons demonstrate the importance of making sure trafficking survivors receive appropriate and effective treatment. Unfortunately, this population often experiences barriers to

receiving evidence-based treatments due to legal issues, financial issues, homelessness, shame, fear, and mistrust (Brady et al., 2021). Furthermore, many HTS may not seek services from a professional due to hesitancy to access treatment, providers not meeting client needs, or logistical barriers to getting treatment (Hopper & Gonzalez, 2018). Research with other trauma and PTSD survivors is conflicting on whether higher levels of PTSD tend to decrease mental health help-seeking attitudes. A systematic review of research on adults with PTSD found that PTSD severity was positively correlated with help-seeking (Smith et al., 2020). However, Smith and colleagues (2020) also found that PTSD symptomatology can be a barrier to help-seeking due to fears of having to relive trauma experiences in therapy and not feeling ready for treatment. Hornbeck and colleagues (2016) completed a survey on U.S. veterans with PTSD. They found that veterans with high levels of PTSD are less willing to access services and endorse less treatment necessity. According to Richards and Lynham (2014), there is limited research on the overall help-seeking of trafficking survivors. Given the limited research on trafficking survivors' mental health help-seeking and the divided literature on PTSD severity and help-seeking, there is a need to address this gap.

The current study will explore the relationship between PTSD symptom severity and help-seeking attitudes of HTS. This research may help gain insight into how these variables impact access to treatment. Human trafficking survivors' views about participation in trauma therapy are not well known, and uncovering more about this area can help advance future research on survivors' attitudes surrounding mental health treatment. Knowledge about survivors' attitudes regarding mental health treatment may allow researchers to determine the probability of engaging in services. This information can help shape the direction of future

quantitative studies to establish effective treatments tailored to the unique needs of HTS and find ways to increase participation in services.

Literature Review

What is Human Trafficking?

According to the United States Trafficking Victims Protection Act (2000), human trafficking is a form of modern slavery, and it is the most prominent form of slavery present in the world. The two most common forms of human trafficking include sex trafficking and forced labor trafficking. Marburger and Pickover (2020) estimate that international profits from human trafficking are \$150 billion, with \$99 billion being from sex trafficking. It is also essential to distinguish between the terms human trafficking victim and survivor. A trafficker actively controls a victim, and a survivor is a person who has escaped and is no longer being trafficked (Marburger & Pickover, 2020). Woldehanna and colleagues (2023) define survivors as those with lived experience of human trafficking. A victim of human trafficking can be any age, gender, sexual orientation, race, or nationality (Marburger & Pickover, 2020).

Sex Trafficking

The United States federal definition of sex trafficking is “the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act” (Trafficking Victims Protection Act, 2000, p. 7). Hopper and Gonzalez (2018) report that sex trafficking may be enforced through the use of prostitution, pornography, escort services, exotic dancing, and other forms of exploitation. Five million adults and children are sexually exploited internationally, though this number likely increased during COVID-19 (Allan et al., 2021; International Labour Organization et al., 2022). According to the United Nations Office on Drugs and Crime (UNODC) 2020 data on sex trafficking victims in 104 countries, 91% of sex

trafficking victims were female, with women and girls accounting for 64% and 27%, respectively (UNODC, 2020). These statistics demonstrate how gender is often a risk factor for sex trafficking vulnerability. Other risk factors include “poverty, the lack of access to education, chronic unemployment, discrimination, and the lack of economic opportunities in countries of origin” (Trafficking Victims Protection Act, 2000, p. 3). Many individuals are trafficked into the international sex trade by force, fraud, or coercion, and traffickers commonly target those who are vulnerable (Trafficking Victims Protection Act, 2000).

Labor Trafficking

According to the United States federal definition, labor trafficking is “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery” (Trafficking Victims Protection Act, 2000, p. 7). Hopper and Gonzalez (2018) indicate that labor trafficking can include forced labor, debt bondage, forced child labor, and involuntary domestic servitude through the use of control by traffickers. Labor trafficking occurs in various economic areas including agriculture, construction, the fishing industry, mining, street vending, and domestic servitude (UNODC, 2020). Labor trafficking develops from the deterioration of labor rights, including lower salaries, longer working hours, reduced protections for workers, and informal employment (UNODC, 2020). According to the UNODC (2020) data on labor trafficking victims in 104 countries, labor trafficking victims were 56% men, 27% women, 12% boys, and 5% girls.

Risk Factors for Becoming a Human Trafficking Victim

Gender/Sexual Identity/Age. Research on trafficking vulnerabilities indicates that no gender is free from the risk of trafficking exploitation. However, women and girls appear to be

more susceptible to sex trafficking exploitation (Allan et al., 2023). The National Human Trafficking Resource Center (NHTRC) responded to 5,932 cases of sex trafficking in the United States from 2007 to 2012. More than 85 percent of sex trafficking cases involved women and girls, and 40 percent of labor trafficking cases involved men, while 61 percent involved women (NHTRC, 2013). NHTRC labor trafficking cases note higher numbers of male and foreign national victims compared to sex trafficking cases (NHTRC, 2013). The Trafficking Victims Protection Act of 2000 suggests that women and girls are predominantly targeted in the international sex trade. Increases in the international sex trade are linked to the low status of women in many parts of the world and because traffickers often target vulnerable women and girls. These vulnerabilities include being impacted by “poverty, the lack of access to education, chronic unemployment, discrimination, and the lack of economic opportunities in countries of origin” (Trafficking Victims Protection Act, 2000). Hopper (2024) suggests that the imbalance of resources and societal biases across race, class, gender, and sexual identity contribute to susceptibilities to labor and sex trafficking. Individuals growing up in communities with more limited resources or in dysfunctional households experience disadvantages, which may lead to susceptibilities to trafficking (Hopper, 2024).

LGBTQ+ individuals are at increased risk of being trafficked. Those who are part of the LGBTQ+ community are two times more likely to be sex trafficked than heterosexual individuals (Hogan & Roe-Sepowitz, 2023; Allan et al., 2023). The reason for this significant difference in susceptibility is suspected to be due to an increased chance of abandonment and family conflict, which often leads to homelessness (Hogan & Roe-Sepowitz, 2023; Allan et al., 2023). A study by Hopper and Gonzalez (2018) found that transgender trafficking survivors are prone to rejection and abuse from family, peers, and the community. As a result, this

discrimination increases the chance of being displaced from home and being susceptible to exploitation.

Age is another risk factor for trafficking. Children are at a greater risk for trafficking because they are significantly more vulnerable to exploitation than adults (National Human Trafficking Resource Center, 2013). Youth are also more vulnerable to a sex trafficker's pursuits because of age and inexperience (Hogan & Roe-Sepowitz, 2023). LGBTQ+ youth are even more likely to experience sexual violence and exploitation (Hogan & Roe-Sepowitz, 2023). Additionally, children in the child welfare system often lack stable living environments, which increases the risk of trafficking exposure (Hopper, 2024).

Shelter/SES. According to Hogan & Roe-Sepowitz (2023), sex trafficking impacts all communities in the United States regardless of wealth and location. However, economic vulnerability is connected to the increased risk of sexual exploitation of children (Franchino-Olsen, 2021), and running away is the greatest risk factor for child sex trafficking (Fedina et al., 2019). Youth are at remarkable risk of sexual exploitation following running away from home because runaway youth are prone to engaging in survival sex to meet their basic needs (Fedina et al., 2019). Survival sex is defined as the selling or exchanging of sex for money, food, drugs, and shelter (Franchino-Olsen, 2021). According to Maslow's (1943) research on the hierarchy of human needs, basic needs like water, food, shelter, and sleep precede safety and security needs. Maslow (1943) suggests, "A person who is lacking food, safety, love, and esteem would most probably hunger for food more strongly than for anything else" (pg. 5). Hopper (2024) implies that when someone cannot meet their basic physiological needs, they may take substantial risks to change their current situation.

According to the National Survivor Study (NSS), a science-based research project to create awareness around trafficking experiences, poverty is a vulnerability for being a victim of trafficking (Woldehanna et al., 2023). Unfortunately, the end of one's trafficking experience does not remove poverty as a vulnerability. Survivors living in poverty or near poverty often work more than one job, are two times less likely than the general population to have a bank account, and struggle to make ends meet (Woldehanna et al., 2023). Survivors are also behind the rest of the US population financially, with 43 percent of respondents of the National Survivor Study making under \$25,000 per year compared to 26 percent of the general US population (Woldehanna et al., 2023).

Mental Health/ACE's. The original Adverse Childhood Experiences study was done by Felitti and colleagues (1998). They developed a questionnaire at the Kaiser Permanente San Diego Health Appraisal Clinic and received 9,508 adult responses. They found a strong relationship between abuse or household dysfunction in childhood and increased risk factors for leading causes of death in adults. Childhood abuses that were studied included psychological abuse, physical abuse, and sexual abuse. Household dysfunction exposures included exposure to substance use, mental illness, violent treatment of caregivers, and criminal behavior in the household (Felitti et al., 1998). They discovered a strong relationship between childhood adverse exposures and health issues, including heart disease, cancer, lung disease, skeletal fractures, liver disease, and poor self-ratings of health (Felitti et al., 1998). Furthermore, those with at least one ACE were more likely to be additionally exposed to others (Felitti et al., 1998). Those with higher ACEs were also more likely to experience a suicide attempt and higher prevalence of alcoholism, use of illicit drugs, report 50 or more sexual intercourse partners, and increased prevalence of sexually transmitted diseases (Felitti et al., 1998; Morse et al., 2018). Research on

ACEs indicates a connection between childhood experiences and later health issues and social problems (Morse et al., 2018). Such social issues might include mental health concerns, poverty, homelessness, unemployment, unequal opportunities, and other vulnerabilities. It is evident that those with a history of ACEs face added challenges in life following adversity, and these studies indicate a need for prevention efforts and intervention services for survivors of ACEs (Morse et al., 2018).

Similarly, children who have had exposure to ACEs, are at greater risk for being exploited and trafficked. A study by Reid and colleagues (2019) reviewed the predominant ACEs and health risks among trafficked adolescents. Their findings demonstrate that trafficked adolescents who reported juvenile human trafficking (JHT) abuse noted histories of child maltreatment and internalizing health risk behaviors including self-harm and substance use. They also found that the adolescent profile most at risk for JHT includes runaway adolescents with a history of foster care involvement. Other studies show the most common risk factor for commercial sexual exploitation of children (CSEC) is childhood abuse (Fedina et al., 2019; Franchino-Olsen, 2021; Hopper, 2024). Childhood abuse, especially sexual abuse, may be the fundamental contributing factor to running away from home which makes individuals increasingly more susceptible to CSEC (Franchino-Olsen, 2021). Fedina and colleagues (2019) researched risk factors for child sex trafficking and early entrance into the commercial sex trade. Significant risk factors for child sex trafficking include runaway behaviors, childhood abuse, history of rape and sexual assault, and history of victimization (Hopper et al., 2024; Fedina et al., 2019; Reid et al., 2019). Most child sex-trafficking victims participated in their first commercial sex act between ages 14 and 17 (Fedina et al., 2019), indicating early exposure to the sex service industry. The National Survivor Study found that trafficking results from a series of failed

systems to protect those in danger of abuse, including vulnerable children never being identified by the child welfare system or those who were identified only after exploitation began (Woldehanna et al., 2023). Identification of trafficking victims is an issue, and there is a clear need to recognize potential victimization early to prevent exposure to the sex trafficking industry.

Hopper (2024) also suggests that individual risk factors for trafficking include higher rates of mental health diagnoses, problem substance use, and having a disability. Adolescents with increased psychiatric issues are at greater risk for domestic minor sex trafficking (Lindahl et al., 2023). Lindahl and colleagues (2003) imply that identifying children at risk for domestic minor sex trafficking (DMST) is a difficult task for providers in the United States. The National Human Trafficking Resource Center (NHTRC) found that many trafficked minors had previous interactions with child welfare services while being trafficked. However, providers are not always able to identify the signs and risk factors for minor sex trafficking, which interferes with prevention and early intervention. Reid and colleagues (2019) suggested that law enforcement, child protective investigators, and child service providers are the most able to identify, refer for services, and protect children at risk for human trafficking. Unfortunately, Vieth (2006) suggests that these individuals are not always prepared with the training and resources to detect and respond to these situations appropriately. Vieth (2006) notes that universities and training programs should invest in properly training personnel such as teachers, social workers, medical professionals, law enforcement, and lawyers in detecting and protecting children from abuse.

Support System. Individuals who do not have a consistent and supportive network may be at risk of trafficking. Isolation or alienation from a support network can increase susceptibility to trafficking. This might include separation from loved ones, rejection due to discrimination or

disability, and illness, incapacity, or death of loved ones (Hopper, 2024). Traffickers often isolate victims by separating them from supports to maintain power and control (Hopper, 2024).

In summary, a history of sexual abuse, involvement in foster care, history of running away, substance use, mental health concerns, involvement in the justice system, peer or family influence, being a part of the LGBTQ+ community, and cognitive or physical disabilities are all risk factors for trafficking exploitation (Allan et al., 2023).

Protective Factors for Preventing Victimization

Many factors make people vulnerable to human trafficking, and many influences can assist in the prevention of entering a trafficking situation. Protective factors against human trafficking can be evaluated through an ecological viewpoint as there are societal, community, relational, and individual considerations (Hopper, 2024). Promotion of social and economic equality throughout systems like immigration, child welfare, criminal justice, and legislation may help initiate positive change (Hopper, 2024). Juvenile justice systems can consider nonpunitive interventions for minors with histories of running away and trafficking, increase access to trauma-informed care, substance treatment, safety planning, risk assessment, trauma-informed foster care placement, and reentry support services following incarceration (Hopper, 2024).

Hopper (2024) also suggests initiating worker protection laws to limit work time, increase health and safety protections, and promote the right to organize and receive benefits. Other community-level interventions include incorporating trauma-informed care into various systems including schools, social welfare, government, and health care. These proposals include training professionals to recognize signs of trafficking, developing awareness campaigns about the harms of labor and sex trafficking, increasing the public's knowledge about problems associated with human trafficking, and spending-shift campaigns to encourage consumers to refrain from buying

goods made under harmful conditions (Hopper, 2024). Communities can encourage economic equity and stability by increasing opportunities for employment, job training, affordable childcare for parents, and programs for housing, food, and health care. Educational initiatives may include literacy programs, early childhood education, vocational training, and higher education. Schools can also communicate information on online safety, safe dating, and healthy relationships (Hopper, 2024). These are some helpful societal and community practices that could assist in the reduction of trafficking rates.

There are also individual protective factors that can help prevent trafficking. Advantageous Childhood Experiences are counter to ACEs, and Crandall and colleagues (2019) found that counter-ACEs protect against negative adult health outcomes and lead to improved adult well-being. Counter-ACEs include exposure to protective factors like interpersonal connection, school engagement, familial warmth and support, high parental education, housing stability, and high emotional support (Crandall et al., 2019; Hopper, 2024). Other important protective factors include providing parenting guidance to foster family cohesion and promote healthy attachment formation, family counseling, and increasing access to resources, social services, and prevention programs. Developing life skills like self-care, financial literacy, vocational skills, education, and stable employment can also be beneficial for prevention (Hopper, 2024). Additionally, having a strong social support network is a significant protective factor to decrease isolation and vulnerability to trafficking. Hopper (2024) suggests that even for youth who have limited relationships with caregivers, having at least one consistent and supportive relationship with an adult is a protective factor from trafficking. Knight and colleagues (2023) interviewed 16 survivors of trafficking to understand survivors' own perspectives on risk and protective factors. They found that survivors described altruistic

activities as helpful in promoting resilience during and after trafficking experiences. Helping others provided a sense of meaning and purpose, nurtured positive emotions, helped build self-worth, and encouraged perseverance to heal and grow despite difficult circumstances (Knight et al., 2019). They also found that detrimental help endangered the resilience of survivors. Some examples of harmful interventions include unrealistic expectations that create obstacles between clients and aid, high costs to access services, and barriers to services (Knight et al., 2019). Supports and services that are inclusive, survivor-centered, and trauma-informed were found to be most effective (Knight et al., 2019). This information demonstrates the importance of prevention programs, early protective factors, trauma-informed care for individuals and caregivers, and increasing access and limiting barriers to services.

Who are the Traffickers?

Most perpetrators of sex trafficking are men; however, female perpetrators of sex trafficking are increasing (Allan et al., 2023). Traffickers entice women and children through fake promises of suitable employment as nannies, maids, dancers, factory workers, restaurant workers, salesclerks, or models (Trafficking Victims Protection Act, 2000). Traffickers often purchase children from underprivileged families and sell them into prostitution or forced labor (Trafficking Victims Protection Act, 2000). Many individuals are trafficked into the international sex trade by force, fraud, or coercion. Migration status can contribute to exploitation. Trafficking victims without authorization to work or stay in the country of exploitation face additional vulnerability (UNODC, 2020). Methods of recruitment used by traffickers include trust development like showing attention or giving gifts, recruiting through existing relationships, and maintaining the relationship through deception, psychological control, and threats (Allan et al., 2023). The international sex trade tends to involve the sexual exploitation of people through

prostitution, pornography, sex tourism, and other commercial sexual services. International sex traffickers often target vulnerable women and girls, and unfortunately, the low status of women in many parts of the world contributes to the increase in the sex trade. Such vulnerabilities that women and girls experience include poverty, lack of education access, unemployment, discrimination, and lack of financial prospects in their home countries (Trafficking Victims Protection Act, 2000). Individual traffickers operate on their own. Organized crime groups can also be involved in trafficking people. Unfortunately, organized criminal groups tend to traffic more victims for longer periods of time and use more violence than individual traffickers (UNODC, 2020).

Effects of Human Trafficking

Mental Health

PTSD. PTSD is defined as a chronic mental health disorder that has four symptom clusters, including recurrent intrusive memories, avoidance, negative cognitions and mood, and arousal and reactivity experienced following a traumatic event (APA, 2022; Monson et al., 2016; Roberts et al., 2021).

The first component of a PTSD diagnosis is the requirement of Criterion A. Criterion A references the specifics of the traumatic experience. This definition includes directly experiencing a traumatic event, witnessing a trauma event, and/or learning of a close family member or friend's experience of the trauma event (APA, 2022; Monson et al., 2016). Criteria B through E focus on the symptomatology of PTSD. Criterion B refers to the presence of one more intrusion symptoms, including recurrent memories of the trauma, recurrent dreams related to the event, dissociative reactions or flashbacks of the event, intense psychological distress when

triggered by cues relating to the event, and/or physiological reactions to triggers of the event (APA, 2022).

Criterion C involves the presence of one or both avoidance symptoms, including avoidance of distressing thoughts, memories, and feelings of the trauma event and/or avoidance of external reminders like people, places, objects, or situations associated with the trauma (APA, 2022). Criterion D includes two or more negative changes in cognitions or mood relating to the trauma event. These symptoms include loss of memory of the event or details, negative beliefs about self, the world, and others, distorted thinking about the cause of the event that contributes to self-blame, a continual negative emotional state, decreased interest in or participation in activities, feelings of detachment from others, and inability to experience positive emotions (APA, 2022). Criterion E refers to two or more emotional reactivity symptoms: irritability and angry outbursts, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, concentration issues, and/or sleep disturbance (APA, 2022).

PTSD in Trafficking Survivors. Oram and colleagues (2016) found that 25% of men and 59.2% of women from a group of survivors in England met the criteria for PTSD. Symptoms of complex PTSD (C-PTSD) appear to be present across research on trafficking survivors (Hopper & Gonzalez, 2018). This is likely due to the significant trauma experienced by trafficking survivors. Complex PTSD is not yet categorized as a distinct disorder in the DSM-5. However, C-PTSD was added to the *International Classification of Diseases and Related Health Problems* (ICD-11) in 2018 (World Health Organization [WHO], 2018). Trauma experts like Bessel van der Kolk (2014) argue for the inclusion of complex PTSD in the DSM-5. Experts explain that individuals with complex PTSD deal with profound dysfunction unique to individuals with lengthy histories of severe trauma. HTS often have complex trauma histories

due to the nature of their trauma experiences, including repeated trauma (van der Kolk., 2014), history of abuse or mistreatment during childhood (Allan et al., 2023), sexual trauma (Salami et al., 2018), and the struggle with shame and guilt following trafficking situations (Salami et al., 2018). Cloitre (2021) notes that individuals with C-PTSD experience additional symptoms to PTSD, including issues with emotion regulation, forming relationships, and issues with negative self-concept and identity. Research suggests that treatment for HTS should be similar to treatment for comparable experiences like those of domestic violence or torture survivors. Hossain and colleagues (2010) indicate that like torture survivors, trafficked women and girls are exposed to unpredictability in managing health and safety. For example, trafficking survivors may not be able to pick when they sleep and eat, which clients they see, whether they can use condoms for protection, and they are often punished by traffickers unexpectedly (Hossain et al., 2010). Nevertheless, there is limited research on the mental health consequences of trafficking (Hossain et al., 2010).

Research findings by Hossain and colleagues indicate that experiences of sexual violence are associated with higher levels of PTSD. Antonopoulou (2018) conducted a study to evaluate which PTSD symptoms are more likely to occur with specific types of trauma and whether certain types of trauma impact responses on trauma assessments. It was found that sex trafficking is most predictive of symptoms of shame and dissociation compared to spousal abuse and family abuse. Sex trafficking survivors were also more likely to have body-image issues, power-related issues, experiences of sexual abuse, and depression. Individuals with histories of sex trafficking were also at increased risk of developing other symptoms in addition to PTSD, like dissociation, depression, and shame.

Help-seeking attitudes of trafficking survivors. There is limited research on the help-seeking attitudes of human trafficking survivors. Richards and Lyneman's research (2014), funded by the Australian government and the Australian Institute of Criminology, studied help-seeking of trafficking victims and survivors involved in partner migration. According to Richards and Lyneman (2014), trafficking concerning partner migration involves situations where individuals are exploited in marriages and intimate relationships. These situations of exploitation may include "forced marriage, servile marriage, domestic servitude, sexual servitude, forced labor and other slavery-like conditions" (Richards & Lyneman, 2014, p. 2). They identified various barriers to help-seeking, including being unaware of services, not identifying their experience as domestic violence or exploitative, fearing punishment from spouses, trust in law enforcement and police, and a lack of adequate support when initially seeking help. They also found that immigrant women face additional vulnerabilities, including language barriers, social isolation, shame and stigma, lack of access to passports to escape an exploitative situation, and limited understanding of their residing country's culture and laws. It is recommended that understanding barriers and help-seeking of victims and survivors is necessary to support those trying to leave exploitative circumstances. Efforts should be made to educate communities and professionals from various disciplines, including health, mental health, child protection, domestic violence, migration, legal, and law enforcement about identifying and supporting human trafficking victims (Richards & Lyneman, 2014).

According to the National Human Trafficking Resource Center (NHTRC), there is a significant need for anti-trafficking services in the United States. During the NHTRC's first few years of making referrals, certain services were most requested by trafficking survivors in crisis, including emergency shelter, case management, extraction, transportation, and medical help. In

non-crisis cases, requested services included case management, shelter, legal services, and mental health services (NHTRC, 2013). Additionally, call volumes to the NHTRC hotline have grown due to increased awareness of human trafficking and the hotline number. The NHTRC hopes the creation of the hotline will continue to increase awareness of human trafficking in the United States and improve prevention and response efforts to trafficking. Despite this increased awareness, victims and survivors continue to face help-seeking barriers, including the need for available supports, financial barriers, and socioeconomic concerns. For example, 75 percent of survivors indicated a need for trauma-informed support at the end of the National Survivor Study (Woldehanna et al., 2023). Many respondents also expressed a need to find people and communities they can trust and stable employment. Many respondents were making unlivable salaries despite working multiple jobs, and more than half reported they did not have jobs that provided benefits, including health care, disability insurance, and retirement (Woldehanna et al., 2023). Survivors also noted other concerns like paying off debt, improving credit scores, and managing their health (Woldehanna et al., 2023). History of a criminal background is also a significant barrier to survivors' ability to move forward in their lives following trafficking. Respondents reported that 40 percent had criminal charges on their record, and 90 percent reported that the charges were related to being exploited (Woldehanna et al., 2023). It is a shame that survivors continue to experience the effects of exploitative circumstances and struggle to rebuild their lives even after exiting such situations. Poverty is a vulnerability for being a victim of trafficking, and unfortunately, the end of one's trafficking experience does not remove this vulnerability. These studies and statistics demonstrate the considerable barriers faced by trafficking victims and survivors and how such barriers might affect help-seeking attitudes, including views surrounding mental health treatment.

Treatment options. Despite the significant need for empirically supported treatments in HTS, there are no established effective treatments for this population (Cunha et al., 2022; Salami et al., 2018). Trauma-centered cognitive behavioral therapies (TC-CBTs), like prolonged exposure, are the most effective treatments for PTSD (Back et al., 2022; Van den Berk Clark et al., 2019), with research demonstrating TC-CBTs reduce PTSD symptoms, lessen sleep issues, and improve quality of life (Van den Berk Clark et al., 2019). TC-CBTs include cognitive processing therapy, narrative exposure therapy, and prolonged exposure. Prolonged exposure is a type of treatment that combines teaching coping skills and managing triggers with the use of imaginal and in-vivo exposure. Imaginal exposure involves exposing the individual to images, details, and memories of the trauma to decrease distressing effects (McLean et al., 2022). In-vivo exposure involves exposure to real-life trauma triggers and situations to help reduce fear and distress surrounding the trauma (McLean et al., 2022). Prolonged exposure therapy demonstrates promise in treating military veterans and may be one method of treatment for trafficking survivors with PTSD.

Even though prolonged exposure has not yet been researched in a trial with HTS, a study by Brady et al. (2021) demonstrates promise with narrative exposure therapy, another trauma-centered CBT. Narrative exposure therapy is an evidence-based trauma treatment that involves exposure through detailed narratives of trauma events (Brady et al., 2021). Repeated processing of these narratives helps reduce the terror associated with trauma memories and allows individuals to understand a more reasoned and balanced perspective of events (Brady et al., 2021). Cognitive processing therapy (CPT) involves the use of cognitive restructuring to challenge and change unhelpful thought patterns about a trauma experience (Salami et al., 2018). According to Salami et al. (2018), research suggests that CPT may be the more recommended treatment for trafficking survivors because CPT helps reduce feelings of shame and guilt often

experienced by HTS. Eye movement desensitization and reprocessing (EMDR) is another trauma-centered therapy that is regularly used to treat trauma and PTSD. EMDR applies exposure and bilateral eye movements to decrease stress from trauma (Salami et al., 2018). Research demonstrates that EMDR is more effective than waitlist controls. However, some research suggests EMDR is essentially exposure therapy (Salami et al., 2018). Future research should explore how different trauma treatments compare in working with HTS (Salami et al., 2018). Although there are no verified best practices and treatments for HTS, more research is needed to determine the best approaches that work with this resilient population.

Additionally, researchers suggest that individuals with significant trauma histories may benefit from a combination of therapies. Karatzias and Cloitre (2019) indicate that the best treatment approach for people with complex trauma may be to combine current therapies with other methods that address the difficulties individuals with complex PTSD experience. These difficulties include affect regulation, positive self-identity, relating to others, and more. However, more research is needed to determine which combination of treatments works best (Karatzias & Cloitre, 2019). Ringel (2014) proposes that adult survivors of sexual abuse may benefit from relational approaches used in combination with evidence-based treatments. For example, building trust through nonverbal relational processes between therapist and client is helpful when working with this population (Ringel, 2014). Cloitre (2021) suggests that C-PTSD treatment should use multi-method treatments that are personalized to the individual. This may involve interventions that focus on addressing disturbances in self-concept and may also require longer courses of treatment than regular PTSD treatment. Overall, research seems to suggest that treatment for PTSD and C-PTSD should be tailored to the type of trauma and stressors experienced by the individual (Cloitre, 2021).

Further, exposure treatment alone for complex trauma may not be the best approach since different types of traumas are associated with varying levels of PTSD severity, chronicity, and co-occurring disorders (McLean et al., 2022; Smith et al., 2016). McLean et al. (2022) specify that it may be best to use exposure treatment along with other approaches in situations of complex trauma, childhood trauma, and multiple traumas. According to Salami et al. (2018), research suggests that CPT may be the more recommended treatment for HTS because CPT helps reduce feelings of shame and guilt often experienced by survivors. Trafficking survivors have complex trauma histories due to the nature of their trauma experience through repeated trauma, power and control used by traffickers, breakdown of worth and self-esteem, sexual trauma, experience of dissociation, and comorbid substance use (Hossain et al., 2010).

Marburger and Pickover (2020) recommend counseling skills that integrate care between survivors and resources. This might include integrating care with law enforcement, families, legal personnel, and medical practitioners. They also suggest that counselors research various treatments to best support the client before providing services. It is also indicated that case management services should be provided first to ensure the survivor's basic needs are addressed even before counseling (Marburger & Pickover, 2020). Relating to Maslow's hierarchy of needs, it may be difficult for survivors to focus on their mental health if they are worried about more basic needs like food, finances, safety, and shelter. The literature suggests that an integrated approach may be most effective when working with individuals with complex trauma histories, including trafficking survivors.

The Present Study

Previous research indicates a need to better understand the experiences of human trafficking survivors, the effects of trafficking, and the barriers faced by victims and survivors

(Richards & Lyneman, 2014). This understanding would help communities and personnel support survivors more effectively. Studies demonstrate the difficult life circumstances that can lead to trafficking situations and the damaging impact of sexual and labor exploitation. Trafficking victims and survivors experience significant traumas and abuse that may contribute to the development of mental health disorders like depression, anxiety, and PTSD (Marburger & Pickover, 2020). Trafficking survivors are also prone to feelings of guilt, shame, and low self-esteem (Salami et al., 2018). These factors may impact the help-seeking attitudes of human trafficking survivors. Unfortunately, there is limited research available on mental health help-seeking attitudes of survivors despite a major need for these services. The present study will explore the relationship between PTSD severity and the help-seeking attitudes of survivors. Results from this study could be used in future research to understand barriers to mental health help-seeking among survivors, how to increase access to services, and eventually identify evidence-based treatments for working with trafficking survivors.

Research Questions and Hypotheses

The purpose of this study is to explore whether there is a relationship between the severity of PTSD symptoms and the help-seeking attitudes of human trafficking survivors (HTS).

H0: There is no relationship between severity of PTSD symptoms and Openness to Seeking Treatment

H1: There is a relationship between severity of PTSD symptoms and Openness to Seeking Treatment

H0: There is no relationship between severity of PTSD symptoms and Value and Need in Seeking Treatment

H2: There is a relationship between severity of PTSD symptoms and Value and Need in Seeking Treatment

Methods

Participants

Participants will be HTS currently receiving services through charity organizations for survivors in the United States and internationally. Four organizations have agreed to distribute a survey to trafficking survivors. Qualifying criteria for participants will include experiencing a history of trafficking, being English-speaking, age of at least 18 years old, and being connected with an agency for HTS. Exclusion criteria would include never experienced human trafficking, non-English speaking, or being under 18 years old. Demographic information will be collected from participants including gender, sexual identity, age, race and ethnicity, nationality, socioeconomic status (“Less than \$25,000”, “\$25,000 – \$49,999”, “\$50,000 – \$99,000”, “Over \$100,000”, level of education, employment status, marital status, country of residence, residing region in the US, type of trafficking experienced (“sex trafficking”, “labor trafficking”, “other”, prior mental health therapy (“yes” or “no”), and largest barrier to mental health therapy.

Participants will be willing participants and be allowed to drop out of the study at any time.

Sampling Procedure

This study will use a convenience sample of participants. Participants will be provided with an informed consent form to review and sign before completing the survey. A survey including demographic information will be created, and measures for PTSD severity and help-seeking attitudes will be included for participants to complete. Four human trafficking organizations in New England and Internationally have been contacted and agreed to help distribute surveys to survivors. A hyperlink to the survey will be provided to these organizations.

Survey completion will be incentivized to increase participation. Sample participants will each be sent a \$10 Amazon gift card via email once the survey is finished and submitted. Surveys will be anonymous as participants will not be asked for identifying information like name and birthdate. One organization noted a specific strategy they use to distribute surveys. This organization will post this researcher's contact information in their newsletter, which is sent to survivors at the beginning of each month. Participants will then contact this researcher for the survey if interested in participating. Once the survey is completed, this researcher will send the gift card to the participant and erase all contact with the participant.

Study Variables

PTSD symptom severity is the independent variable in this study. Some literature indicated that individuals with higher levels of distress or PTSD symptom severity are less likely to get help (Limowski et al., 2021; Smith et al., 2020). PTSD symptom severity is an interval scale of measurement and will be assessed using the Posttraumatic Stress Disorder Checklist-5 (PCL-5; Weathers et al., 1993; Weathers et al., 2013). The dependent variable is help-seeking attitudes. Help-seeking attitudes will be assessed using the Attitudes Toward Seeking Professional Psychological Help – Short Form (ATSPPH-SF; Fischer and Turner, 1970; Fischer and Turner, 1995).

Measures

PTSD Checklist-5

PTSD symptom severity will be measured using the PTSD Checklist-5 (PCL-5) for the quantitative portion of the study. The original PCL measure is operationally defined as a self-report rating scale for assessing post-traumatic stress disorder and was first developed using DSM-III criteria (Weathers et al., 1993). Since the first version of the PCL, it is currently one of

only a few PTSD self-report measures that have been updated to reflect DSM-5 criteria (Roberts et al., 2021). The first page of the PCL-5 assesses criterion A of a PTSD diagnosis. This involves asking the individual to identify if the trauma includes being involved directly in a stressful experience, witnessing an event, or learning about a stressful event happening to a family member or friend. The next part of the instructions asks the respondent to identify and briefly write about their “worst event” and then estimate how long ago the worst event happened. Criterion A also asks if the event involves “actual or threatened death, serious injury, or sexual violence” (Weathers, 2013). The National Center for PTSD indicates that the PCL-5 can be administered one of three ways, including with Criterion A, without Criterion A, and with the revised Life Events Checklist for DSM-5 (LEC-5) and the extended Criterion A assessment (Blevins et al., 2015). Criterion A can be omitted if trauma exposure is measured by some other method (Blevins et al., 2015). Since participants will be required to identify past exposure to trafficking in the demographics questionnaire, they likely have some level of PTSD due to trauma associated with trafficking experiences. Those without histories of trafficking will be excluded from the study. As such, it will not be necessary for participants to fill out Criterion A of the PCL-5. Removing Criterion A from the present study’s survey will additionally help prevent survey fatigue and the unnecessary potential to trigger participants. The second page of the PCL-5 includes the quantitative component of the scale. The instructions for this portion of the scale require the respondent to keep their worst event in mind and indicate how much the symptom has bothered them in the past month. There is a 5-point Likert scale for each item. The Likert scale ranges from 0-4 with a rating of 0 meaning “not at all” and up to a rating of 4 meaning “extremely.” A score between 31 and 33 indicates probable PTSD on the PCL-5 (National Centre for PTSD). Studies indicate that the PCL-5 demonstrates strong reliability and

validity, and it is an acceptable update to the original PCL (Roberts et al., 2021; Bovin et al., 2016; Blevins et al., 2015). The International Trauma Questionnaire (ITQ) was considered as a measure since it was created to differentiate the ICD-11 symptoms of both PTSD and CPTSD (Cloitre et al., 2018). Research indicates the IDQ is a psychometrically sound measure of ICD-11 PTSD and CPTSD (Camden et al., 2023; Cloitre et al., 2018). Despite reliable and valid preliminary research, some studies indicate a need for supplementary research to increase the generalizability of findings (Cloitre et al., 2018). The PCL-5 was chosen for the purposes of the current study since it aligns with DSM-5 criteria. Further, the PCL-5 can be used to screen individuals for PTSD and to make a provisional diagnosis of PTSD (National Centre for PTSD, n.d.). Future research may investigate comparison rates of PTSD and CPTSD among human trafficking survivors using the ITQ.

Attitudes Toward Seeking Professional Psychological Help Scale-Short Form

The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) is an updated 10-item short-form version (Fischer & Turner, 1995) of the original Attitudes Toward Seeking Professional Psychological Help Scale (Fischer and Turner, 1970). Research seems to agree that the most widely used and psychometrically evaluated measure for assessing treatment attitudes is the ATSPPH (Connor et al., 2018; Elhai et al., 2008). Many studies demonstrate psychometric support for both the ATSPPH and the ATSPPH-SF. However, the ATSPPH-SF is currently the most recognized and modernized measure for assessing mental health attitudes, and it exhibits adequate reliability and validity (Elhai et al., 2008). The current study changed the order of the Likert scale responses for the ATSPPH-SF to “disagree,” “partially disagree,” “partially agree,” and “agree.” This change was made to complement the response order of the PCL-5 and prevent confusion for participants during survey completion.

Authors of the ATSPPH-SF note that researchers may use this scale in any way that is helpful and contact for use is not necessary (Fischer & Farina, 1995). For the present study, help-seeking attitudes will be assessed by using two sub-scores of the ATSPPH-SF. The original authors of the ATSPPH-SF suggested a single total measure of attitude toward seeking professional help (Fischer & Farina, 1995). Conversely, subsequent researchers have found a one-factor model to be inconsistent, especially with its use across different cultural groups (Torres et al., 2021). Factor analysis of the ATSPPH-SF in later research found two independent dimensions that include Openness to Seeking Treatment and Value and Need in Seeking Treatment (Chen et al., 2021; Elhai et al., 2008; Torres et al., 2021). Therefore, this study will be using these two dimensions recommended by recent research rather than one total measure of help-seeking attitudes.

Analyses Tests of Association

Regression

A test of association, specifically a multiple linear regression, will be used. The study involves two interval variables, PTSD severity and help-seeking attitudes. Help-seeking attitudes will be assessed using two subscales, Openness to Seeking Treatment and Value and Need in Seeking Treatment. The purpose of the multiple regression is to see if there is a relationship between PTSD symptom severity and help-seeking attitudes of human trafficking survivors by assessing both Openness and Value and Need in Seeking Treatment. Some literature seems in agreement that PTSD severity and higher levels of distress seem to increase help-seeking (Hom et al., 2017; Seto et al., 2020). Hom and colleagues (2017) found that greater impairments from PTSD symptoms lead to increased treatment-seeking behaviors. A study by Seto and colleagues

(2020) assessed PTSD symptoms of psychiatric hospital staff exposed to trauma and discovered that almost half (42%) indicated a need for help to address their mental health. Other studies suggest increased PTSD severity seems to decrease help-seeking (Hornbeck et al., 2016; Limowski et al., 2021). Hornbeck and colleagues (2016) found that veterans with higher levels of PTSD are less likely to view peers as needing PTSD treatment. Limowski and colleagues (2021) studied PTSD symptoms in college students and found that students with more severe PTSD symptoms and emotional dysregulation exhibited more negative attitudes toward help-seeking. Previous research on the relationship between PTSD symptomatology and help-seeking seems to vary depending on the population, the uniqueness of PTSD symptoms for each individual, and different trauma experiences (Smith et al., 2020). Trafficking survivors likely have their own distinctive experiences with PTSD symptoms and help-seeking attitudes, and the current research hopes to explore this specific relationship further.

References

- Allan, C., Winters, G. M., & Jeglic, E. L. (2023). Current trends in sex trafficking research. *Current Psychiatry Reports*, 25(5), 175–182. <https://doi-org.rivier.idm.oclc.org/10.1007/s11920-023-01419-7>
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi-org.rivier.idm.oclc.org/10.1176/appi.books.9780890425787>
- Antonopoulou, C. (2018). Symptoms of post-traumatic stress disorder in victims of trafficking. In *Handbook of sex trafficking: Feminist transnational perspectives*. (pp. 273–286). Springer Nature Switzerland AG. https://doi-org.rivier.idm.oclc.org/10.1007/978-3-319-73621-1_31
- Back, S. E., Acierno, R., Saraiya, T. C., Harley, B., Wangelin, B., Jarnecke, A. M., McTeague, L. M., Brown, D. G., Ana, E. S., Rothbaum, A. O., & Adams, R. J. (2022). Enhancing prolonged exposure therapy for PTSD using physiological biomarker-driven technology. *Contemporary Clinical Trials Communications*, 28. <https://doi-org.rivier.idm.oclc.org/10.1016/j.conctc.2022.100940>
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The posttraumatic stress disorder checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress*, 28(6), 489–498. <https://doi-org.rivier.idm.oclc.org/10.1002/jts.22059>
- Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2016). Psychometric properties of the PTSD Checklist for Diagnostic and

- Statistical Manual of Mental Disorders–Fifth Edition (PCL-5) in veterans. *Psychological Assessment*, 28(11), 1379–1391. <https://doi-org.rivier.idm.oclc.org/10.1037/pas0000254>
- Brady, F., Chisholm, A., Walsh, E., Otisova, L., Bevilacqua, L., Mason, C., von Werthern, M., Cannon, T., Curry, C., Komolafe, K., Robert, R., Robjant, K., & Katona, C. (2021). Narrative exposure therapy for survivors of human trafficking: Feasibility randomised controlled trial. *BJPsych Open*, 7(6), <https://doi-org.rivier.idm.oclc.org/10.1192/bjo.2021.1029>
- Camden, A. A., Petri, J. M., Jackson, B. N., Jeffirs, S. M., & Weathers, F. W. (2023). A psychometric evaluation of the International Trauma Questionnaire (ITQ) in a trauma-exposed college sample. *European Journal of Trauma & Dissociation*, 7(1). <https://doi-org.rivier.idm.oclc.org/10.1016/j.ejtd.2022.100305>
- Chen, P., Liu, X. J., Wang, X. Q., Yang, B. X., Ruan, J., & Liu, Z. (2020). Attitude toward seeking professional psychological help among community-dwelling population in China. *Frontiers in Psychiatry*, 11. <https://doi-org.rivier.idm.oclc.org/10.3389/fpsyt.2020.00417>
- Cloitre, M. (2021). Complex PTSD: Assessment and treatment. *European Journal of Psychotraumatology*, 12(S1). <https://doi-org.rivier.idm.oclc.org/10.1080/20008198.2020.1866423>
- Cloitre, M., Shevlin, M., Brewin, C. R., Bisson, J. I., Roberts, N. P., Maercker, A., Karatzias, T., & Hyland, P. (2018). The International Trauma Questionnaire: Development of a self-report measure of ICD-11 PTSD and complex PTSD. *Acta Psychiatrica Scandinavica*, 138(6), 536–546. <https://doi-org.rivier.idm.oclc.org/10.1111/acps.12956>

- Conner, K. O., Rigg, K., Lan Yu, Hongdao Meng, Pilkonis, P., & Brown, C. (2018). Psychometric Properties of the Attitudes toward Seeking Mental Health Treatment Scale. *Journal of Cultural Diversity*, 25(1), 23–31.
- Crandall, A., Miller, J. R., Cheung, A., Novilla, L. K., Glade, R., Novilla, M. L. B., Magnusson, B. M., Leavitt, B. L., Barnes, M. D., & Hanson, C. L. (2019). ACEs and counter-ACEs: How positive and negative childhood experiences influence adult health. *Child Abuse & Neglect*, 96. <https://doi-org.rivier.idm.oclc.org/10.1016/j.chiabu.2019.104089>
- Cunha, A., Martinho, G., Gonçalves, M., & Matos, M. (2022). Addressing the psychological trauma in human trafficking victims: A brief review. *Psychological Trauma: Theory, Research, Practice, and Policy*. <https://doi-org.rivier.idm.oclc.org/10.1037/tra0001341.supp> (Supplemental)
- Elhai, J. D., Schweinle, W., & Anderson, S. M. (2008). Reliability and validity of the attitudes toward seeking professional psychological help scale-short form. *Psychiatry research*, 159(3), 320-329. <https://doi-org.rivier.idm.oclc.org/10.1016/j.psychres.2007.04.020>
- Fedina, L., Williamson, C., & Perdue, T. (2019). Risk factors for domestic child sex trafficking in the United States. *Journal of Interpersonal Violence*, 34(13), 2653–2673. <https://doi-org.rivier.idm.oclc.org/10.1177/0886260516662306>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.

- Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of college student development*, 36(4), 368–373.
- Fischer, E. H., & Turner, J. I. (1970). Orientations to seeking professional help: Development and research utility of an attitude scale. *Journal of Consulting and Clinical Psychology*, 35(1, Pt.1), 79–90. <https://doi.org/10.1037/h0029636>
- Franchino-Olsen, H. (2021). Vulnerabilities relevant for commercial sexual exploitation of children/domestic minor sex trafficking: A systematic review of risk factors. *Trauma, Violence & Abuse*, 22(1), 99–111. <https://doi-org.rivier.idm.oclc.org/10.1177/1524838018821956>
- Karatzias, T., & Cloitre, M. (2019). Treating adults with complex posttraumatic stress disorder using a modular approach to treatment: Rationale, evidence, and directions for future research. *Journal of Traumatic Stress*, 32(6), 870–876. <https://doi-org.rivier.idm.oclc.org/10.1002/jts.22457>
- Knight, L., Ploss, A., Benavides, J., & Yoon, S. (2023). A qualitative study of risk and protective factors for resilience in survivors of sex trafficking. *Violence Against Women*, 29(15/16), 3302–3324. <https://doi-org.rivier.idm.oclc.org/10.1177/10778012231192587>
- Kolk, B., & Najavits, L. M. (2013). Interview: What is PTSD really? Surprises, twists of history, and the politics of diagnosis and treatment. *Journal of Clinical Psychology*, 69(5), 516–522. <https://doi-org.rivier.idm.oclc.org/10.1002/jclp.21992>
- Hogan, K. A., & Roe-Sepowitz, D. (2023). LGBTQ+ homeless young adults and sex trafficking vulnerability. *Journal of Human Trafficking*, 9(1), 63–78. <https://doi-org.rivier.idm.oclc.org/10.1080/23322705.2020.1841985>

- Hom, M. A., Stanley, I. H., Schneider, M. E., & Joiner Jr, T. E. (2017). A systematic review of help-seeking and mental health service utilization among military service members. *Clinical Psychology Review*, 53, 59-78. <https://doi-org.rivier.idm.oclc.org/10.1016/j.cpr.2017.01.008>
- Hopper, E. K. (2024). Human trafficking prevention: Using a socioecological framework to moderate risk and promote protective factors. In *Psychological perspectives on human trafficking: Theory, research, prevention, and intervention*. (pp. 9–51). American Psychological Association. <https://doi-org.rivier.idm.oclc.org/10.1037/0000379-002>
- Hopper, E. K., & Gonzalez, L. D. (2018). A comparison of psychological symptoms in survivors of sex and labor trafficking. *Behavioral Medicine (Washington, D.C.)*, 44(3), 177–188. <https://doi-org.rivier.idm.oclc.org/10.1080/08964289.2018.1432551>
- Hornbeck, K., Ashley, W., & Brown, J. C. (2016). Posttraumatic stress disorder symptomatology and perceptions of help-seeking behavior in veterans. *International Journal of Health, Wellness & Society*, 6(4), 69–79. <https://doi-org.rivier.idm.oclc.org/10.18848/2156-8960/CGP/v06i04/69-79>
- Hossain M., Zimmerman C., Abas M., Light M., & Watts C. (2010). The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women. *American Journal of Public Health*, 100(12), 2442–2449. <https://doi-org.rivier.idm.oclc.org/10.2105/ajph.2009.173229>
- International Labour Organization (ILO), Walk Free, & International Organization for Migration (IOM). 2022. *Global estimates of modern slavery: Forced labor and forced marriage*. Retrieved from https://cdn.walkfree.org/content/uploads/2022/09/12142341/GEMS-2022_Report_EN_V8.pdf

- Limowski, A. R., DeJesus, C. R., Ward-Ciesielski, E. F., & McDermott, M. J. (2021). Emotion dysregulation, help-seeking attitudes, and posttraumatic stress disorder symptoms: A structural equation model. *Journal of American College Health*, 1-8. <https://doi-org.rivier.idm.oclc.org/10.1080/07448481.2021.1909039>
- Marburger, K., & Pickover, S. (2020). A Comprehensive perspective on treating victims of human trafficking. *Professional Counselor*, 10(1), 13–24. <https://doi-org.rivier.idm.oclc.org/10.15241/km.10.1.13>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
- McLean, C. P., Levy, H. C., Miller, M. L., & Tolin, D. F. (2022). Exposure therapy for PTSD: A meta-analysis. *Clinical Psychology Review*, 91. <https://doi-org.rivier.idm.oclc.org/10.1016/j.cpr.2021.102115>
- Monson, E., Lonergan, M., Caron, J., & Brunet, A. (2016). Assessing trauma and posttraumatic stress disorder: Single, open-ended question versus list-based inventory. *Psychological Assessment*, 28(8), 1001–1008. <https://doi-org.rivier.idm.oclc.org/10.1037/pas0000223>
- Morse, M., Strompolis, M., & Srivastav, A. (2018, June). The adverse childhood experiences study: Lessons learned and future directions (ACE Research Brief: 2). Children’s Trust of South Carolina Research Brief. <https://scchildren.org/wp-content/uploads/ACE-Research-Brief-2-Lessons-Learned-and-Future-Directions.pdf>
- National Centre for PTSD. *PTSD Checklist for DSM-5 (PCL-5)*. US Department of Veteran Affairs, no date (<https://www.ptsd.va.gov/professional/assessment/documents/using-PCL5.pdf>).
- National Human Trafficking Resource Center. (2013). *Human trafficking trends in the United States: National Human Trafficking Resource Center 2007– 2012*. Retrieved from <https://polarisproject.org/wp-content/uploads/2019/09/Human-Trafficking-Trends-in-the-US-11-21-13.pdf>

Office for National Statistics (ONS). (2023, January 10). *Statistical bulletin education, England and Wales: Census 2021*.

<https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/bulletins/educationenglandandwales/census2021>

Oram, S., Abas, M., Bick, D., Boyle, A., French, R., Jakobowitz, S., Khondoker, M., Stanley, N., Trevillion, K., Howard, L., & Zimmerman, C. (2016). Human trafficking and health: A survey of male and female survivors in England. *American Journal of Public Health*, 106(6), 1073-1078. <https://doi-org.rivier.idm.oclc.org/10.2105/AJPH.2016.303095>

Reid, J. A., Baglivio, M. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2019). No youth left behind to human trafficking: Exploring profiles of risk. *American Journal of Orthopsychiatry*, 89(6), 704–715. <https://doi-org.rivier.idm.oclc.org/10.1037/ort0000362>

Richards, K., & Lyneham, S. (2014). Help-seeking strategies of victims/survivors of human trafficking involving partner migration. *Trends & Issues in Crime & Criminal Justice*, 468, 1–10.

Ringel, S. (2014). An integrative model in trauma treatment: Utilizing eye movement desensitization and reprocessing and a relational approach with adult survivors of sexual abuse. *Psychoanalytic Psychology*, 31(1), 134–144. <https://doi-org.rivier.idm.oclc.org/10.1037/a0030044>

Roberts, N. P., Kitchiner, N. J., Lewis, C. E., Downes, A. J., & Bisson, J. I. (2021). Psychometric properties of the PTSD Checklist for DSM-5 in a sample of trauma exposed mental

- health service users. *European Journal of Psychotraumatology*, 12(1), 1–13. <https://doi-org.rivier.idm.oclc.org/10.1080/20008198.2020.1863578>
- Salami, T., Gordon, M., Coverdale, J., & Nguyen, P. T. (2018). What Therapies are favored in the treatment of the psychological sequelae of trauma in human trafficking victims? *Journal of Psychiatric Practice*, 24(2), 87. <https://doi-org.rivier.idm.oclc.org/10.1097/PRA.0000000000000288>
- Seto, M. C., Rodrigues, N. C., Ham, E., Kirsh, B., & Hilton, N. Z. (2020). Post-traumatic stress disorder, depression, anxiety symptoms and help seeking in psychiatric staff: Trouble de stress post-traumatique, dépression, symptômes d'anxiété et recherche d'aide chez le personnel psychiatrique. *The Canadian Journal of Psychiatry*, 65(8), 577-583. <https://doi-org.rivier.idm.oclc.org/10.1177/0706743720916356>
- Smith, H. L., Summers, B. J., Dillon, K. H., & Cogle, J. R. (2016). Is worst-event trauma type related to PTSD symptom presentation and associated features? *Journal of Anxiety Disorders*, 38, 55–61. <https://doi-org.rivier.idm.oclc.org/10.1016/j.janxdis.2016.01.007>
- Smith, J. R., Workneh, A., & Yaya, S. (2020). Barriers and facilitators to help-seeking for individuals with posttraumatic stress disorder: A systematic review. *Journal of Traumatic Stress*, 33(2), 137–150. <https://doi-org.rivier.idm.oclc.org/10.1002/jts.22456>
- Torres, L., Magnus, B., & Najar, N. (2021). Assessing the psychometric proprieties of the Attitudes Toward Seeking Professional Psychological Help Scale—Short form (ATSPPH—SF) among Latino adults. *Assessment*, 28(1), 211–224. <https://doi-org.rivier.idm.oclc.org/10.1177/1073191119899470>

United Nations Office on Drugs and Crime (UNODC). (2020). Global report on trafficking in persons. New York: United Nations. https://www.unodc.org/documents/data-and-analysis/tip/2021/GLOTiP_2020_15jan_web.pdf

van den Berk Clark, C., Moore, R., Secrest, S., Tuerk, P., Norman, S., Myers, U., Lustman, P. J., Schneider, F. D., Barnes, J., Gallamore, R., Ovais, M., Plurad, J. A., & Scherrer, J. F. (2019). Factors associated with receipt of cognitive-behavioral therapy or prolonged exposure therapy among individuals with PTSD. *Psychiatric Services*, 70(8), 703–713. <https://doi-org.rivier.idm.oclc.org/10.1176/appi.ps.201800408>

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

Victims of Trafficking and Violence Protection Act of 2000, U.S.C. § H.R. 3244 et seq. (2000). <https://www.govinfo.gov/content/pkg/BILLS-106hr3244enr/pdf/BILLS-106hr3244enr.pdf>

Vieth, V. I. (2006). Unto the third generation: A call to end child abuse in the United States within 120 Years. *Journal of Aggression, Maltreatment & Trauma*, 12(3/4), 5–54. https://doi-org.rivier.idm.oclc.org/10.1300/J146v12n03_02

Weathers, F. W., & Keane, T. M. (2007). The criterion a problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*, 20(2), 107–121. <https://doi-org.rivier.idm.oclc.org/10.1002/jts.20210>

Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M. (1993). The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility. Paper presented at the 9th Annual Conference of the ISTSS, San Antonio, TX.

Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from the National Center for PTSD Website.

Woldehanna, S., Powers, L., Bouché, V., Bright, K. T., Call, T., Chen, M., Fasthorse, H., Fattah, T. B., Gix, L. T., Jacobs, E., Jacobs, F., Maha'a, A., Marsh, E., Nolan, B., Singh, N. S., Snyder, K., Vincent, K., Vollinger, L., Watters, C. (2023, January). *In harm's way: How systems fail human trafficking survivors*. Polaris project. <https://polarisproject.org/wp-content/uploads/2023/06/In-Harms-Way-How-Systems-Fail-Human-Trafficking-Survivors-by-Polaris.pdf>

World Health Organization. *International classification of diseases for mortality and morbidity statistics* (11th revision). Retrieved from <https://icd.who.int/browse11/l-m/en>

Appendix 4: Organization of the Doctoral Dissertation Proposal

Standard Doctoral Dissertation Proposal

In the standard proposal, the student organizes the main body of the proposal by the standard sections, including a review of the literature and discussion of methodology. The use of appendices is limited to content that is necessary to support the main body of the text. For example, the student may:

- mention a questionnaire or instrument in the main body and include the full scale or measure as an appendix
- describe the use of an instrument in the main body and include a manufacturer's drawings and specifications of the instrument as an appendix
- provide key unpublished data in support of the proposal as needed

The organization of a Standard Doctoral Dissertation Proposal is the following, but this may be modified with approval from the Chair and committee:

1. Title Page
2. Abstract
3. Statement of the Problem

What health problem or theoretical issue in psychology will your dissertation address? Your literature review (see below) can provide more detail, but you should cite sufficient literature in this section for an orientation. As applicable, state the scope of the problem (e.g., number of people affected), cost to society (e.g., economic costs), and personal costs (e.g., pain, emotional distress).

4. Justification

What are the gaps in current knowledge and how will your proposed research address those gaps to help solve the problem you introduced in the previous section? Again, detail can be provided in the literature review (below), but this section should cite enough key literature to orient readers.

5. Review of the Literature

This section will treat information introduced in the Problem and Justification sections (above) in more detail. In addition, you should cite and discuss literature which supports your choice of approach, design, and methods, including important measures. Use sub-headings as appropriate to organize your ideas.

6. Current study

Include a BRIEF restatement of the problem and significance, and a clear statement of how the proposed research will address one or more gaps in the knowledge base to help address the problems.

7. Research Question and Hypotheses

Clearly and succinctly state your research question (ideally, one or two sentences, or a short paragraph if required). After the research question(s) formally state your hypotheses, including null and alternative hypotheses.

8. Methods

Describe your design, participants (with inclusion and exclusion criteria), sampling procedures (including your source of participants and justification of proposed sample size if applicable), protection of participants (including informed consent if applicable), research setting, procedures, measures, and plans for analysis of data. This should include your plans to analyze each hypothesis.

Appendix 5: Procedures for the Defense of the Doctoral Dissertation Proposal

Time Limit: Two hours

Overview

The Doctoral Dissertation Proposal Defense is the doctoral student's opportunity to present their final Dissertation Proposal to their Dissertation Committee. The Proposal is the basis for the conduct of their Dissertation. The outcome of the Dissertation Proposal Defense is an agreement between the student and their Dissertation Committee members on the nature, conduct, and final product of the proposed dissertation. The process and procedures are described below. The doctoral student may ask a fellow student to take notes through the proceedings for later review. All members of the Dissertation Committee must be present for the entire defense.

Procedure

1. Defense Presentation and Questions

a. Open:

- i. Step 1: Public Presentation of the Doctoral Dissertation Proposal. The student presents an overview of the research literature, data collection design and methods, forms of data analysis, and planned format for reporting of data in the Dissertation.
- ii. Step 2: First Set of Questions. The Research Chair starts the examination with the first set of questions. The Chair's questions are followed in turn by the other members of the Dissertation Committee.
- iii. Step 3: Second Set of Questions. The members of the Dissertation Committee follow up with probing questions to further understand the general or specific nature of the conduct, analysis, and write-up of the dissertation. The student responds to the questions with explanation and elaboration of the specifics of the proposal.
- iv. Step 4: Critique and Review. The student and the Dissertation Committee discuss the Dissertation Proposal and the presentation, the methods and design, the form and content of the Dissertation, and the significance and implications of the findings through complimentary and constructive critical comments.

b. Private:

- i. Step 5: Private Critique and Review with the Dissertation Committee. The student responds to the critique and review provided in the public presentation with the members of the Dissertation Committee making a final statement on their understanding of the suggestions and requirements for the Doctoral Dissertation. The student and the Dissertation Committee agree on the elements of the Dissertation Proposal and Dissertation.

2. Decision

Following the steps above, the student is excused from the meeting room. The Dissertation Committee discusses the adequacy of the student's dissertation plan and defense, and determines the degree of acceptance of the Dissertation Proposal, along with any and all changes in the content or form of the Dissertation Proposal or Dissertation that will be required.

Unanimous approval by the Dissertation Committee is required for the student to "pass" the Oral Defense of the Doctoral Dissertation Proposal.

The Chair completes the *Acceptance of Doctoral Dissertation Proposal* form (see forms, below), and all members of the Dissertation Committee must sign the form as an indication of their approval.

3. Results

The Chair informs the student of the results of the defense of the Dissertation Proposal, along with any and all changes in the form and content of the Dissertation Proposal or Dissertation. The Chair gives the student a copy of the signed *Acceptance of Doctoral Dissertation Proposal* form.

Appendix 6: Style Guide for the Doctoral Dissertation Proposal and the Dissertation

General Guidelines for the Writing and Submission of the Doctoral Dissertation

The Doctoral Dissertation (“Dissertation”) must conform to the following form and style requirements. It may not be helpful to follow another dissertation or Doctoral Dissertation for guidance, as the requirements may differ across institutions, but students are encouraged to review other dissertations submitted by Rivier PsyD students for information and a sense of what is expected.

The most recent edition of American Psychological Association (APA) Publication Manual published by the APA is the accepted guide for the preparation of Doctoral Dissertations. The reference for the style and form of the Dissertation, as of the publication of this Handbook, is the Publication Manual of the American Psychological Association, Seventh Edition, Washington, D.C.: American Psychological Association, 2019.

There are two different formats for preparing the Doctoral Dissertation:

- (1) The Standard Long Form
- (2) Scholarly Manuscript Short Form

These two formats differ in organization of the material, but not in overall content, scholarship, or clarity of presentation. Both formats have an identical title page, Dissertation Committee Signature Page, and abstract. The paper style and font are the same in both forms.

The student suggests which of the two formats is appropriate for the Dissertation to their Dissertation Committee at the time of the Dissertation Proposal. Regardless of style and format, all Doctoral Dissertations must be prepared in accordance with accepted standards of academic integrity, including proper citation and attribution of all materials and resources that are not the original work of the student.

The student is responsible for consulting with the Program Director on the requirements for the preparation of the Doctoral Dissertation and timelines/deadlines for submission.

Form 1: Standard Long Form

In the standard long form of the Doctoral Dissertation, the student presents the main body of the Dissertation by the standard chapter headings, including a review of the literature and full discussion of the methodology, and presentation of results. The use of appendices is limited in the standard form except when additional content is necessary to support the main body of the text. For example, the student would derive equations in the main body but place a lengthy digital computer program in an appendix; describe the use of an instrument in the main body but place a manufacturer’s drawings and specifications of the instrument in an appendix; give the primary tabulated results in the main body but relegate extensive tables of raw preliminary data to an appendix; and provide examples of field notes in the main body and the full content of the field notes in an appendix.

The organization for the Standard Long Form is the following:

Title Page

Dissertation Committee Signature Page

Abstract

Acknowledgements

Preface, if any

Table of Contents

- List of Tables
- List of Figures
- List of Appendices

Chapter I. Statement of the Problem

Introduction

What does the reader need to know about the dissertation to understand the method and design for data (or other information) collection, analysis, and reported findings in the Dissertation?

Statement of the Problem

What key research literature informed your selection of your topic and methodology?

Scholarly Traditions

What is the tradition(s) in the literature associated with your dissertation?

Identify the theoretical and empirical studies that are relevant to the topic.

What scholarly tradition(s) are appropriate for your dissertation?

What theory, model, or construct in the literature is associated with your study?

Statement of Significance

Based on the scholarly and research literature, what is the significance of your dissertation?

Given the problem and significance you are addressing, what is the purpose of your dissertation?

Summary

Summarize the primary points from the research literature that inform your dissertation.

State how these points lead to the research literature that will be reviewed in Chapter II.

Chapter II. Review of the Literature**Introduction**

What does the reader need to know from the research literature as an introduction to the dissertation that was conducted and the findings presented in the Dissertation?

Review of Research Literature

State your dissertation topic.

What does the literature say about the topic?

What empirical studies are related to the topic?

State the relation of the scholarly and empirical literature to your question and expected findings.

Construct, Model, Theory

What are the theories, models, or constructs related to your topic?

What does the scholarly and empirical research literature say about the theory, model, or construct?

State the ways the dissertation and findings in the Dissertation inform the identified theory, model, or construct?

Summary

Summarize the primary points from the review of the research literature that inform your dissertation.

State how the research literature leads to the selection of the scholarly tradition, methods, and design described in Chapter III.

State your hypotheses that will be evaluated with the results of your dissertation.

Chapter III. Methods and Design**Introduction**

State the dissertation question and scholarly tradition(s), method(s), and design that will be used to answer the question.

Restate the hypotheses and organize your Methods and Design section around how they address each hypothesis.

Methods and Designs

Describe the method(s) and design(s) that were employed to answer the dissertation question and how each contributed to answering the question or evaluating the hypothesis(es).

Setting for Data Collection or Other Analysis**Participants****University Institutional Review Board, if relevant**

What are the ways you preserved the privacy and confidentiality of, and ensure that no harm comes to, participants in the dissertation?

What are the ways that data was collected, analyzed, and secured for the duration of the study?

Data (or Other Information) Collection

State the means of data collection.

List each measure or technique used to collect relevant information, including citing sources, indicating psychometric and validity information, and describing the measure or technique sufficiently that readers understand the nature and quality of the data to evaluate its interpretation and could replicate the project if they completed the same procedures.

State the relationship of the data to answering the dissertation questions.
State the ways the findings contribute to your dissertation's usefulness.

Data (or Other Information) Analysis

State your plan for evaluating your data or other information to evaluate each hypothesis you have listed.

Plan for Debriefing Participants

Summary

Summarize the main points related to the methods and design for your dissertation.

Chapter IV. Data Analysis and dissertation findings

Introduction

Restate your hypotheses and organize your report of findings according to how they inform your evaluation of each hypothesis.

What form(s) of analysis did you apply to the data you collect?

What are the steps that you applied to arrive at your findings, interpretation and conclusions?

Data Analysis and Results

What did you do at each step in the process of analysis and what did the data/information indicate?

What is the meaning of the analysis?

What does it tell you?

How is this information related to your developing understanding of your hypotheses and your dissertation question?

Data Interpretation

What does the data show (methodologically, not theoretically or practically)?

What is the data analysis based on?

What do the numbers of examples reveal about the participants?

What is the relationship of the developing analysis to the identified theory, model or construct?

Summary

Summarize the analysis in terms of the primary patterns and themes that are developing as information informing your evaluation of your hypotheses and your dissertation question.

Given the patterns and themes developing in the analysis, what are the methodological implications that have arisen or identified in the interpretation?

Chapter V. Explanation of Findings (can be combined with Chapter VI into "Discussion")

Introduction

Given the interpretation of the data and the developing themes and patterns identified in Chapter IV, state the general patterns and themes that will form the basis of the explanation in this Chapter V.

This is a summary of your findings, in theoretical or practical terms of how they inform your question.

Explanation of Data

How do the data, patterns, and themes fit together to form an explanation that answers the dissertation question or explains the evaluation of the hypothesis? Report in terms of each hypothesis and how the hypotheses overall relate to your dissertation question.

State the relationship of how the pattern and themes form an explanation of what the dissertation shows about the participants or the setting.

Construct, Model, Theory (Theoretical implications of your findings)

What are the ways the patterns and themes relate to or inform the theory, model or construct that frames the dissertation?

Connection to Scholarly and Research Literature

What is the relationship of the data, findings, patterns and themes, to the literature cited in Chapter I, II, and/or the Dissertation Proposal?

What are the ways your data supports, refutes, or extends the literature?

What are the contradictions between your findings and your research literature?

Limitations and Future Directions

Given the ways your data refutes or contradicts the research literature, what are the limitations of your methodology and of the conclusions you can draw from your findings?

What alternative explanations might account for your findings?

How might your own assumptions and/or biases have influenced your selection of methodology or scholarly traditions or your interpretation of your findings that led to the limitations of your methodology and conclusions?

What are the implications of these limitations for future scholarly work on your topic that might overcome the limitations of your dissertation or usefully extend its findings?

Summary

State the primary findings of the dissertation, from which you will draw implications in Chapter VI.

Chapter VI. Implications

Introduction

State the basic outline of the dissertation question, method, and findings.

State the primary relationship of the findings of the dissertation to the scholarly and research literature.

State the ways in which the dissertation answers the question, or what the result(s) of the evaluation of the hypothesis shows.

Given the patterns and themes in the findings, what are the areas of implication to be addressed in this Chapter VI?

Select from the following implications that apply to your study:

Considerations of findings

What are the economic considerations?

What are the social considerations?

What are the moral considerations?

What are the ethical considerations?

What are the political considerations?

What are other considerations?

Synthesis of Implications

What does the dissertation support?

What does the dissertation refute?

What is not accounted for by/in the dissertation?

Report of Implications (Academic Community)

What do the implications mean for the discipline or field of study?

State in terms of existing or new theory, model or construct.

State in terms of empirical research in the research literature.

Report of Implications (Community-at-large)

What do the implications mean for the setting?

What do the implications mean for the participants?

What do the implications mean for the community at large?

What do the implications mean for the organization, institution, and system?

Summary

Given the findings and implications of the dissertation, summarize with what you want to say as the dissertation author about the conduct of the dissertation, findings, and field of study.

Form 2: Manuscript for Publication Short Form, for use with prior approval of the dissertation Chair and committee

In the manuscript for publication short form the Doctoral Dissertation is divided into two parts:

Part I consists of the manuscript(s) required for publication. The style guide required for the publication of the manuscript is followed in this section. The manuscript should avoid extreme brevity. While manuscript(s) in the dissertation may be identical to the text submitted for publication, the Dissertation Committee may require additional clarifying information at the time of the Doctoral Dissertation Proposal/Defense.

Part II consists of the appropriate text that must be provided for the fuller explanation and elaboration of the manuscript, as required for a dissertation or Doctoral Dissertation at Rivier University. This information and elaboration are not usually presented in the manuscript provided for publication.

The recommended organization for the Manuscript for Publication Short Form is the following:

Part I

Title Page

Dissertation Committee Signature Page

Abstract

Acknowledgements

Preface. Alerts the reader to the format of the manuscript and contains other introductory remarks.

Table of Contents

- List of Tables
- List of Figures
- List of Appendices

Journal Manuscript(s)

Appendices

References. Each manuscript(s) should list its own references for the content Bibliography.

Part II

Introduction

Literature Review

Design and Methods

Implications

Bibliography. Includes the full content of the literature cited in the Doctoral Dissertation.

Appendices. Includes all materials necessary for evaluation of the dissertation method, implementation, and evaluation of results, including subject protections and other indications of appropriate completion of the dissertation:

- Informed consent form provided to subjects.
- Subject recruitment materials.
- Measures used (copies of measures or, if measures that are copyrighted or otherwise require security were used, description of the measures used and indication of the copyright or security concern preventing their inclusion)
- Subject debriefing materials provided.
- Other information necessary to evaluate the findings, replicate the project, or confirm appropriate protection of subjects from or about whom data was collected.

Other Guidelines for the Doctoral Dissertation

Copies. The appropriate number of copies of the Dissertation must be prepared in accordance with the following instructions: (1) One completed printed Dissertation to the Regina Library; and (2) one complete Dissertation submission to ProQuest via ETD Administration.

Paper, Format and Font. The printed copy to be placed in the Regina Library must be printed on archival quality paper. All graphs and illustrations must be clear and legible in black ink. All typewritten text must be double-spaced on a single side of the page. Tabular materials, footnotes, and extended quotations are single-spaced. The front must be uniform through the Dissertation. Times New Roman, 12 pt. font is acceptable for the content of the text, and Times New Roman, 10 or 8 pt. font for graphs, notes, and tables as necessary. For binding purposes, the left-side margin must be 1.6" and the remaining margins must be one inch each. Graphic representations, charts, and illustrations must conform to the margin requirements. See the APA Manual for additional margin requirements.

Title Page.

There are two choices for the Title Page:

- (1) Long Title. The long title page is for titles with over 40 characters and up to 100 characters.
- (2) Short Title. The short title page is for titles with 40 or fewer characters.

The title page is not numbered. The title page must conform to the sample title page (see *Appendix 4*).

Dissertation Committee Signature Sheet. The Dissertation Committee Signature Sheet must conform to the sample provided (see *Appendix 5*). The Signature Sheet must have sufficient lines for the signatures of all members of the Dissertation Committee, along with a line for the signature of the Vice President for Academic Affairs, and the publication year. It is important to remember that any member of the Dissertation Committee can refuse to sign the Signature Page unless, and until, all revisions and the appropriate format and style are completed and provided.

Doctoral Dissertation Abstract. The abstract is the first text read by the Dissertation Committee and other interested readers. Each copy of the Dissertation must contain an abstract after the title page and before the Dissertation Committee Signature Page. The goal of the abstract is to provide a simple, concise and precise statement of the problem addressed; a description of the design and methods employed in the collection and analysis of the data; and a summary of the results and findings reported in the Dissertation. The abstract should be fewer than 250 words but can be up to 350 words with approval of the committee Chair..

Supporting Information. Supporting information includes figures, charts, diagrams, computer printouts, and photographs. All of the text, drawings, tables, charts, and other inclusions must be clear and sharp, and of a size that can be read by the reader.

Illustrations. Fold illustrations, charts and computer printouts into a letter-size page. Oversize pages must be folded smaller than the regular 8 ½ x 11” sheet of paper, to avoid loss of data when the page is trimmed for binding, a minimum of ¾” from all outside margins.

Photographs. Photographs must be permanently attached/embedded in the body of the Dissertation or Appendix, as appropriate. The only acceptable photographs are black and white; color photographs are not allowed. The images should be properly developed with a clear and sharp focus.

Pagination and Headings. The title page, Dissertation Committee Signature Sheet, and Abstract are not numbered. Introductory pages, the Table of Contents, and Appendices, are numbered in lower-case Roman numerals located with the one-inch margin, at least ½ inch from the bottom of the page and centered, in Times New Roman 12 pt. font. All other pages of text are numbered consecutively in the lower middle of each page in regular Roman numerals, Times New Roman 12 pt. font.

Submission. The print must be clear, sharp and permanent. All copies must be free of extraneous markings. The final copy or copies of the Dissertation must contain all corrections specified by the Dissertation Committee. The original copy is reviewed by the Program Director for format before being approved for submission to the Regina Library; it is advisable to present a copy for this review prior to placing the order for the Library copy.

Formatting and Style

- [Publication Manual of the American Psychological Association \(APA\)](#)

Appendix 7: Sample Title Page for the Doctoral Dissertation

FULL COMPLETE AND UNABRIDGED TITLE

BY

STUDENT NAME

A Doctoral Dissertation SUBMITTED

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE

DEGREE OF DOCTOR OF PSYCHOLOGY

RIVIER UNIVERSITY

NASHUA, NEW HAMPSHIRE

2026

Appendix 8: Sample Dissertation Committee Signature Sheet

DISSERTATION COMMITTEE MEMBERS

Dr. [First][Last]
Chair, Doctoral Dissertation Committee

Dr. [First][Last]
Dissertation Committee Member

Dr. [First][Last]
Dissertation Committee Member

Dr. [First][Last]
Vice President for Academic Affairs

Rivier University
Nashua, New Hampshire
2026

Appendix 9: Example Tools for Tracking Reviewed Literature

Author/Year	Sample - Size/Brief Description	Subject Tags	Methodology e.g. Quantitative, Qualitative; Mixed Method, comments (e.g., confounds?)	Measures	Main Findings (as they relate to your study)

Summary of Research Worksheet for Each Source Reviewed

Introduction/Literature Review:

What is their argument? (Why is their research necessary?)
What question/s did they try to answer?

Methods

What did they do?
Who did they do it with?

Results

What did they find? Review tables; scan results

Discussion

What are the most important findings?
*
*
*

Limitations

What are the limitations of their findings?

Recommended (or inferred) Next Steps

What do they or you identify as next steps based on their findings?

Bullet literature review tracking format

- Title
- Link to article
- Purpose (What variables are they examining?)
- Methods (what did they do?)
 - Participants? Demographic info – age, race, etc.
 - Questionnaires of possible interest for your study that they used in their study
 - How did the measure the variables?
- What did they find?
- How does it link to your work?

Forms (clicking on each link will take you to the listed form)

1. [*Acceptance of Doctoral Dissertation Proposal*](#)
2. [*Results of Doctoral Dissertation*](#)
3. [*Dissertation Committee Membership Agreement*](#)
4. [*Petition for Change of Dissertation Committee Membership*](#)
5. [*Doctoral Dissertation Progress Report*](#)
6. [*Continuing Dissertation Contract*](#)
7. [*Doctoral Dissertation Rubric*](#)
8. [*Results of Doctoral Dissertation Defense*](#)

Acceptance of Doctoral Dissertation Proposal

Rivier University
Psy.D. in Counseling & School Psychology

When the student has a complete edited final version of their dissertation proposal and provides one copy in electronic form and six copies of the cover page attached with six copies to the director, doctoral program in Counseling and School Psychology. The director distributes a copy of the dissertation proposal to each member of the dissertation committee 2 weeks in advance of the scheduled defense of the dissertation.

Student Name: _____
Rivier ID #: _____
COHORT (Year started): _____
Degree: Psy.D Counseling/School Psychology
Title of Dissertation Proposal: _____

The following dissertation committee members approve the Dissertation Proposal (signatures):

1.	_____	_____	_____
	Chair, Dissertation Committee	Division:	Date
2.	_____	_____	_____
	Committee Member	Division	Date
3.	_____	_____	_____
	Committee Member	Division/ Institution	Date

Following the successful defense of the dissertation proposal by the members of the committee, the student (a) finalizes the dissertation proposal, (b) attaches the cover sheet, (c) develops a proposal following "...the guidelines and format set forth by the Rivier University Institutional Review Board must be submitted for review along with a copy of the full dissertation proposal and attaches the complete dissertation proposal". The approval of the IRB, if relevant, completes the process of the dissertation proposal defense. At this point, the student may begin their dissertation work.

Does the proposed dissertation research involve human subjects or live vertebrate animals? Mark the appropriate boxes and sign below. Please provide a telephone number where you can be reached to answer questions by the chair of the Institutional Review Board.

YES _____ () Human Subjects () Animals () Neither
NO _____ Research does not involve Human Subjects or live vertebrate animals

Signature of Student _____ Date _____ Phone Number _____

The Proposed Dissertation Research was reviewed by the Rivier University Institutional Review Board and approved or IRB review is not required. The student may proceed with the conduct of the dissertation.

Chair, IRB _____ Date _____

Chair, Doctoral Dissertation Committee _____ Date _____

Director, Doctoral Program in Counseling and School Psychology _____ Date _____

Results of Doctoral Dissertation

Rivier University

Psy.D. in Counseling & School Psychology

Name: _____ Student ID: _____ COHORT (Year started): _____

The Chair of the Dissertation Committee conducted the Doctoral Dissertation Defense of _____, on _____ in partial fulfillment of the requirements for the degree of the Doctoral Program in Counseling and School Psychology, Division of Education, (Psy.D). This was the first examination for this candidate.

The Chair of the dissertation defense reports that the student has passed the dissertation defense under the following conditions:

1. ____ Pass with Distinction. The Committee recommends approval of the dissertation.
2. ____ Pass. The committee recommends acceptance and approval of the dissertation.
3. ____ Pass. The committee accepts the dissertation with correction of typographical errors, minor changes in format and style, and limited changes in content. The corrected version of the dissertation must be submitted for approval by _____, Chair, Dissertation Committee.
4. ____ Pass. The dissertation requires significant changes in content. All changes are to be reviewed by the Chair, Dissertation Committee prior to the submission of the final copy to the dissertation committee members for their review and acceptance.
5. ____ Passed the defense, the dissertation defense committee does not have to reconvene for a defense; however, the dissertation is not acceptable as written. The dissertation requires substantial rewriting. A written explanation of the revision will be provided by the Chair, Dissertation Defense. The dissertation must be read and approved by all of the members of the dissertation committee prior to submission of the final copy for acceptance for the signature page.

The final dissertation with the appropriate signed cover sheet must be submitted to the Rivier Library by the following date in order to be awarded the degree at commencement. Students may participate in the commencement prior to completing any final requirements of the dissertation defense committee specified in conditions (1), (2), and (3). The student may not participate in commencement under the conditions of (4) and (5). Student will be assessed a continuing fee until the final edited dissertation is presented to the library.

Date of Commencement

Date of Library Submission

The Chair, Dissertation defense reports that the student has not passed the defense of their dissertation and recommends the following:

6. ____ The candidate has not passed the dissertation defense. The dissertation defense may be rescheduled no later than _____. Prior to rescheduling the dissertation defense the student must satisfy the written conditions of the Chair, Dissertation Defense Committee.
7. ____ The candidate has not passed the dissertation defense. There is no provision for a re-scheduling of the dissertation defense at this time.

The signature of each member of the Dissertation Committee represents his or her individual concurrence with the decision.

Chair, Dissertation Defense

Required Member, Dissertation Committee

The candidate's signature acknowledges the results of their dissertation defense.

Candidate

Date

Dissertation Committee Membership Agreement

Rivier University

Psy.D. in Counseling & School Psychology

Student Name:

Dissertation Year:

Student ID Number:

Academic Advisor:

Dissertation Working Title/Topic Area:

Instructions for completion of this form:

1. The student and faculty member will complete and sign this agreement as indicated.
2. A SEPARATE form must be completed for EACH Dissertation participant (i.e., Chair, 2nd, 3rd member).
3. The faculty member will submit the completed form to the Program Director.
4. For Dissertation Committee Chairs, this form must be submitted by September 15 of fall semester; for additional members, this form is due before the Defense of the Doctoral Dissertation Proposal.

Check one:

- ☐ I agree to serve as CHAIR of the above named student's Doctoral Dissertation Committee.

Name: _____

Signature: _____

Date: _____

- ☐ I agree to serve as SECOND MEMBER of the above named student's Doctoral Dissertation Committee.

Name: _____

Signature: _____

Date: _____

- ☐ I agree to serve as THIRD MEMBER of the above named student's Doctoral Dissertation Committee (if relevant).

Name: _____

Signature: _____

Date: _____

Signature of Student: _____ Date: _____

Petition for Change of Dissertation Committee Membership

Rivier University
Psy.D. in Counseling & School Psychology

If at any time changes occur in the Doctoral Dissertation Committee's membership, this form must be submitted to the Program Director, Psy.D. Program.

Name of Student: _____ Student ID Number: _____

Program Start Date: _____

Individuals PREVIOUSLY contracted as DP Committee Members:

Committee Chair: _____

Second Committee Member: _____

Third Committee Member: _____

Change in membership (complete for all that apply – enter name and date of agreement):

New Chair Name: _____

New Second Committee Member Name: _____

New Third Committee Member Name: _____

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Original Doctoral Project Chair Signature: _____ Date: _____

Original Doctoral Project Second Member Signature: _____ Date: _____

New Doctoral Project Chair Signature: _____ Date: _____

New Doctoral Project Committee Member Signature: _____ Date: _____

Director of the Psy.D. Program

Date:

Doctoral Dissertation Progress Report

Rivier University

Psy.D. in Counseling & School Psychology

This form must be submitted to the Program Director, Psy.D., on or before the grade due date each semester.

Failure to submit as directed will result in the student receiving an F for that semester's Doctoral Research course.

A grade of P is assigned for the course when adequate progress on the tasks has been completed for that semester.

The student must complete all required tasks and research competency listed below, before being approved to moving to the next step.

Student Name: _____ Student ID: _____

Dissertation Committee Chair: _____

CNSL-892-E Initial Directed Research in Psychology (Fall Semester of Year 2)

Required Tasks:

- Complete a draft of the critical literature review and submit to CNSL-892-E instructor by the end of the semester
- Match with Dissertation Committee Chair by the end of the semester and obtain signed Dissertation Committee Membership form for the Chair

Course Grade: _____ P (Satisfactory/Pass) _____ F (Not Satisfactory)

CNSL-892-E Instructor Signature: _____ Date: _____

Research Chair Signature: _____ Date: _____

CNSL-892 Directed Research in Psychology (continuing)

Required Tasks:

- Revise literature review and construct a research question
- Construct a research design and methodology consistent with research question and meeting the following standards:
 - Demonstrates knowledge, skills and competence in scientific methods, procedures and practices sufficient to produce new psychological knowledge that potentially contributes to the scientific, psychological, or professional knowledge base
 - Uses existing knowledge to solve a problem
- Hold a Dissertation Committee meeting
- Schedule and conduct the Defense of Doctoral Dissertation Proposal
- Dissertation Committee signs the Acceptance of Doctoral Dissertation Proposal form
- IRB Review Application is submitted

Course Grade: _____ P (Satisfactory/Pass) _____ F (Not Satisfactory)

Research Chair Signature: _____ Date: _____

CNSL-896 Research in Psychology (Initial)

Required Tasks:

- IRB Review Application approved
- Conducts the study methodology and begins data analysis
- Hold a Dissertation Committee Meeting

Course Grade: _____ P (Satisfactory/Pass) _____ F (Not Satisfactory)

Research Chair Signature: _____ Date: _____

CNSL-896 Research in Psychology (Continuing)

Required Tasks:

- Final write-up of Dissertation completed and submitted to Dissertation Committee
- Hold a Dissertation Committee Meeting
- Schedule and conduct the Defense of Doctoral Dissertation
- Dissertation Committee signs Results of Doctoral Dissertation form reflecting a demonstrated competence in integrating science and practice in the completion of an independent research project
- Completed Dissertation filed in the Regina Library

Course Grade: _____ P (Satisfactory/Pass) _____ F (Not Satisfactory)

Research Chair Signature: _____ Date: _____

Continuing Doctoral Dissertation Contract

Rivier University
Psy.D. in Counseling & School Psychology

- This form must be completed prior to the start, AND at the conclusion (when grades are due), of *each* semester that the student is enrolled in CNSL-896, after the initial semester of CNSL-896 is completed.
- Failure to submit by the date grades are due each semester will result in the student receiving an NF for their continuing CNSL-896 course, until the form is properly submitted. If student is not moving at an expected pace, a Performance-Improvement Support Plan (PISP) must be submitted; 2 PISPs in the course of continuing CNSL-896 courses will automatically require a review and possible recommendation for dismissal.
- The student must have submitted all committee membership forms to the Program Director.
- This form must be submitted by the Research Chair to the Program Director of the Psy.D. Program.

Student ID:

Name:

Student completes prior to the start of each semester:	Semester:	Semester:	Semester:	Semester:	Semester:	Semester:
I agree to commit to ____ * hours per week on my Dissertation during this semester.						
I will maintain a weekly log documenting my work, to be submitted to my Dissertation Committee Chair the week prior to the end of the semester.						
I understand that if I am enrolled in CNSL-896 for three or more semesters after the initial semester, I must participate in the Continuing Dissertation Seminar, 896-E, which is offered both in person and remotely. Failure to do so will result in a grade of NF for the semester. Attendance is required but not sufficient to earn a grade of NP in that a student must also demonstrate sustained effort and progress on the dissertation as determined by the Dissertation Committee Chair.						
<i>(semester goals/timeline must be submitted with this form)</i> Student signature and date:						
Committee Chair signature and date:						
Program Director signature and date:						

* to be determined by the Committee Chair, in consultation with the student

Doctoral Dissertation Rubrics

Empirical Study Rubric

***Must be rated 2 or 3 in all areas to progress to defense**

CRITERIA	RATING				REVIEWER COMMENTS
	0 NOT OBSERVED/SCO RED	1 BELOW STANDARD	2 APPROACHING STANDARD	3 MEETS STANDARD	
STYLE & PRESENTATION					
Format	APA format is unidentifiable in text, headings, citations, references, figures, tables, and appendices.	Minimal elements of APA style in text, headings, citations, references, figures, tables, and appendices	APA format for most text, headings, citations, references, figures, tables, and appendices	APA format for all text, headings, citations, references, figures, tables, and appendices	
Title Page	Title page is missing, not clearly identifiable, or appears in the incorrect sequence	Title page includes 1-2 of the following: title that is generally related and, author name, institution name	Title page includes title that generally relates to paper topic, author name, institution name, but title exceeds 100 characters	Title page includes title that is succinct and directly related to the paper topic, author name, institution name, and title is 100 characters or less	
Table of Contents (ToC)/ Organization	ToC is missing is missing, not clearly identifiable, or appears in the incorrect sequence	Incomplete or inaccurate headers that do not match written text; sub-headings are not used in test; incorrect page numbers listed	Most ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	All ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	
References Section	References section is missing	Few references used in text are listed in references section, or few citations are accurately formatted according to APA	Most references used in text are listed in references section and citations are accurately formatted according to APA. References section includes citations that are not referenced in text.	All references used in text are listed in references section and citations are accurately formatted according to APA. Each source cited in references section also appears in text.	
Originality	Turn-it-in rating is red, reflecting 75-100% matching text between paper and existing sources	Turn-it-in rating is orange, reflecting 50-74% matching text between paper and existing sources	Turn-it-in rating is yellow, reflecting 25-49% matching text between paper and existing sources	Turn-it-in rating is blue/green, reflecting 0-24% matching text between paper and existing sources. <u>Final draft must receive blue/green rating</u>	

Note: Faculty will accept content from papers prepared by the student author for previous courses (i.e., copy and paste sections from earlier papers). In such cases, the student must provide a copy of the previously written paper.

CONTENT					
Chapter I: Introduction/Background					
Paper Topic	None of the elements below observed	1-2 of the elements below observed	3 of the elements below observed	All 4 of the elements below observed	
	Sequence	Area of inquiry is articulated clearly in the introduction paragraph			
	Statement of the problem	A gap/area for development in the literature is identified			
	Study justification	Writer mentions the purpose and novel contribution of the study			
	Introduction of RQ	The general research question to be explored is articulated			
Chapter II: Literature Review					
Content	Literature review is sparse; irrelevant literature is reviewed; major ideas or key concepts are not covered	Literature review includes key terms and definitions, historical context, and major theories and developments in the area of inquiry; areas are not sufficiently discussed	Literature review details key terms and definitions, historical context, and major theories and developments in the area of inquiry; lacks focus or exceeds the scope of the topic	Literature review thoroughly details key terms and definitions, historical context, and major theories and developments in the area of inquiry	
Quality of Literature	Articles selected for review are low-quality and do not reflect evaluation of study design, empirical methods, and interpretation of findings	Some articles selected for review are appropriate quality and/or reflect minimal evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are appropriate quality and reflect evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are high-quality and reflect thoughtful evaluation of study design, empirical methods, and interpretation of findings	

Literature Critique	No literature critique	Summary of the literature rather than critique of strengths, weaknesses, and areas for development; no critique of study methodologies and how they limit findings/interpretations	Summary of the literature with some critique of strengths, weaknesses, and areas for development; minimal critique of study methodologies and how they limit findings/interpretations	Current literature is critiqued in terms of strengths, weaknesses, and areas for development; detailed critique of study methodologies and how they limit findings/interpretations	
Research Questions (RQs)	Literature critique does not culminate in any discernible statement about gaps in the literature or basis or further inquiry	Literature critique culminates in gaps in the literature and/or basis or further inquiry that are irrelevant or not grounded in the preceding literature review	Literature critique culminates in several gaps in the literature for which research questions are warranted, making unclear the purpose of the subsequent research	Literature critique culminates in a clear gap in the literature for which research questions are warranted	
Chapter III: Methods					
RQs Clarity	Research questions not defined	Insufficient or irrelevant research questions articulated (i.e., do not reflect paper topic)	2-3 relevant research questions are articulated but lack clarity	2-3 relevant research questions are articulated in a clear and unambiguous manner	
RQs Relevance	Research questions not defined	Research questions do not correspond to any data collection method (i.e., literature review, quantitative study)	Research questions somewhat correspond to data collection method (i.e., literature review, quantitative study)	Research questions are structured appropriately for and clearly correspond to data collection method (i.e., literature review, quantitative study)	
RQs Rationale	Research questions do not relate to literature review	Research questions (RQs) are not grounded in the literature reviewed; RQs do not reflect what is currently known in the area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs convey a general future direction for the identified area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs build upon what is known currently in the literature for a logical “next step.”	
RQs Hypotheses	Hypotheses are	Hypotheses somewhat correspond to	Hypotheses and their corresponding null and	Hypotheses are	

	unrelated to the research questions of interest	research question but are incomplete.	alternative hypothesis are stated	accurate, in the context of the research question. The null and alternative hypothesis are clearly defined using appropriate notation	
Study Design	A study design is not identified	Study design (i.e., single-subject, experimental, randomized control trial) is described but is inappropriate in the context of study aims and research questions	Study design (i.e., single-subject, experimental, randomized control trial) is identified and described in detail. The selected design is somewhat appropriate in the context of study aims and research questions	Study design (i.e., single-subject, experimental, randomized control trial) is identified and described in detail. The selected design is appropriate in the context of study aims and research questions	
Sample and Recruiting	Participant pool is not consistent with the presented rationale and/or stated research question. A sampling procedure is either not identified or is inaccurate in the context of the research question and identified participant pool. A rationale is not provided for the presented sampling procedure. The description of how to recruit participants is not consistent with the	Participant pool makes sense in the context of the presented rationale and stated research question, but lacks clarity and/or accuracy in the inclusion and exclusion criteria. A sampling procedure is identified, but either not fully accurate or justified in the context of the research question and identified participant pool. The description of how to recruit participants is	Participant pool is clearly articulated, including necessary inclusion and exclusion criteria. A sampling procedure is clearly identified and justified in the context of the research question and identified participant pool. The description of how to recruit participants is consistent with the identified sampling procedure.	Participant pool is clearly articulated and the identified inclusion and exclusion criteria are clearly linked to relevant literature. A sampling procedure is clearly identified and justified in the context of the research question and identified participant pool. The description of how to recruit participants is consistent with the identified sampling procedure.	

	identified sampling procedure.	mostly consistent with the identified sampling procedure.			
Variables	Study variables are unclear and lack an operational definition. The identified scale of measurement is not accurate	Study variables are clearly and operationally defined, but the identified scale of measurement is not completely accurate	Study variables are clearly and operationally defined. The identified scale of measurement is accurate (a. continuous or discrete, b. qualitative or quantitative, and c. nominal, ordinal or scale)	Study variables are grounded in the literature and clearly and operationally defined. The identified scale of measurement is accurate (a. continuous or discrete, b. qualitative or quantitative, and c. nominal, ordinal or scale)	
Measures	Measures are not defined or inappropriate for the scope and topic of the research project	Measures selected are appropriate for evaluating variables of interest. Measures are described minimally and/or not evaluated in terms of psychometric properties (i.e., Cronbach's alpha, validated with demographic group of interest, etc.)	Measures selected are appropriate for evaluating variables of interest. Measures are named and described in detail. Measures do not demonstrate adequate psychometric validity for use in the research project (i.e., Cronbach's alpha, validated with demographic group of interest, etc.)	Measures selected are appropriate for evaluating variables of interest. Measures are named and described in detail. Measures are described as having demonstrated adequate psychometric properties in previous use (i.e., Cronbach's alpha, validated with demographic group of interest, etc.)	
Procedures	None of the elements below observed	1-3 of the elements below observed	Most of the elements below observed	All of the elements below observed and described in a coherent, step-by-step manner	
	Setting/participants	A paragraph describes the sample and a corresponding table summarizes participant demographics			

	Administration	Procedures for each stage of the research study (i.e., recruiting, consent, training of data collectors, communication with participants) are described in detail and in an organized manner			
	Data handling	Processes for the collection, handling, and protection of data are described in detail			
	Appendices	All supplemental documents (i.e., consent forms, administration protocols) are referred to in text and attached as appendices			
Planned Analysis	Intended analyses are not described	Intended analyses are insufficiently described are inappropriate for the study aims	Intended analyses are sufficiently described clearly in a sequential manner with appropriate citations; selected analyses are mostly appropriate for the study aims and research questions	Intended analyses are sufficiently described clearly in a sequential manner with appropriate citations; selected analyses are optimal for the study aims and research questions	
Scope	The overall methodology of the study (procedures and planned analysis) is not described sufficiently enough to provide judgement	The overall methodology of the study (procedures and planned analysis) is inappropriate or insufficient for the intended aims or outcomes of the study	The overall methodology of the study (procedures and planned analysis) exceeds the scope of a dissertation-level project in terms of aims and intended outcomes	The overall methodology of the study (procedures and planned analysis) is appropriate for the scope of a dissertation-level project in terms of aims and intended outcomes	
Chapter IV: Results					
Descriptive Statistics	Descriptive statistics are not provided for any variables of interest	Descriptive data are provided for some variables of interest. Histograms, charts, and selected measures of central tendency are incomplete or inappropriate for variable scales of measurement	Frequency tables, histograms, and/or bar charts for each variable are present. For the most part, the appropriate measures of central tendency and variability are reported (i.e., mean, standard deviation).	Frequency tables, histograms, and/or bar charts for each variable are present. The appropriate measures of central tendency and variability are reported (i.e., mean, standard deviation).	

Statistical Assumptions	The assumptions for each statistical test are not mentioned	The assumptions of each statistical test are mentioned without a description of whether the assumptions are satisfied in the context of the study	The assumptions of each statistical test are described; the assumptions for each statistical test are not satisfied and/or the researcher does not describe appropriate steps taken to satisfy the assumptions (i.e., data transformations)	The assumptions of each statistical test are described; the assumptions for each statistical test are satisfied. or the researcher describes appropriate steps taken to satisfy the assumptions (i.e., data transformations)	
Inferential Statistics	The inferential statistics selected are not explicitly stated	The inferential statistics selected (i.e., t-Tests, ANOVA, regression) are inappropriate based on the data type or questions of interest	The inferential statistics selected (i.e., t-Tests, ANOVA, regression) are appropriate based on the data type and/or questions of interest. The writer does not describe their rationale for the selection of these tests	The inferential statistics selected (i.e., t-Tests, ANOVA, regression) are appropriate based on the data type and/or questions of interest. The writer describes their rationale for the selection of these tests	
Quantitative Findings (Tables)	Quantitative results are not presented in tables	Some quantitative data/results are depicted in tables/graphs/charts without APA format	Some quantitative data/results are depicted in separate, appropriately sequenced tables/graphs/charts in APA format	All quantitative data/results are depicted in separate, appropriately sequenced tables/graphs/charts in APA format (demographic data, means, standard deviations, numerical trends, etc).	
Quantitative Findings Presentation	Quantitative results are not discussed in text	Results from quantitative analyses are discussed and	Results from quantitative analyses are correct but described	Results from quantitative analyses are described accurately in	

		interpreted incorrectly; results are not articulated in relevant and statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for any calculations (mean differences, correlations, etc.)	incompletely/partially; results are not articulated in relevant and statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for calculations (mean differences, correlations, etc.)	text with reference to tables as applicable; results are precisely articulated in statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for all calculations (mean differences, correlations, etc.)	
Effect sizes	Effect size analyses are not described	Inappropriate effect size analyses are conducted	Appropriate effect size analyses are conducted (i.e., Cohen's d, effect sizes). Interpretations of effect sizes are inaccurate	Appropriate effect size analyses are conducted (i.e., Cohen's d, effect sizes). Interpretations of effect sizes analyses are accurate	
Qualitative Findings (if applicable)	Qualitative results are not presented in tables or described	Some qualitative data are presented. The purpose and utility of qualitative data in the context of the study are unclear	Any qualitative data are presented in an organized manner (i.e., tables, bulleted list). The purpose and utility of qualitative data are unjustified or extraneous in the context of the study	Any qualitative data are presented in an organized manner (i.e., tables, bulleted list). The purpose and utility of qualitative data are described coherently and in connection to quantitative data collected in the study.	
Chapter V: Discussion					
Key Findings	Writer does not identify or discuss any relevant key findings	Key findings are insufficient in number or misrepresent the literature reviewed	Writer identifies 4-5 key findings from the review (i.e., trends, opposing findings, inconsistencies); discussion of key findings lacks detail and requires further development	Writer identifies 4-5 key findings from the review (i.e., trends, opposing findings, inconsistencies); key findings are discussed in detail	

Implications for Practice/Theory	Implications for practice/theory not identified	Writer identifies insufficient or irrelevant implications for practice/theory based on findings	Writer identifies 3 relevant implications for practice/theory based on findings; basis for implications is insufficiently developed	Writer identifies and discusses 3 implications for practice/theory based on findings (interpretations); basis of interpretations is well-developed	
Study Limitations	Study limitations are not identified	Discusses insufficient or inappropriate study limitations	Discussion of 3-5 study limitations that are weak in statistical or empirical basis (i.e., identifies only sample size as limiting generalizability)	Discussion of 6-10 legitimate, empirically based study limitations (i.e., methodology, bias management, variable choice)	
Future Directions	Future directions are not identified	Identification of insufficient or irrelevant future directions that are not warranted based on research findings	Identification of 2-3 future directions for the area of inquiry that are not warranted based on research findings	Identification of 2-3 future directions for the area of inquiry that are justified by the research findings and conclusion	
Summary	Summary is not included	Minimal summary of study takeaways	Lengthy, redundant or incomplete summary of study takeaways	Succinct yet comprehensive summary of study takeaways	

Case Study Rubric
***Must be rated 2 or 3 in all areas to progress to defense**

CRITERIA	RATING				REVIEWER COMMENT
	0 NOT OBSERVED/SCOR ED	1 BELOW STANDARD	2 APPROACHING STANDARD	3 MEETS STANDARD	
STYLE & PRESENTATION					
Format	APA format is unidentifiable in text, headings, citations, references, figures, tables, and appendices.	Minimal elements of APA style in text, headings, citations, references, figures, tables, and appendices	APA format for most text, headings, citations, references, figures, tables, and appendices	APA format for all text, headings, citations, references, figures, tables, and appendices	
Title Page	Title page is missing, not clearly identifiable, or appears in the incorrect sequence	Title page includes 1-2 of the following: title that is generally related and, author name, institution name	Title page includes title that generally relates to paper topic, author name, institution name, but title exceeds 100 characters	Title page includes title that is succinct and directly related to the paper topic, author name, institution name, and title is 100 characters or less	
Table of Contents (ToC)/ Organization	ToC is missing is missing, not clearly identifiable, or appears in the incorrect sequence	Incomplete or inaccurate headers that do not match written text; sub-headings are not used in text; incorrect page numbers listed	Most ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	All ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	
References Section	References section is missing	Few references used in text are listed in references section, or few citations are accurately formatted according to APA	Most references used in text are listed in references section and citations are accurately formatted according to APA. References section includes citations that are not referenced in text.	All references used in text are listed in references section and citations are accurately formatted according to APA. Each source cited in references section also appears in text.	
Originality	Turn-it-in rating is red, reflecting 75-100%	Turn-it-in rating is orange, reflecting 50-	Turn-it-in rating is yellow, reflecting 25-	Turn-it-in rating is blue/green, reflecting 0-	

	matching text between paper and existing sources	74% matching text between paper and existing sources	49% matching text between paper and existing sources	24% matching text between paper and existing sources <u>Final draft must receive blue/green rating</u>	
Note: Faculty will accept content from papers prepared by the student author for previous courses (i.e., copy and paste sections from earlier papers). In such cases, the student must provide a copy of the previously written paper.					
CONTENT					
Chapter I: Review of Case					
Theoretical Perspective	Theoretical perspectives (i.e., Behavioral, Humanistic, Psychoanalytic) are not articulated	One theoretical perspective (i.e., Behavioral, Humanistic, Psychoanalytic) is loosely articulated and minimally integrated in case review	Two theoretical perspectives (i.e., Behavioral, Humanistic, Psychoanalytic) are identified and inconsistently integrated in case review	Two theoretical perspectives (i.e., Behavioral, Humanistic, Psychoanalytic) are clearly identified, frames the case review, and are integrated throughout case review	
Reason for Referral	Significant problems or missing descriptions of presenting problems and stakeholders' views (i.e., client, family, social, health providers, supervisors); word choice does not fully convey respect for perspectives; reason for referral communicates an inaccurate characterization of client.	Minor problems or lack of clarity with descriptions of presenting problems and stakeholders' views (i.e., client, family, social, health providers, supervisors); word choice does not fully convey respect for perspectives	Reason for referral provides useful description of presenting problems and stakeholders' views (i.e., client, family, social, health providers, supervisors); word choice conveys respect for perspectives.	Reason for referral provides sophisticated depiction of all presenting problems and stakeholders' views (i.e., client, family, social, health providers, supervisors); word choice conveys empathy with each perspective; descriptions clearly contribute to coherent conceptualization.	
Background information	Background information is missing or very minimal.	Minimal or minor details of background information provided without coverage or delineation of multiple domains (e.g., family, social, physical health,	Includes a brief description of client's relevant history in 5 or more domains (e.g., family, social, physical health, mental health, academic) OR a detailed	Includes a detailed yet succinct description of client's relevant history in 5 or more domains (e.g., family, social, physical health, mental health, academic).	

		mental health, academic).	and succinct description of functioning in fewer than 5 domains.		
Symptom profile	Missing of incomplete symptom profile information.	Symptom profile is described and somewhat grounded in case details; no connection to theoretical/research base.	Logical and clear description of the symptom profile grounded in case details; basic connection to theoretical/research base.	Well thought out, detailed and clear description of the symptom profile grounded in case details; strong connection to theoretical/research base.	
Functional Impairment	Missing or incomplete information on impairment in functioning.	Functional impairment is described minimally; no connection to theoretical/research base.	Logical and clear description of impairment in functioning in 3 or more domains (i.e., social-emotional, behavioral, academic/occupational), grounded in case details, basic connection to theoretical/research base.	Well thought out, detailed and clear description of impairment in functioning in 3 or more domains (i.e., social-emotional, behavioral, academic/occupational), grounded in case details, strong connection to theoretical/research base.	
DSM-5 Diagnosis	Diagnosis is inaccurate and/or DSM-V criteria for the disorder are not delineated and exemplified	Diagnosis is partially accurate, per explicit delineation of DSM-V criteria for the disorder and how the Client exemplifies each; diagnosis is grounded in case details; limited connection to theoretical/research base.	Diagnosis is accurate, per explicit delineation of DSM-V criteria for the disorder and how the Client exemplifies each; diagnosis is grounded in case details; basic connection to theoretical/research base.	Diagnosis is accurate, per explicit delineation of DSM-V criteria for the disorder and how the Client exemplifies each; diagnosis is grounded in case details; strong connection to theoretical/research base.	
Etiology	Conceptualization of Client's presenting	Conceptualization of Client's presenting problem is missing	Conceptualization of Client's presenting problem is appropriate,	Conceptualization of Client's presenting problem is complete,	

	problem is inadequate, incomplete, or missing	important elements, does not align with empirically based pathways to psychopathology; and/or is not clearly connected to two tenets of the chosen theoretical perspectives	somewhat aligned with empirically based pathways to psychopathology, and connected to tenets of the two chosen theoretical perspectives	aligned with empirically based pathways to psychopathology, and clearly connected to tenets of the two chosen theoretical perspectives	
Chapter II: Treatment Plan					
Domains of Functioning	Treatment plan does not encompass the domains as requested	Treatment plan addresses 1-2 of the relevant domains and/or shows minimal understanding of the concepts.	Treatment plan addresses 3 of the relevant domains, or addresses them in a limited way.	Treatment plan addresses each of the 4 domains of functioning: Symptom Reduction, Social Emotional, Behavioral, and Academic/Occupational.	
Long Term Goals	Long term goals are missing or irrelevant to Client's needs	Long term goals are defined but organized within inappropriate domains; and/or goals are not rooted in client needs based on information provided; and/or goals are not connected to tenets of the two chosen theoretical perspectives	Within each domain of functioning, 1-2 long term goals are described; each goal addresses relevant needs of the client based on information provided; goals are somewhat connected to tenets of the two chosen theoretical perspectives	Within each domain of functioning, 2 appropriate long term goals are described; each goal addresses relevant needs of the client based on information provided; goals are clearly connected to tenets of the two chosen theoretical perspectives	
Short Term Goals	Short term goals are missing or irrelevant to Client's needs	Short term goals are identified without connection to broader long-term goals; goals are not presented in a way that is specific, measurable, attainable, relevant, and time bound (SMART).	2-3 short term goals are identified for each long term goal; goals are presented in a way that is specific, measurable, attainable, relevant, and time bound (SMART).	2-3 short term goals are identified for each long term goal and directly related to the respective long-term goal; goals are presented in a way that is specific, measurable, attainable, relevant, and time bound (SMART).	

Strategies	No reference is made to strategies that will further long- and short-term goals	Strategies chosen to support short- and long-term goals are lacking in evidence base and are not grounded in chosen theoretical perspectives	Strategies chosen to support short- and long-term goals are evidence based OR in line with chosen theoretical perspectives	Strategies chosen to support short- and long-term goals are evidence based and in line with chosen theoretical perspectives	
Chapter III: Literature Review					
Content	Literature review is sparse; irrelevant literature is reviewed; major ideas or key concepts are not covered	Literature review includes key terms and definitions, historical context, and major theories and developments in the area of inquiry; areas are not sufficiently discussed	Literature review details key terms and definitions, historical context, and major theories and developments in the area of inquiry; lacks focus or exceeds the scope of the topic	Literature review thoroughly details key terms and definitions, historical context, and major theories and developments in the area of inquiry	
Evidence Based Practices	Review is missing discussion of major approaches	Review touches upon major approaches but is outdated OR fails to include sufficient research support	Review includes information on all major approaches but lacks detail OR is not entirely clear or concise	Review of treatments is current, comprehensive and concise, includes sufficient information on most widely accepted evidence-based approaches to address the presenting problem	
Quality of Literature	Articles selected for review are low-quality and do not reflect evaluation of study design, empirical methods, and interpretation of findings	Some articles selected for review are appropriate quality and/or reflect minimal evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are appropriate quality and reflect evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are high-quality and reflect thoughtful evaluation of study design, empirical methods, and interpretation of findings	
Literature Critique	No literature critique	Summary of the literature rather than critique of strengths,	Summary of the literature with some critique of strengths,	Current literature is critiqued in terms of strengths, weaknesses,	

		weaknesses, and areas for development; no critique of study methodologies and how they limit findings/interpretations	weaknesses, and areas for development; minimal critique of study methodologies and how they limit findings/interpretations	and areas for development; detailed critique of study methodologies and how they limit findings/interpretations	
Research Questions (RQs)	Literature critique does not culminate in any discernible statement about gaps in the literature or basis or further inquiry	Literature critique culminates in gaps in the literature and/or basis or further inquiry that are irrelevant or not grounded in the preceding literature review	Literature critique culminates in several gaps in the literature for which research questions are warranted, making unclear the purpose of the subsequent research	Literature critique culminates in a clear gap in the literature for which research questions are warranted	
Chapter IV: Research Proposal					
RQs Clarity	Research questions not defined	Insufficient or irrelevant research questions articulated (i.e., do not reflect paper topic)	2-3 relevant research questions are articulated but lack clarity	2-3 relevant research questions are articulated in a clear and unambiguous manner	
RQs Relevance	Research questions not defined	Research questions do not correspond to any data collection method (i.e., literature review, quantitative study)	Research questions somewhat correspond to data collection method (i.e., literature review, quantitative study)	Research questions are structured appropriately for and clearly correspond to data collection method (i.e., literature review, quantitative study)	
RQs Rationale	Research questions do not relate to literature review	Research questions (RQs) are not grounded in the literature reviewed; RQs do not reflect what is currently known in the area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs propose exploration ahead of what is currently known in the area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs build upon what is known currently in the literature for a logical “next step.”	
RQs Hypotheses	Hypotheses are unrelated to the research questions of interest	Hypotheses somewhat correspond to research question but are incomplete.	Hypotheses are accurate, in the context of the	Hypotheses are accurate, in the context of the research question. The null and alternative hypothesis are clearly	

			research question. The null and alternative hypothesis are stated	defined using appropriate notation	
Study Design	A study design is not identified	Study design (i.e., single-subject, experimental, randomized control trial) is described but is inappropriate in the context of study aims and research questions	Study design (i.e., single-subject, experimental, randomized control trial) is identified and described in detail. The selected design is somewhat appropriate in the context of study aims and research questions	Study design (i.e., single-subject, experimental, randomized control trial) is identified and described in detail. The selected design is appropriate in the context of study aims and research questions	
Sample and Recruiting	Participant pool is not consistent with the presented rationale and/or stated research question. A sampling procedure is either not identified or is inaccurate in the context of the research question and identified participant pool. A rationale is not provided for the presented sampling procedure. The description of how to recruit participants is not consistent with the identified sampling procedure.	Participant pool makes sense in the context of the presented rationale and stated research question, but lacks clarity and/or accuracy in the inclusion and exclusion criteria. A sampling procedure is identified, but either not fully accurate or justified in the context of the research question and identified participant pool. The description of how to recruit participants is mostly consistent with the identified sampling procedure.	Participant pool is clearly articulated, including necessary inclusion and exclusion criteria. A sampling procedure is clearly identified and justified in the context of the research question and identified participant pool. The description of how to recruit participants is consistent with the identified sampling procedure.	Participant pool is clearly articulated and the identified inclusion and exclusion criteria are clearly linked to relevant literature. A sampling procedure is clearly identified and justified in the context of the research question and identified participant pool. The description of how to recruit participants is consistent with the identified sampling procedure.	

Variables	Study variables are unclear and lack an operational definition. The identified scale of measurement is not accurate	Study variables are clearly and operationally defined, but the identified scale of measurement is not completely accurate	Study variables are clearly and operationally defined. The identified scale of measurement is accurate (a. continuous or discrete, b. qualitative or quantitative, and c. nominal, ordinal or scale)	Study variables are grounded in the literature and clearly and operationally defined. The identified scale of measurement is accurate (a. continuous or discrete, b. qualitative or quantitative, and c. nominal, ordinal or scale)	
Measures	Measures are not defined or inappropriate for the scope and topic of the research project	Measures selected are appropriate for evaluating variables of interest. Measures are described minimally and/or not evaluated in terms of psychometric properties (i.e., Cronbach’s alpha, validated with demographic group of interest, etc.)	Measures selected are appropriate for evaluating variables of interest. Measures are named and described in detail. Measures do not demonstrate adequate psychometric validity for use in the research project (i.e., Cronbach’s alpha, validated with demographic group of interest, etc.)	Measures selected are appropriate for evaluating variables of interest. Measures are named and described in detail. Measures are described as having demonstrated adequate psychometric properties in previous use (i.e., Cronbach’s alpha, validated with demographic group of interest, etc.)	
Procedures	None of the elements below observed	1-3 of the elements below observed	Most of the elements below observed	All of the elements below observed and described in a coherent, step-by-step manner	
	Setting/participants	A paragraph describes the sample and a corresponding table summarizes participant demographics			
	Administration	Procedures for each stage of the research study (i.e., recruiting, consent, training of data collectors, communication with participants) are described in detail and in an organized manner			
	Data handling	Processes for the collection, handling, and protection of data are described in detail			

	Appendices	All supplemental documents (i.e., consent forms, administration protocols) are referred to in text and attached as appendices			
Planned Analysis	Intended analyses are not described	Intended analyses are insufficiently described are inappropriate for the study aims	Intended analyses are sufficiently described clearly in a sequential manner with appropriate citations; selected analyses are mostly appropriate for the study aims and research questions	Intended analyses are sufficiently described clearly in a sequential manner with appropriate citations; selected analyses are optimal for the study aims and research questions	
	Descriptive Statistics	The manner in which participant characteristics will be summarized is described (i.e., frequencies, percentages)			
	Quantitative Analysis	If quantitative, the specific statistical tests (i.e., t-Test, ANOVA) that will be conducted are identified, including statistical assumptions that will need to be met. The interpretation of each finding is clearly articulated (t-value, regression coefficients), along with its meaning (i.e., “signifying a difference between the two groups”)			
	Qualitative Analysis	If qualitative, an empirically based model for analyzing data is described (i.e., content analysis, narrative analysis). The manner in which data will be summarized is defined (i.e., coding, thematic mapping)			
Scope	The overall methodology of the study (procedures and planned analysis) is not described sufficiently enough to provide judgement	The overall methodology of the study (procedures and planned analysis) is inappropriate or insufficient for the intended aims or outcomes of the study	The overall methodology of the study (procedures and planned analysis) exceeds the scope of a dissertation-level project in terms of aims and intended outcomes	The overall methodology of the study (procedures and planned analysis) is appropriate for the scope of a dissertation-level project in terms of aims and intended outcomes	
Chapter V: Discussion					
Potential Results	Writer does not identify or discuss any relevant key findings	Key findings are insufficient in number or misrepresent the literature reviewed	Writer identifies 1-3 key findings from the review (i.e., trends, opposing findings, inconsistencies); discussion of key findings lacks detail and	Writer identifies 1-3 key findings from the review (i.e., trends, opposing findings, inconsistencies); key findings are discussed in detail	

			requires further development		
Implications for Practice/Theory	Implications for practice/theory not identified	Writer identifies insufficient or irrelevant implications for practice/theory based on potential findings	Writer identifies 3 relevant implications for practice/theory based on potential findings; basis for implications is insufficiently developed	Writer identifies and discusses 3 implications for practice/theory based on potential findings (interpretations); basis of interpretations is well-developed	
Study Limitations	Study limitations are not identified	Discusses insufficient or inappropriate study limitations	Discussion of 1-2 study limitations that are weak in statistical or empirical basis (i.e., identifies only sample size as limiting generalizability)	Discussion of 3 legitimate, empirically based study limitations (i.e., methodology, bias management, variable choice)	
Future Directions	Future directions are not identified	Identification of insufficient or irrelevant future directions that are not warranted based on research findings	Identification of 2-3 future directions for the area of inquiry that are not warranted based on research findings	Identification of 2-3 future directions for the area of inquiry that are justified by the research findings and conclusion	
Summary	Summary is not included	Minimal summary of study takeaways	Lengthy, redundant or incomplete summary of study takeaways	Succinct yet comprehensive summary of study takeaways	

Research Paper Rubric Draft
***Must be rated 2 or 3 in all areas to progress to defense**

CRITERIA	RATING				REVIEWER COMMENT
	0 NOT OBSERVED/SCORED	1 BELOW STANDARD	2 APPROACHING STANDARD	3 MEETS STANDARD	
STYLE & PRESENTATION					
Format	APA format is unidentifiable in text, headings, citations, references, figures, tables, and appendices.	Minimal elements of APA style in text, headings, citations, references, figures, tables, and appendices	APA format for most text, headings, citations, references, figures, tables, and appendices	APA format for all text, headings, citations, references, figures, tables, and appendices	
Title Page	Title page is missing, not clearly identifiable, or appears in the incorrect sequence	Title page includes 1-2 of the following: title that is generally related and, author name, institution name	Title page includes title that generally relates to paper topic, author name, institution name, but title exceeds 100 characters	Title page includes title that is succinct and directly related to the paper topic, author name, institution name, and title is 100 characters or less	
Table of Contents (ToC)	ToC is missing is missing, not clearly identifiable, or appears in the incorrect sequence	Incomplete or inaccurate headers that do not match written text; incorrect page numbers listed	Most ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	All ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	
References Section	Reference section is missing	Few references used in text are listed in references section, or few citations are accurately formatted according to APA	Most references used in text are listed in references section and citations are accurately formatted according to APA. References section includes citations that are not referenced in text.	All references used in text are listed in references section and citations are accurately formatted according to APA. Each source cited in references section also appears in text.	
Organization/Synthesis	Paper is not clearly organized in content presentation and does	Paper includes several summaries of articles with no clear unifying	Paper includes summary of the literature with some synthesis or identification of themes;	Paper includes summaries from the literature that are fully	

	not follow headings/subheadings	topic or theme; disjointed in synthesis of the research with minimal or irrelevant headings/subheadings	paper is organized by too many or too few headings/subheadings, reflecting no identification of broad connecting themes	and logically organized around unifying themes with appropriate headings/subheadings; writer synthesizes and makes connections across research studies and themes	
Originality	Turn-it-in rating is red, reflecting 75-100% matching text between paper and existing sources	Turn-it-in rating is orange, reflecting 50-74% matching text between paper and existing sources	Turn-it-in rating is yellow, reflecting 25-49% matching text between paper and existing sources	Turn-it-in rating is blue/green, reflecting 0-24% matching text between paper and existing sources <u>Final draft must receive blue/green rating</u>	
	<i>Note: Faculty will accept content from papers prepared by the student author for previous courses (i.e., copy and paste sections from earlier papers). In such cases, the student must provide a copy of the previously written paper.</i>				
CONTENT					
Introduction/Background					
Paper Topic	Paper topic cannot be identified at any point in the intro/background	Paper topic is articulated, but at an inappropriate place in the intro/background	Paper topic is articulated in the introduction paragraph, but is unclear or does not define an area of research inquiry	Paper topic is clearly articulated in the introduction paragraph and defines an area of research inquiry	
Literature Review	No literature review; irrelevant literature is reviewed; major ideas or key concepts are not covered	Literature review includes key terms and definitions, historical context, and major theories and developments in the area of inquiry; areas are not sufficiently discussed	Literature review details key terms and definitions, historical context, and major theories and developments in the area of inquiry; lacks focus or exceeds the scope of the topic	Literature review thoroughly details key terms and definitions, historical context, and major theories and developments in the area of inquiry	
Quality of Literature	Articles selected for review are low-quality and do not reflect evaluation of study design, empirical methods, and	Some articles selected for review are appropriate quality and/or reflect minimal evaluation of study design, empirical	Articles selected for review are appropriate quality and reflect evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are high-quality and reflect thoughtful evaluation of study design, empirical methods, and	

	interpretation of findings	methods, and interpretation of findings		interpretation of findings	
Literature Critique – Content	No literature critique	Summary of the literature rather than critique of strengths, weaknesses, and areas for development; no critique of study methodologies and how they limit findings/interpretations	Summary of the literature with some critique of strengths, weaknesses, and areas for development; minimal critique of study methodologies and how they limit findings/interpretations	Current literature is critiqued in terms of strengths, weaknesses, and areas for development; detailed critique of study methodologies and how they limit findings/interpretations	
Literature Critique – Research Questions	Literature critique does not culminate in any discernable statement about gaps in the literature or basis or further inquiry	Literature critique culminates in gaps in the literature and/or basis or further inquiry that are irrelevant or not grounded in the preceding literature review	Literature critique culminates in several gaps in the literature for which research questions are warranted, making unclear the purpose of the subsequent research	Literature critique culminates in a clear gap in the literature for which research questions are warranted	
Research Questions					
Clarity	Research questions not defined	Insufficient or irrelevant research questions articulated (i.e., do not reflect paper topic)	2-3 relevant research questions are articulated but lack clarity	2-3 relevant research questions are articulated in a clear and unambiguous manner	
Relevance	Research questions not defined	Research questions do not correspond to any data collection method (i.e., literature review, quantitative study)	Research questions somewhat correspond to data collection method (i.e., literature review, quantitative study)	Research questions are structured appropriately for and clearly correspond to data collection method (i.e., literature review, quantitative study)	
Rationale	Research questions do not relate to literature review	Research questions (RQs) are not grounded in the literature reviewed; RQs do not reflect what is currently known in the area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs propose exploration ahead of what is currently known in the area of inquiry	Research questions (RQs) are grounded in the literature reviewed; RQs build upon what is known currently in the	

				literature for a logical “next step.”	
Search Stage (Method/Data Collection)					
Framework for Systematic Literature Review	No evidence of a systematic approach to data collection	Research databases, key terms, and inclusion/exclusion criteria are selected without a clear rationale or basis	A clear rationale clearly used to select and justify research databases, key terms, and inclusion/exclusion criteria	A clear framework for systematic literature review is named and described in detail; framework is clearly used to select and justify research databases, key terms, and inclusion/exclusion criteria	
Table of Research Criteria	Research criteria are not discussed, and summary table is not present	Sparsely describes databases, key terms, and inclusion/exclusion criteria used; no table included or sparse information in table	Names and clearly describes some research databases, key terms, and inclusion/exclusion criteria used; summary table includes these criteria	Names and clearly describes all research databases, key terms, and inclusion/exclusion criteria used; summary table includes these criteria	
Bias/Agenda	Bias/agenda in the literature review are not discussed	Bias/agenda in the review are discussed but no steps are identified to mitigate these phenomena	Steps taken to mitigate bias/agenda in the review are discussed without an empirical basis	Empirically based steps taken to mitigate bias/agenda in the review are identified	
Summarizing the Evidence (Results)					
Literature Synthesis (Tables)	Table of results is missing	Table of results is incomplete or lacks description of study results in areas defined below	Table of results summarizes most studies reviewed in terms of the elements below	Table of results summarizes all studies reviewed and results from them in terms of the elements below	
	Population and Setting	The sample size, setting of study, and characteristics of participants in the study are described			
	Methods	The methods (i.e., experimental design, nature of intervention) of the study are briefly summarized			

	Inferential Statistics	For quantitative studies, all methods of data analysis are identified (i.e., t-Test, ANOVA, regression) with a clear corresponding articulation of the meaning of each result (i.e., statistically significance, group difference)			
	Qualitative Findings	For qualitative studies, the methods of data analysis (i.e., coding, key terms) are identified with a clear summary of unified themes or other key findings			
	Implications of Findings	The findings are summarized with a succinct description of how findings apply to the present paper			
Literature Synthesis (Interpretations)	No literature synthesis	Literature synthesis is insufficiently detailed or misses major takeaways from the literature review; writer does not reiterate or interpret themes	Literature synthesis is detailed and captures major takeaways from the literature review; writer reiterates overt or surface-level themes from the literature	Literature synthesis is succinct with minimal redundancy and captures major takeaways from the literature; writer poses nuanced, original interpretations from the literature	
Quantitative Findings	Quantitative results are not discussed in text	Results from quantitative analyses are discussed and interpreted incorrectly; results are not articulated in relevant and statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for any calculations (mean differences, correlations, etc.)	Results from quantitative analyses are correct but described incompletely/partially; results are not articulated in relevant and statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for calculations (mean differences, correlations, etc.)	Results from quantitative analyses are described accurately in text with reference to tables as applicable; results are precisely articulated in statistically appropriate language for reporting (i.e., as exemplified in SPSS manual) for all calculations (mean differences, correlations, etc.)	
Analysis & Discussion					
Key Findings	Writer does not identify or discuss any relevant key findings	Key findings are insufficient in number or misrepresent the literature reviewed	Writer identifies 4-5 key findings from the review (i.e., trends, opposing findings, inconsistencies); discussion of key findings lacks detail and requires further development	Writer identifies 4-5 key findings from the review (i.e., trends, opposing findings, inconsistencies); key findings are discussed in detail	

Implications for Practice/Theory	Implications for practice/theory not identified	Writer identifies insufficient or irrelevant implications for practice/theory based on findings	Writer identifies 3 relevant implications for practice/theory based on findings; basis for implications is insufficiently developed	Writer identifies and discusses 3 implications for practice/theory based on findings (interpretations); basis of interpretations is well-developed	
Limitations & Future Directions					
Study Limitations	Study limitations are not identified	Discusses insufficient or inappropriate study limitations	Discussion of 3-5 study limitations that are weak in statistical or empirical basis (i.e., identifies only sample size as limiting generalizability)	Discussion of 6-10 legitimate, empirically based study limitations (i.e., methodology, bias management, variable choice)	
Future Directions	Future directions are not identified	Identification of insufficient or irrelevant future directions that are not warranted based on paper findings	Identification of 2-3 future directions for the area of inquiry that are not warranted based on paper findings	Identification of 2-3 future directions for the area of inquiry that are justified by the paper findings and conclusion	
Conclusion					
Summary	Summary is not included	Minimal summary of study takeaways	Lengthy, redundant or incomplete summary of study takeaways	Succinct yet comprehensive summary of study takeaways	

Resources

Systematic Literature Review Methods

- [PICO\(T\) framework](#)
- [SPIDER](#)

Formatting and Style

- [Publication Manual of the American Psychological Association \(APA\)](#)

Theoretical Research Paper Rubric Draft
***Must be rated 2 or 3 in all areas to progress to defense**

CRITERIA	RATING				REVIEWER COMMENT
	0 NOT OBSERVED/SCORED	1 BELOW STANDARD	2 APPROACHING STANDARD	3 MEETS STANDARD	
STYLE & PRESENTATION					
Format	APA format is unidentifiable in text, headings, citations, references, figures, tables, and appendices.	Minimal elements of APA style in text, headings, citations, references, figures, tables, and appendices	APA format for most text, headings, citations, references, figures, tables, and appendices	APA format for all text, headings, citations, references, figures, tables, and appendices	
Title Page	Title page is missing, not clearly identifiable, or appears in the incorrect sequence	Title page includes 1-2 of the following: title that is generally related and, author name, institution name	Title page includes title that generally relates to paper topic, author name, institution name, but title exceeds 100 characters	Title page includes title that is succinct and directly related to the paper topic, author name, institution name, and title is 100 characters or less	
Table of Contents (ToC)	ToC is missing is missing, not clearly identifiable, or appears in the incorrect sequence	Incomplete or inaccurate headers that do not match written text; incorrect page numbers listed	Most ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	All ToC headers/sub-headings are present and match headers written in text; page numbers are accurate	
References Section	Reference section is missing	Few references used in text are listed in references section, or few citations are accurately formatted according to APA	Most references used in text are listed in references section and citations are accurately formatted according to APA. References section includes citations that are not referenced in text.	All references used in text are listed in references section and citations are accurately formatted according to APA. Each source cited in references section also appears in text.	
Organization/Synthesis	Paper is not clearly organized in content presentation and does	Paper includes several summaries of articles with no clear unifying	Paper includes summary of the literature with some synthesis or identification of themes;	Paper includes summaries from the literature that are fully	

	not follow headings/subheadings	topic or theme; disjointed in synthesis of the research with minimal or irrelevant headings/subheadings	paper is organized by too many or too few headings/subheadings, reflecting no identification of broad connecting themes	and logically organized around unifying themes with appropriate headings/subheadings; writer synthesizes and makes connections across research studies and themes	
Originality	Turn-it-in rating is red, reflecting 75-100% matching text between paper and existing sources	Turn-it-in rating is orange, reflecting 50-74% matching text between paper and existing sources	Turn-it-in rating is yellow, reflecting 25-49% matching text between paper and existing sources	Turn-it-in rating is blue/green, reflecting 0-24% matching text between paper and existing sources_ <u>Final draft must receive blue/green rating</u>	
	<i>Note: Faculty will accept content from papers prepared by the student author for previous courses (i.e., copy and paste sections from earlier papers). In such cases, the student must provide a copy of the previously written paper.</i>				
CONTENT					
Introduction/Background					
Paper Topic	Paper topic cannot be identified at any point in the intro/background	Paper topic is articulated, but at an inappropriate place in the intro/background	Paper topic is articulated in the introduction paragraph, but is unclear or does not define an area of research inquiry	Paper topic is clearly articulated in the introduction paragraph and defines an area of research inquiry	
Literature Review	No literature review; irrelevant literature is reviewed; major ideas or key concepts are not covered	Literature review includes key terms and definitions, historical context, and major theories and developments in the area of inquiry; areas are not sufficiently discussed	Literature review details key terms and definitions, historical context, and major theories and developments in the area of inquiry; lacks focus or exceeds the scope of the topic	Literature review thoroughly details key terms and definitions, historical context, and major theories and developments in the area of inquiry	
Quality of Literature	Articles selected for review are low-quality and do not reflect evaluation of study design, empirical methods, and	Some articles selected for review are appropriate quality and/or reflect minimal evaluation of study design, empirical	Articles selected for review are appropriate quality and reflect evaluation of study design, empirical methods, and interpretation of findings	Articles selected for review are high-quality and reflect thoughtful evaluation of study design, empirical methods, and	

	interpretation of findings	methods, and interpretation of findings		interpretation of findings	
Literature Critique – Content	No literature critique	Summary of the literature rather than critique of strengths, weaknesses, and areas for development; no critique of study methodologies and how they limit findings/interpretations	Summary of the literature with some critique of strengths, weaknesses, and areas for development; minimal critique of study methodologies and how they limit findings/interpretations	Current literature is critiqued in terms of strengths, weaknesses, and areas for development; detailed critique of study methodologies and how they limit findings/interpretations	
Literature Critique – Research Questions	Literature critique does not culminate in any discernable statement about gaps in the literature or basis or further inquiry	Literature critique culminates in gaps in the literature and/or basis or further inquiry that are irrelevant or not grounded in the preceding literature review	Literature critique culminates in several gaps in the literature for which research questions are warranted, making unclear the purpose of the subsequent research	Literature critique culminates in a clear gap in the literature for which research questions are warranted	
Theoretical Proposal					
Clarity	A novel theory is not defined	Insufficient or irrelevant theory articulated (i.e., do not reflect paper topic)	A novel theory articulated but lacks clarity	A novel theory is articulated in a clear and unambiguous manner	
Rationale	The novel theory proposed does not relate to literature review	The novel theory proposed is not grounded in the literature reviewed and does not reflect what is currently known and missing in the area of inquiry	The novel theory proposed is somewhat grounded in the literature reviewed and reflects what is currently known and missing in the area of inquiry	The novel theory proposed is grounded in the literature reviewed and builds upon what is known currently in the literature for a logical “next step.”	
Description of Novel Theory					
Description of Theory	No theoretical framework is readily apparent to the reader	A sparse or unclear theoretical framework is described; the tenets of	A theoretical framework is described; the tenets of the theory are laid out in separate	A robust theoretical framework is described clearly and in detail; the tenets of the	

		the theory are mentioned but without description	sections to express their purpose, key terms, and utility	theory are clearly laid out in separate sections to express their purpose, key terms, and utility	
Application of Theory	The theoretical framework is not applied to a theoretical case	The theoretical framework is mentioned alongside a practical case and/or does not demonstrate the utility of each tenet of the theoretical model	The theoretical framework is applied to a practical case that somewhat demonstrates utility of each tenet of the theoretical model	The theoretical framework is clearly applied to a practical case that highlights the utility of each tenet of the theoretical model	
Visual/Logic Model	A logic model is not included to illustrate the theory proposed	A logic model minimally illustrates the basic tenets and definitions of the theory proposed and/or is sparse or unclear	A logic model illustrates the basic tenets and definitions of the theory proposed, and makes some reference to major theories upon which the novel theory is built (i.e., Bronfenbrenner's)	A logic model clearly illustrates the key tenets and definitions of the theory proposed, and clearly conveys to any existing major theories upon which the novel theory is built (i.e., Bronfenbrenner's)	
Bias/Agenda	Bias/agenda in the development of the theory is not discussed	Bias/agenda in the development of the theory is discussed but no steps are identified to mitigate these phenomena	Bias/agenda in the development of the theory is discussed without an empirical basis	Bias/agenda in the development of the theory is addressed and steps are taken to mitigate bias/agenda in the review are identified	
Limitations & Future Directions					
Implications for Practice/Theory	Implications for practice/theory not identified	Writer identifies insufficient or irrelevant implications for practice/theory based on findings	Writer identifies 3 relevant implications for practice/theory based on findings; basis for implications is insufficiently developed	Writer identifies and discusses 3 implications for practice/theory based on findings (interpretations); basis of interpretations is well-developed	
Future Directions	Future directions are not identified	Identification of insufficient or irrelevant	Identification of 2-3 future directions for the area of	Identification of 2-3 future directions for	

		future directions that are not warranted based on paper findings	inquiry that are not warranted based on paper findings	the area of inquiry that are justified by the paper findings and conclusion	
Conclusion					
Summary	Summary is not included	Minimal summary of theory takeaways	Lengthy, redundant or incomplete summary of theory takeaways	Succinct yet comprehensive summary of theory takeaways	



Doctoral Program in Counseling and School Psychology

Results of Doctoral Dissertation Project Defense

Student Name: _____ Rivier ID #: _____

COHORT (Year started): _____

The Chair of the Dissertation Defense Committee conducted the Dissertation Defense of _____ on _____ in partial fulfillment of the requirements for the degree of the Doctoral Program in Counseling and School Psychology, Division of Education, (Psy.D). This was the first examination for this candidate.

The Chair of the dissertation defense reports that the student has passed the dissertation defense under the following conditions:

1. ____ Pass with Distinction. The Committee recommends approval of the dissertation.
2. ____ Pass. The committee recommends acceptance and approval of the dissertation.
3. ____ Pass. The committee accepts the dissertation with correction of typographical errors, minor changes in format and style, and limited changes in content. The corrected version of the dissertation must be submitted for approval by the Chair of the Dissertation Committee.
4. ____ Pass. The dissertation requires significant changes in content. All changes are to be reviewed by the Chair, Dissertation Defense and Chair, Dissertation Committee prior to the submission of the final copy to the dissertation committee members for their review and acceptance.
5. ____ Passed the defense, the dissertation defense committee does not have to reconvene for a defense; however, the dissertation is not acceptable as written. The dissertation requires substantial rewriting. A written explanation of the revision will be provided by the Chair, Dissertation Defense. The dissertation must be read and approved by all of the members of the dissertation committee prior to submission of the final copy for acceptance for the signature page.

The final dissertation with the appropriate signed cover sheet must be submitted to the Rivier Library by the following date in order to be awarded the degree at commencement. Students may participate in the commencement prior to completing any final requirements of the dissertation defense committee specified in conditions (1), (2), and (3). The student may not participate in commencement under the conditions of (4) and (5). Student will be assessed a continuing fee until the final edited dissertation is presented to the library.

Date of Commencement

Date of Library Submission

The Chair, Dissertation defense reports that the student has not passed the defense of their dissertation and recommends the following:

6. ____ The candidate has not passed the dissertation defense. The dissertation defense may be rescheduled no later than _____. Prior to rescheduling the dissertation defense the student must satisfy the written conditions of the Chair, Dissertation Defense Committee.

7. ____ The candidate has not passed the dissertation defense. There is no provision for a re-scheduling of the dissertation defense at this time.

The signature of each member of the Dissertation Committee represents his or her individual concurrence with the decision.

Chair, Dissertation Defense

Member, Dissertation Committee

The candidate's signature acknowledges the results of their dissertation defense.

Student

Date