CLINICAL RESEARCH PROJECT MANUAL

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THE AMERICAN SCHOOL OF PROFESSIONAL PSYCHOLOGY
AT ARGOSY UNIVERSITY
San Francisco Bay Area Campus

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CLINICAL RESEARCH PROJECT

PURPOSE, CRITERIA, AND EXPECTATIONS

These are the guidelines for the Clinical Research Project (CRP) process for the Clinical Program at the American School of Professional Psychology (ASPP) at Argosy University, at its San Francisco Bay Area campus. (The term CRP is ASPP/Argosy's term for what most other doctoral programs outside of Argosy call a dissertation.) The student should consult these guidelines as the primary resource for information about the CRP process from start to finish. Students are strongly encouraged to read the CRP guidelines in their entirety as they begin to develop their CRP topics. These guidelines were also written as a resource for CRP chairs and committee members/readers.

The primary purpose of the CRP is to refine the skills necessary for the production of a scholarly piece of research work in an area of clinical/professional psychology. In the course of conducting the project, students are expected to deepen their knowledge about a particular area of clinical/ professional psychology, to enhance their critical thinking and writing skills, to develop and apply skills in research methodology, and to experience a working relationship with a faculty mentor, their committee chairperson.

The end product of the clinical research project is a publishable scholarly work. The project should be clear in its conceptualization, sound in its methodology, and careful in its execution. Both the CRP proposal and the finished CRP must conform to high doctoral-level standards for the written communication of a scholarly work, and follow appropriate requirements for format and style, using the 5th (or latest) edition of the APA Publication Manual. There are no minimum or maximum expectations with respect to the length of the CRP or to the actual number of references cited, although the range of average page lengths of various chapters of past CRPs are provided to give some sense of the scope involved. The CRP should be of a sufficient length to adequately cover the topic without inclusion of extraneous material.

At the ASPP/Argosy San Francisco Bay Area campus, either of two basic types of CRP can be done. The first type of CRP involves conducting original research. One can design, carry out, and write-up an original research project, using (usually) a qualitative research methodology, on a topic relative to professional psychology; or one may carry out an original research project using mixed methods (i.e., both qualitative and quantitative methods); or, with permission from one's CRP committee, one may do an original research project using only quantitative research methods. The second type of CRP that can be chosen involves conducting a comprehensive review of the literature and critical analysis on a topic relevant to the theory and/or practice of professional psychology and that is guided by one or more research questions, hypotheses, or objectives the student has chosen.

The clinical research project usually takes from nine months to one year to complete with a steady commitment of time. During this time the student is expected to work closely primarily with his/her Committee Chair and secondarily with the additional committee member/reader in developing the proposal, conducting the research, and writing the final product. The student is required to defend the finished CRP at an oral defense held with the committee and open to the campus community.

OVERVIEW OF THE CRP PROCESS

Procedures: Chronological Steps to Completion

The sequence of procedures required to successfully complete the CRP are listed below. Each of these procedures is described in some detail in separate sections of this document. Required school forms are in italics.

1. Complete prerequisites for the CRP, which include successfully completing PP7200 and PP7201, Statistics and Research I & II. Starting Fall 2006 onward, students will also be required to take a new, third course in the research sequence: PP8499, CRP Proposal Development.

2. Develop possible topics/questions.

3. Select chair of the CRP Committee. Student should give *Request for Service on a Clinical Research Project Committee* form to both his/her chair and reader (if procured at this point) with the *Acceptance of Service on a Clinical Research Project Committee* form. Also, if the prospective committee member is not a faculty member of Argosy/SFBA, the student should also submit to The Clinical Program Head the *Outside CRP/Dissertation Chair/Reader Approval Form.*

4. Submit signed and approved *Acceptance of Service on a Clinical Research Project Committee* form to the Registrar at the Office of Student Services. If the committee chairperson or additional committee member is not an Argosy/SFBA core faculty member, student must also submit an *Outside Chair/CRP* approval form, which will need to be approved by the Clinical Program chair and returned to the Register. The student must provide this outside chairperson or member with a copy of the CRP Manual.

5. Register for CRP PP8501 with the section of your approved CRP chairperson. [Student must maintain continuous registration for this one-credit course until completion of the CRP process.]

6. Do a preliminary literature search to ensure sufficient empirical literature to support an original research study or a fuller review of the literature.

7. Select and refine topic.

8. Choose additional CRP committee member/reader, if not already done so. [Repeat process from step 4, above].

9. Write CRP proposal, working closely with CRP chairperson.

10. Submit CRP proposal draft to chair for review and refinement.

11. Once share has provided feedback to the student and revisions have been made, a subsequent draft of the proposal is submitted to the second committee member (reader) for further review and refinement.

12. Schedule the CRP proposal oral defense with the committee. [Committee has the option to wave of this step is acceptable to both committee and student.]

13. If defending proposal before CRP committee, incorporate any final changes to proposal based on oral defense feedback.

14. Submit the signed *Clinical Research Project Proposal Approval* form to Register.

15. Student must submit a CRP proposal acceptable to his/her committee before being allowed to apply for and begin one's (usually 4th year) pre-doctoral internship.

16. For any CRP proposal to do original research that involves human subjects, must secure the School's Institutional Review Board's (IRB's) Human Research Review Committee's (HRRC's) approval of initial short form application for human subjects review. After the share of HRRC signs the completed *Human Research Review Committee Approval* form the student submits this form to the Registrar's office. If human subjects or human subjects data is not involved, then student will still need to submit the form with "exempt" checked off on first page.

17. Conduct original research project, or a scholarly comprehensive critical survey of the literature, and write final document.

18. Submit final chapters of CRP document to chair for guidance, critical feedback, suggestions, and rewriting.

19. Subsequent to incorporating all of chair's feedback, submit CRP draft to second committee member/reader for review and feedback.

20. Once both chair and reader are satisfied with final draft, student schedules with committee the oral defense of the finished CRP.

21. Oral defense of the CRP is conducted (including student, committee members, and possible invited students, faculty, or other guests, with permission of the chair).

22. Submit *Clinical Research Project Oral Defense Completion* form signed by committee to Registrar.

23. Make any changes to the CRP document stemming from committee's feedback at oral defense.

24. Submit F*inal Clinical Research Project Approval* form.

25. Obtain signatures of CRP chair and second committee member on CRP title/signature page and provide a photocopy of this page to the Registrar.

26. Submit finalized CRP to binder for binding.

27. Bring signed, completed *CRP/Dissertation Submission* form with two final sewn cloth-hardcover-bound copies of the CRP (in Argosy colors, dark blue cover with gold lettering) to school librarian, procuring the librarian's signature on the form and finally, submit it to the Registrar. The copy with the original signatures will be the Reference copy in the Library.

28. Submit original unbound, originally signed copy of the CRP to Bell & Howell Information and Learning, Dissertation Publishing Customer Service, Ann Arbor, Michigan, along with filled-out multi-page form available from Registrar or Librarian.

POLICIES AND PROCEDURES

The Required Research Course Sequence

Prior to beginning work on the CRP, one must have completed both PP7200 Statistics and Research Methods I and PP7201 Statistics and Research Methods II. These two courses are taken in the second year. Students beginning their program from Fall 2006 onward must also take the third required research course-- PP8499 CRP Proposal Development. These courses must normally be successfully completed before proceeding to steps 2 through 28 above. If a student wishes to begin the CRP process prior to taking these research courses, it is possible to petition to do so, but to do so would require obtaining a CRP committee that would agree to such an earlier-than-normal beginning of the process.

Selecting The Clinical Research Project Committee

The Committee consists of the Chair and one additional member, sometimes called a Reader. The Chair is expected to be a core faculty member in the Argosy/SFBA clinical program, while the other committee member may be any other core or adjunct faculty member, or any outside individual with appropriate credentials (a doctoral degree) and expertise. The student must submit to the Head of the Clinical Program for approval the name and CV of anyone outside of the Argosy clinical faculty to be one's Chair, using the *Outside CRP/Dissertation Chair/Reader Approval Form*. Approval of an additional committee member, who is not an Argosy clinical faculty member, can be given by one's CRP Chair (if that person is a core clinical faculty member), who may consult with the Clinical Program Head and/or the Clinical Program Director of Research. Submit to the Registrar the CV of any chair or committee member who is not an Argosy/SFBA faculty member. Salaried Argosy core clinical faculty serve on committees as part of their regular contractual faculty responsibilities. Anyone else serving on a committee-- either an adjunct instructor in the clinical program or someone from outside Argosy-- is paid by Argosy to serve on the committee: $1000 for a chair, $500 for a reader (as of spring 2006). The student initiates the CRP process by choosing a research topic and asking someone to serve as Committee Chair

All committee members must have a doctoral degree. At least one member of the committee should have expertise in the content area of the research, in the research method(s) used, or both.

If the student selects a third committee member, she or he may be selected on a variety of bases (e.g., someone who can be worked with comfortably and who will be supportive in the process, a supervisor in an agency who is especially familiar with the CRP topic, et al.). Argosy will not pay for an additional, third, outside committee member. The student should give each prospective committee member a *Request for Service on a Clinical Research Project Committee* form, which appraises him/her of what will be involved in serving on the committee, including responsibilities.

When all members have agreed to serve on the committee, the chair and other member should sign and return an *Acceptance of Service on a Clinical Research Project Committee* form. When the student has collected the signed forms, they should be submitted together to the Registrar. The full CRP committee must be procured and approved prior to the finalization and oral defense of the proposal. All committee members are required to attend the proposal defense (unless there is a consensus that it could be waived) and to attend the final CRP defense. The committee member(s) also must be available to attend any additional meetings called by the CRP committee chair.

It is expected that the Chair will help the student develop a general schedule for completing the CRP proposal and then the final CRP itself, and encourage student progress toward that goal. At the same time, the Chair should make clear that acceptance of the CRP is contingent upon the student meeting the criteria for a satisfactory CRP as determined by the CRP committee, and not as a function of graduation deadlines, job opportunities, or other external factors. The Chair is responsible for meeting regularly with the student throughout all phases of the CRP project, and should provide feedback in a timely manner (committee members should try to respond to any student draft submissions in no more than two weeks time). On the other hand, the student is equally responsible for keeping in contact with his/her Chair. The Chair is also responsible for coordinating feedback from the other member of the committee as appropriate, and for ensuring that the other committee member, if not an Argosy/SFBA faculty member, is familiar with the school's standards, expectations, and procedures for the CRP.

The student should remember that faculty are not contracted to work (be available) in the break time between semesters or during the Summer II period (approx. late June to early September). A timeline for completion of the CRP should take into account these times of unavailability.

Committee Chair

The Chair is the one with whom the student will work most closely and is the one with the greatest authority within the committee. The Chair serves as primary academic adviser, research guide, chief editor, and overall mentor, although other committee member(s) will also help to provide ongoing feedback suggestions for the developing CRP document. The Chair may offer suggestions to other committee members. It is important that at the outset of the process the student discuss the composition and working style of the committee with the Chair.

The Chair is the first and major line of quality control on the CRP committee and, as such, will have to be highly critical and evaluative. On the other hand, given the hard work required of the CRP process, the Chair also frequently needs to be supportive and encouraging. To maintain a good working relationship, students should bear in mind that the responsibility for the quality of the work and the timely submission of work is primarily their own. If pushing to operate within

a school calendar deadline or some other time constraint, or even without such constraints, it is the student's responsibility to get the document up to the standards sought by the committee. Students are strongly encouraged to prepare a timeline with proposed completion dates at the beginning, and, working with the Chair, revise as needed throughout the CRP process.

In order to develop a good working relationship, the student should communicate his/her needs clearly to the Chair. The Chair will work closely with the student and other committee member in order to set realistic goals for completion of different tasks. Do not hesitate to ask the Chair for guidance in completing specific tasks.

Committee Member(s)

(Also see first paragraph of prior Selecting the CRP Committee section.) When selecting the CRP committee the student should be sure to consider any possible conflicts of interest or dual relationships. Examples of possible dual relationships include working with personal therapists, business associates, employers, or evaluating supervisors (including a licensed psychologist to whom the student reports as a psychological assistant), friends, relatives, or recent alumni. Dual relationships should be avoided. If it is not possible to avoid such a relationship, discuss the relationship with the Chair and develop a plan to minimize any problems that may arise. Document the nature of the dual relationship and explicitly discuss it with the head of the Clinical Program when seeking approval of the CRP committee.

Changing Committee Members

Changes in committee members are rare and require the approval of the Head of the Clinical Program or Clinical Program's Director of Research. Chairs or committee members who leave the Argosy faculty may continue to serve on the committee if that is mutually acceptable. If it is not, students can discuss potential replacements with the Clinical Program head and/or Clinical Research Director. If a student wishes to change committee members, she or he needs to write to petition the Program Head or Research Director. The letter should indicate compelling reasons for the change. New committee members must receive from the student a *Request for Service on a Clinical Research Project Committee* form and an *Acceptance of Service on Clinical Research Project Committee* form to complete and return to the Registrar.

Seeking Help with the Writing

Early in the CRP process, the Chair may ask the student to find (and be prepared to separately pay) someone to help him/her with the writing of the CRP draft material. This tends to occur when the Chair decides that the quality of the writing being submitted to him/her is in sufficiently poor shape that an unreasonable amount of time is going to be spent providing line-by-line corrections and critical feedback primarily with regard to being out of compliance with APA writing manual standards and guidelines and, more often, simply with regard to the chronic problems being displayed in the writing itself (e.g., surface structure mechanics of the writing, grammar, sentence construction, syntax, and overall capacity to sufficiently clearly organize and move through complex, sophisticated scholarly and research thinking and writing with acceptable doctoral-level competence). If such an outside person has been requested by the Chair, that person then works with the student to first get the CRP written material in good enough shape at each stage or chapter before it is initially submitted to the Chair. In this way, the Chair can then focus more on the substantive matters of content, meaning, argument and critical thinking displayed, etc., than having to focus inordinately on the surface problems of the

writing itself. Argosy can provide a listing of such outside professional writing consultants. Some students doing an original research type CRP using quantitative and statistical methods may choose to pay an outside statistical consultant to help with this aspect, but only if the regular committee members agree to or recommend this.

THE FUNCTION OF THE CRP PROPOSAL

The development of the CRP proposal is an important first step in the overall CRP process. As earlier mentioned, the student is expected to work closely with the Committee Chair in developing his/her proposal. Approval of the proposal by the committee indicates that the student is ready to begin data collection, if it is an original research type study, or, in the case of the literature review type study, is ready to proceed with deepening and completing the initially outlined scholarly literature review and then addressing and discussing how the findings of the literature review can be brought to bear on one's research questions, hypotheses, or objectives.

The proposal is regarded as a kind of contract, binding to both the student and the school. If the student doesn't do the original research study or literature review as outlined in the proposal--for example, if the student discovers that a whole line of published research planned to be emphasized is too weak a literature – it must discussed with all committee members how any changes caused by this will be addressed. Conversely, if the review or study is carried out as outlined in the proposal, the student is protected from demands from one's committee for major additions or changes later on that had not been included in the original proposal. Given that it is not possible to know in advance everything about a given literature or field of research, the student may expect some changes in the structure or focus. However, these changes should be minor and should be consistent with the scope of the review or study outlined in the proposal.

The content and structure of the proposal are developed jointly with the CRP Chair. Descriptions of different sections of the CRP proposal and the finished CRP are offered in a later section of this manual to stimulate the student's thinking about what will work for original research projects or literature reviews.

As previously mentioned, one can choose to do either an original research project for one's CRP, or do a comprehensive critical survey of the literature in order to address one or more research questions.

Overview of the Original Research Project Type CRP

If this type of CRP is chosen, the proposal is expected to be organized according to the outline below (or something very similar to it recommended by one's committee). This approach presupposes the framing of a purpose statement that includes some kind of research question or questions and using a particular research design and methods for gathering and analyzing data to try to answer it/them. Each part of this CRP proposal outline will be elaborated in more detail later in this Manual.

In most cases, the first three chapters comprising the CRP proposal for an original research type study will also function as the first three chapters of the finished CRP itself, with Chapter II, The Survey of the Literature, probably being more detailed and comprehensive in the final CRP version than in the initial proposal's version, and with tenses changed from future to past tense in the final version of the first chapter's Purpose Statement and in the final version of Chapter III, Methodology.

Outline of Original Research Type CRP Proposal:

[Note that the italicized page number estimates below are based on averages from past Argosy/SFBA CRPs and may vary according to the nature of one's study and the input from one's committee.]

Title/Signature page.
[See sample title/signature on p ___.]

Table of Contents (with page numbers)

I. Chapter I: Introduction
- Background/Context of the Problem *(circa 2-4 pp.)*
- Statement of the Problem *(a page or 2)*
- Statement of Purpose *(one paragraph)*
  (incl. any research questions, objectives, hypotheses)
- Statement of Significance (including clinical significance) *(a page or 2)*

II. Chapter II: Survey of the Literature
- In outline form, beginning to be filled in. (Note that many committees require that the complete final version of the literature review chapter be completed before the proposal can be approved.) *(for the proposal, anywhere from 10 to 60 or more pp.)*

III. Methodology
- Research Design *(half a page or less)*
- Subjects/Participants *(usually a page or less)*
  (characteristics; criteria for selection used; nature of data source(s), if not human subjects)
- Treatments, Interventions, or Independent Variables (if any) *(a page or 2)*
- Instruments, Means, Measures, or Dependent Variables
  (data-gathering modes) *(maybe a few pages)*
- Data Analysis *(a page or less)*
  (how you plan to handle, process, and interpret the data gathered)
- Procedures *(a page or so)*
  (chronologically taking the reader through all steps to be taken in carrying out in the study)
- Limitations and Delimitations of the Study *(a page or 2)*
  (limitations refer to what within the nature of the research design is out of the researcher's hands and not of his/her choosing, but which limits the study in some way and limits what claims can be made based on its findings derived from such a design; while delimitations refers to what is chosen by the researcher on purpose to be that way and could have been different if he/she had wanted it to be.)

End Material

Definition of Key Terms

(or could at end of Chap. II or III, depending on desire of one's Chair)

References

Appendices or Addenda

(incl. completed and approved Human Research Review Committee's initial short form application, if human subjects are to be used in the study)

Outline of Original Research Type CRP When Completed

Note that the first three chapters of the finished CRP are usually the same as the three chapters of the CRP proposal, with Chapter II usually being more fully completed in the final CRP and the tenses being changed from future to past tense in Chapter I's Purpose Statement and in Chapter 3 of the finished CRP.

Title/Signature page

Abstract (including full title and name) p. i

Copyright page © (optional) (approx p. ii)

Dedication page (optional) p. iii

Acknowledgements (optional) p. iv

Table of Contents pp. v (and probably more than one page)

Including List of Tables, Graphs, Figures; and

List of Appendices or Addenda

Chapter I: Introduction

[Same as Chapter I of proposal]

Chapter II: Survey of the Literature

[May extend and elaborate what was more of an annotated outline version of this in the proposal.] *(finished version can be anywhere from 30-40 up to 100 pages)*

Chapter III: Methods

[Same as Chapter III in proposal, except now tense is changed from future to past.]

Chapter IV: Results (also could be called Findings)

[A write-up of whatever resulted from carrying out the process proposed in Chapter III. It is recommended that this Chapter be organized according to the study's original research questions, objectives, hypotheses first introduced in Chapter I purpose statement and repeated in Chapter III, Methods.] *(anywhere from a couple of pages to 10 or more)*

Chapter V: Discussion (or Analysis or Interpretation) of Results or Findings.

[Note: it is possible to combine Chapters IV and V into a single chapter: Results and Discussion (or Findings and Analysis, etc.] *(anywhere from 8-10 to 15-20 or more pages)*

Chapter VI: Conclusion

[which can be final section of the previous chapter; should include Research Implications and Clinical Implications.] *(a few pages)*

End Material

References [includes everything actually cited in the CRP text.]

Bibliography (optional)

Appendices or Addenda

[including consent forms/letters, interview questions, questionnaires, instruments (if not standardized and already available to the field), and any material that Chair deems to be relevant enough to the CRP to need to included.]

Overview of Comprehensive Critical Survey of the Literature Type CRP

In this approach, the Clinical Research Project is a training experience designed to provide students with a guided opportunity for integrating findings from others' published empirical research in order to address a psychological issue framed in the form of one or more research questions, objectives, or hypothesis. Students, working closely with their committee members identify an issue within professional psychology and conduct a comprehensive scholarly review and critical appraisal of all theoretical and empirical literature relevant to the issue, topic, question(s), et al. The primary training goal of this kind of CRP is to help students develop the skills needed to become doctoral-level critical consumers of the empirical literature in psychology. In addition, this approach provides students with the opportunity to design and conduct a scholarly type research study that for its data draws upon the published thinking and research of others in the field, rather than drawing on data from human subjects through conducting an original empirical research type CRP.

Outline of Survey of the Literature Type CRP Proposal :

[Again, note that the italicized page number estimates below are based on averages from past Argosy/SFBA CRPs and may vary according to the nature of one's study and the input from one's committee.]

Chapter I: Introduction

Introduction, Background, Context of the problem *(2-4 pages)*
Problem Statement *(a couple of pages or less).*
Purpose Statement (limited to a paragraph and which should include your one or more research questions, hypotheses..)
Significance Statement and Clinical Rationale (rationale for the study; why it is important, significant, needed, and relevant to the field of Professional/Clinical Psychology *(1 to 3 pages).*

Chapter II: Research Design, Strategy, and Procedures.

How you plan to organize your scholarly study and carry it out and present it, including your use of and returning to your research questions (et al), and including search engines (etc.) to be used, key descriptor words to be used, et al), limitations and delimitations. *(Approx. 3-6 pages).*

Chapter III: Critical Survey of the Literature

At this proposal stage, this Chapter should include an annotated outline of how you intend to break down your literature review into parts, subtopics, using usual hierarchical outline form, and beginning to fill in any sections that you already have written material for; can include article citation info put in appropriate sections with no attempt yet to write it all out in finished

form. This gives your committee a sense of your organizational plan for the lit review as well as showing them you are already becoming immersed in it enough, becoming familiar with the territory, the relevant literature, even if you haven't written that much of it up yet in finished form, and the remaining majority of the literature review will still need to be conducted and written up once the proposal has been approved. This Chapter could be anywhere from 4 or 5 pages up to dozens of pages, depending on how far you have already proceeded with this lit review process coming to this point of submitting the proposal, depending on how far you may have moved by this point from simply amassing raw material (citations, notes, etc.) accrued from initial surveying of the lit to translating such into the sentences, paragraphs, and pages of formal doctoral-level scholarly research writing. (Be prepared that this major survey of the literature portion of your finished CRP may be somewhere from 50 to 100 pages in length). *(this chapter should be 4 or 5 to a dozen or more pages at proposal stage)*

References
(Includes everything cited within your CRP proposal.)
Bibliography (optional)
(Includes sources relevant to your CRP and of possible interest to later readers, but that are not formally cited in the CRP.)

Outline of Survey of the Literature Type CRP When Completed:

[contains same front material going up to Chapter I as shown in previous section on Outline of Original Research Type CRP When Completed]

Chapter I: Introduction *(estimated page number for this chapter same as prior outline)*
Introduction, Background, Context of the problem
Problem Statement
Purpose Statement (limited to a paragraph and which should include your one or more research questions, hypotheses..)
Significance Statement and Clinical Rationale (why the study is important, significant, needed, relevant to the field of Professional Psychology; the rationale for it)

Chapter II: Research Design, Strategy, and Procedures.
How you plan to organize your scholarly study and carry it out and present it, including your use of and returning to your research questions (et al), and including search engines (etc.) to be used, key descriptor words to be used, et al), limitations and delimitations. *(estimated page number approx. same as prior outline)* .

Chapter III: Critical Survey of the Literature
In this now completed document, this long Chapter will include the proposal's annotated outline of components, using the usual hierarchical outline form, but will now be completely filled in and reworked to final-draft form in interaction with one's committee. *(circa 50-100 or more pages in finished version)*

Chapter IV: Findings (or Results) **and Discussion** (or Analysis or Interpretation).
Return to your original question or questions (hypothesis or hypotheses, objective or objectives) and the answer/address and discuss each one in light of, and selectively referring back to, your just-completed lit review. *(in the finished CRP this chapter may be anywhere from 10- 20 or more pages).*

Chapter V: Research and Clinical Implications.

This final chapter stems from the previous one. Divide it into these two sub-headed sections (Research Implications and Clinical Implications). This includes what traditionally concludes most dissertations, no matter the topic or discipline, and is variously called "Avenues for Further Research," Recommendations to The Field," etc. the Roman phi reasons. *(5- 10 or more pages)*

References

(Includes everything cited within your CRP).

Bibliography (optional)

(Includes sources relevant to your CRP and of possible interest or use to later readers, but that are not formally cited in the CRP),

Appendices (if relevant)

Alternative Organization for Survey of the Literature Type CRP

Here is another way the survey of the literature type CRP proposal and finished CRP could be organized:

Same Chapters I and II as above.

Organize Chapter III-- your survey of the literature-- according to each of your research questions, hypotheses, etc., so that you now have, say, four smaller surveys of the literature (if you had four questions, etc.) each one done specifically to address/answer that questions/hypothesis/objectives.

You can then integrate what was Chapter IV-- Findings and Discussion-- into the new version of Chapter III. Therefore, if you had four research questions, you have four main subsections to your survey of the literature, each one guided by one of the questions, and followed by a return to the question, addressing/answering it in light of the just-conducted smaller survey literature down for it, doing so under a subheading of Findings (or Results), followed by a further sub-headed subsection--Discussion, Analysis, or Interpretation. If you had for original research questions (or hypotheses or objectives), the survey of the literature would then have four parts each subdivided as just described.

Chapter V: Research and Clinical Implications, would be the same as in the earlier version.

Oral Defense of the Proposal

The formal defense of the CRP proposal is designed to ensure that the student has a workable plan for his/her original research or literature review type study that meets the standards of scholarship and scientific sophistication appropriate to earning a doctoral degree, and that is acceptable to one's committee. The defense also allows the committee to come to clear and final agreement about the structure and scope of the research or review.

The proposal defense is scheduled for 1 to 1 1/2 hours. The student may be questioned about any aspect of the proposal. Students should be prepared to explain their topic, specific issue,

clinical rationale, the proposed structure, research methodology (if original research type) and the scope and quality of published literature.

The student should make sure that all of his or her committee members are given sufficient time to read and reflect upon the proposal prior to the defense.

Conducting the oral defense process for the proposal may be waived by the student's committee if they deem it not needed, since the final draft of the proposal and the discussions and feedback leading up to it make an additional meeting unnecessary in the opinion of the committee.

Oral Defense of the Completed CRP

Students are responsible for scheduling the oral defense with the committee and with the Registrar (so that a room for it can be reserved). The date should be submitted to the Registrar as soon as the date is set with the committee. Once the date is set, each committee member should be asked how much time in advance of the meeting he or she would like to have to review the document in preparation for the defense. Typically, a student will work with the Chair on a number of drafts before the other committee member(s) sees the final working draft of the document for final feedback in preparation for the defense. It is not acceptable to give committee members a copy of the document only a few days before the defense date meeting. 2- 3 weeks for reading prior to the date is a reasonable time frame.

The proposal defense is scheduled for approx 90 minutes. The student may be questioned about any aspect of the CRP study. Students should be prepared to explain their topic, specific issue or purpose, clinical rationale, the proposed structure, research design and methodology (if original research type), the scope and quality of the published literature, and one's findings and their research and clinical implications; but it will be up to one's committee what areas are addressed.

The committee will sign the *Clinical Research Project Oral Defense Completion* and the *Clinical Research Project Approval* forms after the defense is passed and contingent on any final changes being made that may stem from the defense process. These forms should be brought to the meeting by the student for signing and then given by the student to the Registrar after signing.

The best way to prepare for the CRP oral defense is to first get a good night's sleep. One can't really study or cram for it. It is about your own CRP study, which you are the expert on. Your committee mainly wants to hear how you can talk about it and field questions about it. Coming into the oral defense, you have shown you can <u>write</u> a product of a doctoral-level, publishable quality and now, in the oral defense, your committee wants to hear if you are also able to extemporaneously <u>talk</u> about your own finished study with equal doctoral-level competence. Many of the questions may have no expected right answer in the minds of the committee; it's more an opportunity to speculate on and play off your own study and to be articulate and professional.

To start with, the committee Chair may ask the student to briefly tell how he/she came to choose the topic and/or to synopsize the nature of the study, its purpose, research design/methodology, and its essential findings and what the student made of them *(up to 15 minutes).* But the focus of

this initial process will be up to one's Chair. The oral defense will then be opened up to questions from committee members. The question/discussion period tends to run from 45 minutes to an hour. When the questioning and discussion period reaches its end, the student is usually asked by the Chair to leave the room while the committee discusses what occurred in the oral defense. Then the student is invited back in to hear the committee's feedback.

Be prepared that, usually, some changes and additions may be asked for during the oral defense that will have to be addressed and incorporated prior to the absolute final completion of the CRP document. If the defense has been deemed successful by the committee, and if changes that may be asked are not major, the title/signature page of the CRP can be signed at the end of the oral defense. Then any changes can be made and included in a final reprinting that can be taken to the binder without any more meetings with anyone. However, any substantial changes or additions that might have to be made must be emailed (or hand-delivered) for approval to the member or members of the committee who requested them for final approval of those parts before adding them into the final print-out that will then be taken by the student to the binders. In such cases, the committee may wish to hold off signing the title/signature page of the CRP until those final more-substantial changes have been made, reviewed, and approved.

Institutional Review Board's (IRB's)
Human Research Review Committee (HRRC) Application

(Applies only to original research type CRPs using human subjects or human subject data.

(There is more on this on p. 35.) The student should follow the procedures for completing an Application for Human Subjects Review (see Appendices __ and ___). Once completed, this application is submitted to the Chair of the HRRC (currently Dr. Carl Word) for feedback, changes, and final approval**. <u>Important</u>: The student is prohibited from beginning his/her original research project CRP involving the use of human subjects until having his/her application approved by the HRRC Chair.** The CRP proposal must also be approved by one's committee prior to being allowed to begin one's study**.**

Please see the following two appendices (contained at end of this Manual) for full details on this application, including a complete already-approved application to use as an example.

See Appendix (p.__: Human Research Review Committee (HRRC) Initial Short Form Application.
See Appendix __ (p.__): An Example of an Approved HRRC application.

Abstract

The finished CRP includes an Abstract at the beginning, which cannot exceed 350 words. It should contain the title and author and a synopsis of the study: its nature, design, purpose, findings, and implications.

GUIDELINES FOR PREPARING THE CRP DOCUMENT

Style and Format

It is essential that the CRP follow the highest standards for written communication. Sentences must be complete and grammatical. Spelling and typographical errors should be eliminated. The overall organization should be clear and easy to follow with proper transitions provided. Paragraphs should have topic sentences and conclusions. Colloquial and other non-standard usage should be avoided. Non-sexist forms of expression must be consistently used.

The format of the CRP must adhere to the requirements of the Publication Manual of the American Psychological Association (5th [or latest] Edition). Students are expected to have access to the style manual and consult it regularly as they prepare their manuscript.

Exceptions to the Use of APA Formatting

1. Running heads are not required.
2. The title/signature page, acknowledgment page (et al), and table of contents should be prepared according to special guidelines given below. These pages should be numbered using lowercase roman numerals (i, ii, iii, etc.). Page "1" of the dissertation will be the first page of the abstract.
3. Each chapter of the CRP should start on a new page.
4. Long quotations (over 40 words) should be either double or single spaced and indented with no quotation marks and with period coming before, not after, final sentence-ending parenthetical APA-style citation.
5. Type the reference list using hanging indents. References may be single spaced with a double space between references.
6. Appendices may be included as appropriate (with page numbering continuing from earlier CRP material).
7. Tables and figures may be inserted either on the same page they are referenced in the text or on the page immediately following. Do not place tables and figures at the end of the paper. Figure and table captions should accompany the table or figure.
8. Leave 1 1/2 inches for the left margin to allow for binding.

IN ALL OTHER RESPECTS, CRPs MUST CONFORM TO APA GUIDELINES. Students are especially encouraged to watch for the following commonly made mistakes:

1. Improper format for references in the text.
2. Failure to include all name and date references made in the text in the end material References list.
3. Including works not cited in the text in the reference list. (If you must list all of the works you looked at in the course of your research, include a Bibliography following your References; but References should only contain sources actually cited in the CRP.
4. Improper use of main and sub headings to organize the CRP. Use APA Manual's suggested heading/subheading hierarchy.
5. Failure to cite and discuss every table and figure in the text of the paper.

6. Failure to provide a caption for each table and figure
7. Use of secondary citations unless the original is unobtainable.

Editorial Style

Most errors in editorial style occur because students do not realize there are rules to organization, hyphenation, etc. Among the most common stylistic errors are those involving headings, seriation, hyphenation of compounds, indentation of long quotations, citations of published references, and reference format.

The latest edition of the APA Publication Manual is the authority both for writing style and typing instructions. Though it is oriented primarily to the preparation of journal articles, the Publication Manual (5th ed.) includes an appendix (Appendix C, pp. 331-340) on other documents such as dissertations. The conventions described here apply to the CRP. Remember that what Argosy chooses to call a Clinical Research Project (CRP) is what most other schools call a dissertation; so whenever you see "dissertation" referred to, assume this refers to your Argosy CRP. The present section of the CRP guidelines focuses on what is specific to this institution (Argosy/SFBA campus).

The student's committee, and especially the Chair, have the responsibility of monitoring the compliance with APA format and overall quality of the research and writing. They will also be very useful on issues such as clarity and organization, in addition to content. It is not their job, however, to rewrite the student's CRP.

As a grammar text, the APA Manual is far from comprehensive, but it nevertheless does an excellent job of covering precisely those points that seem to give students most trouble. Some of the rules are largely universal today; others take a position where several forms are acceptable among grammarians (e.g., a comma after the penultimate item in a series).

Certain grammatical errors have become so commonplace that they are sometimes accepted as correct. The formality of dissertation/CRP academic, scholarly, publishable research writing, however, calls for strictly correct usage. Some errors recur so frequently in scholarly reports that it may be worthwhile listing them here, to minimize editing by the committee.

Data is plural; datum is the singular. E.g., "The data speak for themselves," or "Few data are available".

Due, except in rare expressions like "due north", is an adjective, not an adverb. E.g., "Elevation of the mean was due to a single outlier," but not 'Due to a single outlier, the mean was inflated."

Had be is a mythical tense; there is no such thing in English. E.g., "Future investigators would better be careful," not "Future investigators had better be careful".

The subject/noun and pronoun agreeing with it should both agree as being either singular or plural in form, but do not not mix the two in one sentence. That is, avoid writing, something like "the student did not like their room." Student is singular, so the accompanying pronoun should also be singular, as in "his or she" (or in other cases he/she, or s/he). Or, one can change the subject to plural form to then be able to retain the plural pronoun form, as in "students didn't like their room(s)." The most common misuse is having a plural pronoun, such as "they" or "their"

with a singular subject/noun. Make both either singular or plural at this most formal level of writing, even through mixing singular and plural form is becoming ever more common and acceptable in less formal usage.

American rather than British spelling should be used. E.g., labeling behavior rather than labeling behavior.

Respect for diversity includes consideration of bias in language. The APA Manual provides guidelines for reducing such bias. Specific examples are given to help guide revisions of text. Recommendations address gender, sexual orientation, racial and ethnic identity, physical challenges, and age.

Typing

If the student is not doing his or her own typing, the typist should be given a copy of the most current APA Publication Manual for reference, along with a copy of the present section of the CRP guidelines on "Formatting and Typing the CRP", and a copy of this CRP Manual. The student should proofread the work that comes back. The typist may be billed as an authority on APA format, but that unfortunately does not guarantee a correctly formatted document.

Print Quality, Pitch, and Font

The proposal and final CRP document require letter-quality printing. Near-letter-quality printing may also be acceptable. If there is any doubt about acceptability, the student should check with the CRP chair in advance.

The pitch may be either 11 or 12 ; the preferences of one's committee should be checked and adhered to (but should not be less than 11 pitch). Proportional spacing is not recommended. The typeface is not strictly prescribed; but the student should avoid fancy fonts such as Italic, Gothic, or Script. Usually Courier or Time New Roman are preferable.

Running Head

There is no running head in the CRP document.

Margins

1 ½ " left margin (half of left margin will be taken up by binding), 1.25" at bottom, and 1" margins top and right margins. Page numbers must be included within these margins and be at bottom and centered (unless specified otherwise by one's Chair).

The right margin should not be justified. The words at the end of a line should not be broken.

Headings

Start each chapter (but not subsections of chapters) at the top of a new page. The student should follow APA conventions for headings and their hierarchical order, their placement with regard to being centered or flush left, first letter being capped or not, italicized or not, etc. Note that there are as many as seven levels of headings in the APA Manual, although most students will probably not use more than the first three levels. Headings cannot stand alone at the bottom of a

page; at least two lines of a paragraph must follow a heading on any page. The title of each chapter should be centered in capital letters, using Roman numerals to number each chapter (as in "CHAPTER I: INTRODUCTION").

Spacing

The student should double-space the manuscript, typing on one side of the page only. Exceptions are as noted on page 336 of the Publication Manual, 5th ed. In addition to the exceptions listed there, single spacing is also appropriate for such material as observational notes, or excerpts of transcripts, or extended indented quotes.

The student should remember that single-spaced material always has a space between paragraphs, no matter how short. Pages must end with at least two lines of text in a paragraph. Similarly, a page must begin with at least two lines of text from a paragraph that began on a previous page.

Tables, Figures, and Footnotes

As suggested by the APA Publication Manual, 5th ed., the student should place tables, figures, and footnotes at the appropriate point in the text in dissertations (and the CRP), not at the end. With appropriate spacing (see page 336), continue the text on the same page with a table or figure, unless the latter takes up most of the page. Tables presenting supplementary data, however, may be placed in an appendix. The student should discuss the placement of tables and figures with the chair.

Figures should be professionally formatted and not lettered by freehand. If a figure is so large that it must be placed sideways, make it right-side up from the right margin.

Footnotes should be numbered sequentially throughout the CRP report. The point of insertion is marked with a superscript numeral in the text, following all punctuation with the exception of parentheses or brackets, where placement is context-dependent. At the bottom of the page, type a line 15 characters in length; double space; indent 5 spaces; and start the footnote, single-spaced, with the superscript numeral. A second footnote on the same page begins after a double space; the line is not repeated. If the point of insertion falls too near the bottom of the page, the footnote may have to be continued to the next page. In this case, the line separating the note from the text extends all the way across the page, and the body of the note continues flush left with no additional identification.

References

Each reference should be single-spaced with a hanging indent with a double space between them, following the format outlined in the APA Publication Manual.

Pagination

Page numbers should be centered at bottom, unless committee prefers placement of page number at upper right of each page. Use lowercase Roman numerals for preliminary pages and Arabic numbers for the rest of the document (through all end material, including any appendices or addenda). The title/signature page and abstract come first and is not numbered. The sequence for the remaining preliminary pages is as follows:

Title/signature page
Abstract p. i
Copyright notice © (optional) page ii
Dedication (optional) iii
Acknowledgments (optional) iv
Table of contents v (probably more than on page)
incl.: List of tables (if used)
List of figures (*if used)
Appendices/Acknowledgements (if used)

The table of contents itself references the preliminary pages (in lower case Roman numerals) as well as the text starting on page 1. Every page of the text should be numbered, in sequence. The student should not use inserted pages such as 116-A, nor use a separate numbering system such as A-1 for appendices. Before handing in the final copy, the student should make sure all pages are present and in order; the CRP will be bound exactly as it is presented, once all final changes recommended by one's committee have been made.

Title/Signature Page

The title/signature page should be formatted exactly as shown in Appendix __. The month and year on the signature page is the date of the CRP defense. Your name should appear as you intend to use it professionally, and should be the same as it is listed on your diploma. Middle names or initials are usually included.

Table of Contents.

Prepare the table of contents using the main chapter headings and their respective main subheadings, and include all front and end/back material. Use lower-case Roman numeral numbering only for front material up to but not including first arabic number that begins Chapter I.

Copyright, Dedication and Acknowledgement Pages

These are optional, but are frequently included. If included, they should follow the table of contents, continuing with lower case roman numerals as page numbers.

Printing, Binding, and Final Library Submission

Two bound copies of the CRP are to be submitted to the library. The copy with the original signatures will be the Reference copy in the Library. The final draft must be printed in laser or near laser (inkjet) print. Do not use colored ink (black & white only, including Figures and Tables). A standard font (type face) must be used (Times New Roman or Courier are excellent choices). The font size must be 11 or 12 pitch.

Retain the original manuscript unbound with original signed title page so that it can be duplicated easily. A paper or electronic copy can be sent by the student to Bell and Howell Informational Learning, Dissertation Publishing Customer Services (address, submission forms, etc., may be procured from Student Services Office or Library. Photocopy onto 20 weight paper (this is the standard weight). The school strongly recommends that you publish and/or copyright your CRP with Bell & Howell. The library bound copies must be school colors of dark blue with gold lettering sewn cloth bound .The spine should have the following information: Title, last name of student, year, volume number (if more than one volume). The front cover should have the complete title, and underneath, your name as it appears on the title page.
Binding: Most Argosy/SFBA students use the following binder:

Binding Systems Inc.
www.bindingsystems.com
510-235-6677
3040 Cutting Blvd., Richmond, CA 94804

Call ahead; they don't keep regular hours; you'll save money if you take in your own paper copies .
.
(There are other binders in the Bay Area you can also choose from; but just make sure they have experience in binding academic dissertations.)

The *Dissertation Submission* form must be completed and submitted with the two bound copies to the librarian, attesting to the readiness of the CRP to the Director of Student Services. The librarian will only sign the form if the student's library record is clear. Call ahead to confirm your status with the library.

Detailed Guidelines For Preparing The Clinical Research Project (CRP) Proposal and Finished CRP

Recommended Readings:

(all on reserve in our library; or you can order from MBS)

Publication Manual of the American Psychological Association, 5th edition,
American Psychological Association, 2001.

Dissertations and Theses from Start to Finish: Psychology and Related Fields
John D. Cone & Sharon L. Foster
American Psychological Association, 1993
ISBN: 1-55798-194-9

Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 2nd ed.
John W. Creswell

Sage Publications, 2003
ISBN: 0-7619-2442-6

Qualitative Inquiry and Research Design: Choosing Among Five Traditions,
James W. Creswell, Sage Publications, Thousand Oaks, CA 1998.

Handbook of Qualitative Research, 2nd (or latest) edition,
N.K. Denzin & Y.S. Lincoln, eds.,
Sage Publications, Thousand Oaks, CA 2000.

Qualitative Research in Psychology
Paul Camic 2003
ISBN# 1557989796

Doing a Literature Review: Releasing the Social Science Research Imagination
Chris Hart
Sage Publications, 2000
ISBN: 0-7619-5975-0

Preparing Literature Reviews: Qualitative and Quantitative Approaches
M. Ling Pan
Pyrczak Publishing, 2003
P.O. Box 39731
Los Angeles, CA 90039
ISBN: 1-884585-27-2

Writing Literature Reviews:
A Guide for Students of the Social and Behavioral Sciences, 2nd ed.
Jose L. Galvan
P.O. Box 250430 a
Glendale, CA 91225
ISBN: 1-884585-50-7

Elements of Style, 4th ed.
W. Strunk & E.B. White
Allyn and Bacon, 2000 (paper, $7.95)
ISBN*:*

Note: There are also a couple dozen other good books available that can help you to generate a dissertation/CRP proposal, carry out a CRP/dissertation project, do qualitative type research, and do a survey of the literature, which will be added as a final appendix ("Further Bibliography") to this CRP Manual by Fall semester, 2006.

Choosing Your Topic:

Recommended Readings:

Creswell text, chaps 4, 5, and 6.

In the study of cognitive processing, and of creative thinking within that, there are two associated processes, known as divergent and convergent production. The former refers to how many ideas and associations one can generate out of a particular seed beginning, such as out of a basic idea, topic, problem, or question. Some people are very good at this, easily being able to fill their heads and the page with a variety of fruits, or further seeds, from that initial seed. The latter, convergent production, refers to the ability to take such a variety of things you have generated, or that are made available to you by others, and then have to converge, winnow, narrow it down to something much more focused, delimited, and usable. Here, again, some people are very good at this second kind of process; they can boil things down to a fine point easily through choiceful decision-making, while others are not as good at it, remaining lost within, and at the mercy of, a wealth of opportunities and choices that they cannot sort, categorize, weigh among candidates for best fit. Some people are very good at both processes, and they are the lucky ones.

You are now faced with the task of first exercising your divergent production skills and then your convergent ones in settling upon your final CRP topic. You need to first generate an array of what are to you the most interesting and potentially researchable topics, questions, or problems that you can, and then convergently narrow them down to just a few, and finally down to just the one best, most interesting one with which you will then work.

Also to keep in mind while choosing a topic: You obviously do not choose your topic within a vacuum. Once you have a few ideas or directions to start with, you begin some preliminary work surveying the relevant published research literature to which each of those ideas or directions is related. The further you engage in this preliminary searching of the literature, the more this will feed the divergent processes mentioned, and the more you will need to then exercise the corresponding convergent processes by weighing and making choices about which paths to continue to pursue and which ones to shut down. You must first be able to acquaint yourself sufficiently with the research literature areas relevant to your own initial research interest, or interests, in order to know what has and has not been already done by others; because you must rule out doing research of any particular kind (methodology) and in any particular area (topic) that has already been done by others. By becoming familiar enough with what has already been done, you can also come to understand what has not yet been done and what is therefore possible for you to do. Through this increased familiarity with the relevant literature(s) and using this combined ruling out and ruling in process, you will be developing your short list of candidates. In making your final selection for your CRP topic and the research methodology with which to study it, here are a few other questions to ask yourself:

1. Will this topic be able to hold my interest and maintain my motivation for the year or more part-time that I will be working on it? How much do I really care about this topic that I will be able to stay relatively happily married to it for the duration?
2. How will the topic I choose to study (and how I choose to study it) help me post-doctorally (and post-license)? By doing a CRP on this topic, I will become a--or the--leading authority in that very particular area; so what do I want that area to be to help professionally define me later on, establish me as an expert in it?
3. How feasible/do-able is carrying out this study going to be? Am I biting off too much to chew? With input from my committee, does it look like I can do what I want to do for this CRP within the time and other constraints I have?
4. How much professional bang for my buck am I going to be able to get out of doing a CRP on this topic, using this methodology, as compared to other topics or methodologies I'm also considering?

Using Other Available, Completed Studies as Examples/Models:

You can look at some of the dozens of bound dissertations and CRPs up in our library (and use Digital Dissertations online for thousands of other full-text versions) for examples/models for the organization, handling, and general academic/scholarly/research style for a typical proposal's beginning and end material and for the three chapters in between. Since the first three chapters of a finished CRP/dissertation are usually identical to the three chapters of the proposal leading to it (except that Chapter III is written in the future tense in a proposal and in the past tense in the finished, carried-out CRP/dissertation), one can look at the initial three chapters of finished CRPs and dissertations as examples/models for proposals. And, of course, one can use the final post-Chapter-III chapters of finished studies to get ideas for how to organize and write up your own study's final chapters once your proposal has been approved and your study is being carried out and its data collected and results and discussion are being written up.

Front Material:

In your proposal, you want to start off with your formal title/signature page followed by a working table of contents with pagination. To be safe, limit yourself to using our Argosy campus library's own small but growing set of bound CRPs (and earlier dissertations) for how to handle the title/signature page, and our CRP Manual includes a sample of this title/signature page as well. In the proposal, this first page is followed by a full table of contents with pagination. In the finished CRP's version, you will also have, beside the title/signature page and table of contents, a required Abstract, plus pages for Dedication, Acknowledgments, and copyright, if you want them.

(For Outlines for the Original Research Type CRP Proposal and Finished CRP see pp. 11 & 12.)

Further Guidelines for the Original Research Type CRP Proposal and for Completing the Final CRP)

Following the initial title/signature page and working table of content, start each new chapter at the top of a new page and follow the latest (2001) APA Publication Manual for organization and formatting, including use of its heading/subheading hierarchy. Also supplement these guidelines here with those elsewhere in this CRP Manual. If you do not have that manual, you can get it from Dr. Word, Director of Research at our campus, Dr. Klimo, our other (primarily research) faculty, or from our campus' library director.

In Chapter I, the background, context, or introduction to the research problem leads to the statement of the research problem, which leads to that problem being reframed and focused in on even more precisely and operationalized in terms of a succinct purpose statement. Then one makes a case for why conducting research on this problem, carrying out this research purpose, will be a valuable thing to do, is worth the effort and is worthy of support, is significant or needed, and why and for whom? All of that completes your Chapter I.

Then your Chapter II, your survey of the literature, which is really a large-scale, highly detailed and citation-rich extension of your initial context, background, or introduction material in Chapter I, situates your proposed study within all of the published research literature and thinking in the field relevant to your topic, so the reader can see Chapter I's focus in light of how it is related to and grows out of this larger context. Chapter II also shows that you are not operating in a vacuum, but you are showing your highly sophisticated and thorough, doctoral-

level professional, scholarly understanding of what your particular study is based on, related to, and stems from.

Then your Chapter III (which you can variously title Methods, Research Methods, Methodology, Research Methodology, Research Design, or Design) builds on your purpose statement from Chapter I, to show, through a set of interrelated chapter sub-headed components, the nature of the particular research design you have chosen to use to carry out your study, which includes exactly how you propose choosing your data sources, subjects, or participants; your instruments for data gathering or measurement; and your process for how to handle and analyze your data so that you will be able to say that, if used, your research hypothesis has been proven (or not, or only partially so), or that this is how you can answer your research question(s) based upon your data. No matter what kind of study you do, no matter what kind of research design you choose, wherever it may fit on a spectrum from extremely quantitative, experimental, and statistical, on the one end, to extremely qualitative, descriptive, and inductive, on the other, you will be addressing all those components of the research methodology.

So, when you read someone's statement of purpose in a dissertation/CRP or journal article, you want to be able to have, understand, and appreciate its background context (Chapters I's introduction or background section and, in much more depth, Chapter II), and how it was carried out, Chapter III, and what was found and what the researcher made of it: Chapter IV, Results or Findings; and Chapter V, Discussion, Analysis, or Interpretation of those results or findings; and Chapter VI, Conclusion or Summary (or such a Chap VI could be the final subsection of Chap V).

……..

Now let's step through the sections and subsections of the three chapters that usually comprise a CRP proposal (noting the somewhat different organization to be used for a literature-based scholarly/critical type CRP, described above):

Chapter I: Introduction

Introduction:

Your proposal's Chapter I: Introduction, should begin with a 1 to 3 or 4 page tip-of-the-iceberg-type sampling from your later Chapter II. You can call this first subsection, Introduction, or Context or Background, and it will provide a brief context or background for your study, for all that is to follow.

Problem Statement:

The next sub-headed section will be Statement of the Problem (or Problem Statement, or just Problem), which should flow from the initial introductory material. It should address: Given this background or context introduction, what is the problem that comes out of it that needs studying? What has not been looked at yet? What has not been asked? What is the hole, or "lacuna," that you found in the existing literature that asks to be studied? What now specifically needs to be done in light of that brief introductory setting for the problem (which is your research topic)? Given the preceding, what now is the topic that this research study is interested in? This section is usually about ½ to 2 pages long.

Purpose Statement:

The Problem Statement is then followed by your Purpose Statement (or Statement of Purpose, or just Purpose), which should be very succinct, around half a page, if possible. This is a crucial section. For your CRP committee to be most efficient in giving key feedback early in the development of a proposal, they need to mainly work with the exact wording of the Purpose

Statement and then as much of the Chapter III, Methods, as has been worked out so far. The Purpose and Methods parts should point to and inform each other and require clear congruence between them. In the Purpose Statement, it is best to follow a short paragraph description of it with a listing or numbering of more specific research questions, objectives, or hypotheses (or there may be only one) that stem from that earlier more-general purpose description. For example, "The purpose of this study is to test the following hypothesis(es) (or null hypotheses)...; is to ask the following research question/s)...; is to investigate the relationship between...", etc. These very specific questions (et al) that follow and reframe the prior brief description of the purpose can then more easily lead to and be operationalized in your methods chapter.

Operationalizing your purposes, questions, objectives, or hypotheses: Here at the proposal stage include, parenthetically if you wish, and very succinctly after each stated, numbered purpose, question, objective, or hypothesis, in a phrase or sentence or so for each, how it will be addressed, tested, or answered according to the appropriate component(s) of your later detailed research design/methodology chapter, so that we can begin to see here in Chapter I how your study will be designed (later Chapter III) to gather and analyze data with regard to that question(s), etc.-- from whom or where and how that data will be selected/generated (the subjects or data sources and the data gathering instruments or measures to be used), and how the data will be processed and analyzed, in order to test each hypothesis, answer each research question, satisfy each research objective. This is the process of operationalizing your hypotheses/questions that bridges from Chapter I's Purpose Statement to Chapter III's Methods for carrying out that purpose or those purposes. At this initial proposal development stage, however, you may not yet be ready to provide such a complete parenthetical operationalization aspect, or you may find yourself changing or adding such a little further down the line; but it helps to at least try your hand at it here at this early stage so that you are not investing in a potential, proposed study that might not be able to be realistically, clearly, and appropriately carried out (operationalized). Also, note that you may not need to retain such a proposal-stage operationalization component for each research question in your later, finished CRP version of your Chapter I.

This Purpose section should normally not be more than about a half a page long. Clear-as-a-bell unequivocal precision and succinctness are key here.

Significance Statement:

Your Purpose Statement is then followed by your Significance Statement (or Statement of Significance, Significance of the Study, or just Significance), which could be up to a couple of pages long. It is the job of this section to sell your committee and the rest of the world on why the study you are proposing to do is worth doing, worth supporting; why it will be a significant study; why there is a need to do it; who it will make a difference to if it is successful; how and why it is likely to impact and further the field of psychology in general and of professional/clinical psychology in particular. It should read something like a grant proposal as well, since it is your sales pitch for why you want us to support/fund what you are proposing rather them some other study; why this is a nontrivial endeavor; why it should matter. This section is usually between 1 and 3 pages in length.

So, adding all these subsections up, your whole finished Chapter I should be anywhere from 5 to 10 (double-space) pages.

Chapter II: Survey of the Literature

Recommended Readings *(all on reserve):*
Chap 7, and Appendix B. from: Dissertations and Theses from Start to Finish: Psychology and Related Fields, Cone & Foster

Chap 2 from: Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 2nd ed., John W. Creswell

Doing a Literature Review: Releasing the Social Science Research Imagination
Chris Hart Hunt text.

Preparing Literature Reviews: Qualitative and Quantitative Approaches, M. Ling Pan

Writing Literature Reviews: A Guide for Students of the Social and Behavioral Sciences, 2nd ed., Jose L. Galvan

Plus, examples/models of Chapter II's from bound dissertations and CRPs in our library and from Digital Dissertations.

Start by setting up a working outline for your Chapter II: Survey of the Literature (or Literature Review) which will usually include a few major sections, and then subsections within each, which you will be entering things into that you find from the literature search and then writing each part out into later more-elaborated drafts so that it all descriptively, narratively flows together sequentially, seguing across studies, subtopics, sections, etc. Provide critical analysis and evaluation, not just synopsizing description, of the more important studies wherever you can, rather than just repeating their nature and findings with no comment on any weaknesses, limitations, etc., that such studies might have. Looking through some of the various recommended readings, listed above, will be helpful to you in organizing your thinking, your research activity, and then your writing and rewriting, with regard to doing this usually long chapter.

You should start your Chapter II with an initial brief **Introduction** or Overview sub-headed section that descriptively synopsizes the annotated outline or shows the reader how you intend to organize, structure, and move through this chapter, which is usually the longest single one in your CRP, and hence the need for this overview at the start of it.

An aside: Some core clinical faculty members on our campus serving as CRP chairpersons may require you to have completed the full, final verbatim version of your Chapter II prior to approving and signing your proposal and allowing you to start your study, while other faculty members may not require the full chapter to have been completed. As a general rule of thumb, however, you should plan on having completed at least two thirds to three quarters of the complete literature review before being allowed to begin your study. As mentioned, this will depend on who your particular chairperson is. But certainly you should not be allowed to be in ignorance of any major components of the literature relevant to your topic before starting the formal research process. Revising Chapter II, fine-tuning it, adding additional material to the main basics already researched and at least roughly written up already, and general rewriting already-provided content, all can be done for some chairpersons once the actual study has begun (and, of course, this is only if the other reader/committee member concurs).

A brief story: One faculty member currently working with a student on our campus who thought she was just about finished with the (rather long) Chapter II part of her proposal and was itching to get approval to start her study, was contacted by the student, who was quite upset, telling her that, late in this survey of the literature work, she had found a very-recently finished dissertation from another school (and bear in mind that an Argosy CRP is usually

indistinguishable from what is called a dissertation outside of Argosy) that was disturbingly close to, almost the same as, her own topic and its research design. The student then had to shift the topic and focus of her study enough (and with considerable rethinking and rewriting involved) to be able to do something sufficiently new or more than just essentially replicate the other person's study. Such stories are common in doctoral programs. This story is shared to make the point that it pays to complete the full literature search prior to starting your study.

For most people, conducting and writing up their literature search-- their survey of the literature as Chapter II-- is the most time-consuming part of the entire CRP process. So once you have completed an agreed-to proposal, with its Chapter II been the lion's share of the work in it, you're probably more than half to three quarters of the way through the whole CRP process. That is, actually plugging in and carrying out your proposal once it has been approved-- following its Chapter III methodology, processing your data, writing up your final Results and Discussion chapters, and going through the final oral defense of your CRP with your committee and making any final changes prior to the binding process-- can all go surprisingly quickly compared to the earlier proposal and literature search process (although, of course, depending on the nature of the study, these final stages may take longer for some people than others).

Your Chapter II, when fully completed, should run anywhere from 30 to 80 pages. It is hard to do justice to treating any written-up literature search in less than 30-40 pages. And you can find a number of recent dissertations and CRPs and dissertations up in our library where the survey of the literature runs 100 pages or more. If you averaged the Chapter II's of all the completed studies in our library and did the same at other professional psychology schools, you'll probably find that the average Chapter II length is somewhere between 35-65 pages.

To do your survey of the literature, you will be extensively using the various appropriate online database search tools (i.e. PsycInfo, LIRN, Digital Dissertations, ERIC, Medicus Indicus, et al). Our campus' librarian, Julie Griffith and her full-time assistant (and, to a lesser extent, the work-study students working in the library and trained by Julie), can be very helpful to you in providing an initial overview of the process of conducting a literature search using PsyInfo, et al. In addition, you also have access to, and borrowing privileges from, the more-than-a-dozen other Argosy campus libraries and from the consortium of approximately 10 other Northern California (Bay Area) psychology libraries that our campus belongs to, all of which offer borrowing privileges and all of which are within an hour's car commute from Point Richmond.

It is also recommend that you use the hundreds of hardbound dissertations and CRPs in our library, as well as the thousands of others available to you full text digitally through Digital Dissertations, to find those in areas at least somewhat related to your own topic, and to skim, and where more useful to read more carefully, some of their Chapter II, Surveys the Literature, to better understand how they are organized and how they read. Specifically, look at: 1.) their lead-in introductory material and how it usually provides a preview/overview of how the rest of the Chapter II is organized and sequenced, and the logic of its presentation in light of the research topic for which the chapter provides the context; 2.) the hierarchical organization of the chapter, and of the sections and subsections within it (headings, sub-headings, sub-sub-headings, etc.); 3.) the way each research item is treated, written about, and the way items are related and sequenced; 4.) how the surveyed studies, or some of them, are related back to the topic of the study for which these other studies are being surveyed; 5.) the way the researcher/author provides his/her critical analysis/evaluation of many of the studies cited, at least of the most important ones, more than merely providing distilled and uncritical descriptions and characterizations of them; 6.) the tell-tale pattern, indicative of scholarly writing, of the use of parenthetical APA-style citations following the mention, or direct quoting from, any study in the body of the text, noticing how most surveys of the literature can average a dozen or more such citations per page. (You will, of course, be drawing extensively from journal articles, texts, chapters, and other published materials as well as from dissertations and CRPs.)

In a typical survey of the literature chapter, one or more studies get focused on per paragraph. There needs to be a narrative flow across paragraphs and subsections of the chapter. There is a mix of succinct describing, characterizing, synopsizing, paraphrasing and direct quoting, always following most-recent APA Publication Manual guidelines. Also, as just mentioned, one shouldn't just present and describe others' studies; one should, where possible and appropriate, provide some critical analysis and evaluation: Were there limits to the study you are writing about? Noticeable flaws or problems in the design? Did the author's discussion follow from and accurately treat the findings? Conducting and writing a survey of the literature on a topic, and being an informed and critical consumer of the research writing of others, takes time and practice, and it includes a way of reading, a way of thinking, and a telltale generic writing style that goes with a survey-of-the-literature way of writing.

Finally, when reading someone's draft of their Chapter II, at the end of each sentence you can ask: Was what was just said supported by a reference or citation to someone or something from the relevant literature? Part of your CRP committee members' job is to notice when you makes what sounds like a personal statement of opinion or fact that is not supported by the published thinking or research of others. When such case is noted, your chairperson might write something next to it like, "need a citation here," or just, "citation." This is simply the style of formal doctoral-level, publishable academic, scholarly writing expected in a dissertation or CRP. There are not supposed to be any unsupported statements of seeming fact or personal opinion. What one is presenting at every step should be grounded in, connected to, something in the literature that could support it. For most people, this kind and level of thinking and writing takes some getting used to and needs to become a professional habit. Once more, looking through other peoples' completed surveys of the literature as examples should help familiarize you with this scholarly way of operating. And, once more, the various recommended readings (listed above) will help you in working on this chapter.

Chapter III: Methodology:

Suggested Readings *(all on reserve):*

From: Dissertations and Theses from Start to Finish: Psychology and Related Fields, John D. Cone & Sharon L. Foster:
Chaps 8 through 11 *(to study only how to design, do, and write about, quantitative/experimental type research). Chap 9 is excellent for reviewing the nature and process of operationalization, asked of you earlier in a preliminary way. Although this chapter is directed almost entirely only at quantitative-type research, one can adapt this treatment to qualitative-type studies as well.*

From: Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 2nd ed., John W. Creswell:

a. To study quantitative/experimental type research design:
pp. 13, 13-24 (for choosing which of the three approaches), 42-3, 52-3 (for overview outline of components), 62-6, 74-6, 93-8, 108-13, 120-30, 147, 149, and especially 153-73.

b. To study qualitative type research design:
pp. 14, 13-24 (for choosing which of the three basic approaches), 30, 50-2 (for overview outline of components), 74, 88-93, 105-8, 131-5, and especially 179-207.

c. To study mixed-methods design:
pp. 13-24 (for choosing which of the three basic approaches), 30, 53-4 (for overview outline of components), 74, 99-102, 114-16, 136-9, 146, and especially 208-24.

Overview: In your Chapter III: Methods (or Methodology) chapter, make the first section be an Overview (titled Introduction, Overview, or Design) that describes for the reader in just a few sentences or a paragraph what kind of study this is-- the kind of approach/design being used. This should also include a rationale for why you have chosen this particular approach; why it's the best one, given your study's purpose. Examples of possible kinds of characterization may include saying that it will be using quantitative, qualitative, or mixed methods (i.e., containing both quantitative and qualitative aspects).

Here are some examples of what this at-a-glance upfront treatment of the research design could sound like: "This will be a small-n. qualitative, descriptive study using a questionnaire and an in-depth interview to investigate…;" "This will be a 10-subject phenomenological study to reveal the nature of the experience of…;" "This will be a single-subject case study using such-and-such instruments/approaches to do so-and-so;" "this study will analyze five selected psychoanalytic interviews in order to…;" "this study will use discourse analysis to analyze transcripts from 10 Gestalt therapist/client sessions to investigate…;" "this will be an ethnographic-type, participant-observer field study to investigate the organization and interpersonal processes of an intercity gang…:" "This will be a quasi-experimental study, using a such-and-such design to to investigate the effect of such-and-such treatment, as the independent variable, on so-and-so, as the dependent variable, as measured by…;" "This will be a correlational study of the relationship between post-traumatic stress disorder and X personality characteristic in 200 selected whomevers, using a survey instrument (or questionnaire) designed by the researcher, to test the following hypothesis…" Etc. Other kinds of characterizing terms and phrases can be used, and combined, as well, such as: "exploratory," "naturalistic," "observational," "clinical," "outcome study," "efficacy study," "process research," "action research," "ex post facto design," "grounded theory," "narrative analysis," "participant observer," and so on. Can be drawn from one or more (in combination) of the following approaches: causal-comparative or ex post facto, survey, case study, structured interview or questionnaire, naturalistic observation, participant observation, ethnographic or field, phenomenological; descriptive action, process, qualitative description, evaluation, and/or analysis of a clinical treatment or process, a program or organizational analysis/evaluation; historical, archival, or theoretical/scholarly studies; or (only with special permission) experimental, quasi-experimental, survey, or correlational approaches using statistical analysis.

Qualitative Versus Quantitative Research: A brief aside about the kind of research you are proposing to do for your CRP: The American Psychological Association wishes educational institutions involved in psychology to designate themselves as, and specialize in, either university-type empirical research or in clinical/professional/applied psychology training, but rarely in both simultaneously. The APA frowns on mainly research institutions or departments trying to do clinical training when they are not equipped to do so, and equally frowns on mainly clinical schools or programs trying to do traditional university-type research without the necessary faculty and infrastructure to support such activity. As a result, the Argosy University campus system, across its clinical programs, requires its doctoral students to do a clinical research project (CRP), rather than a dissertation, though it can be argued that the majority of cases an Argosy CRP is virtually indistinguishable from a qualitative-type dissertation from a traditional research university's psychology department. However, in light of the APA's concerns and guidelines, Argosy's policy is that you do your human-subjects-based original research type CRP by using some kind of qualitative research methodology and not the more traditional research university approaches that tend to use a usually large-n, quantitative, experimental, quasi-experimental, or correlational type methodology using some kind of statistical treatment of the data. While in a traditional research university's psychology

department, a student might have to petition to be allowed to be an exception to the rule to use some kind of qualitative methodology to do his or her dissertation, here at Argosy it is the reverse: If you choose to do an original research CRP, you are expected to choose some kind of qualitative research methodology; but if you are interested in taking a quantitative experimental, quasi-experimental, or correlational statistical approach, you need to petition to be allowed to be an exception to do so. This whole situation stems from the split between research and clinical type psychology activities carefully monitored by the APA.

Purpose: Continuing, follow this first Overview section in Chapter III with one that is titled Purpose, and/or Research Questions (or Objectives or Hypotheses), that repeats the original research questions, objectives, or hypotheses first presented in Chapter I. This is a good idea because the long Chapter II has come between Chapters I and III and it is good to remind the reader what this whole methodology is for: It is the operationalized design for carrying out the addressing and answering of those research questions or objectives and/or testing those hypotheses first mentioned in your Chapter I Purpose statement. As in Chapter I, this will only be a brief paragraph (and you can leave out any of the more diffuse, discursive descriptive material from the Chapter I version and just "cut to the chase," saying something like, "These are the research questions [objectives, hypotheses] to be addressed in this study:"

Subjects: This is followed by the next sub-headed section, called Subjects or **Participants** (or also possibly **Data Sources** (especially called that if where you're going to get your data from is not live subjects, but is records, archival material, non-verbal material, published material, et al). This should include your criteria for their selection, best numbering them as the set of requirements and characteristics that must be satisfied in order for someone to be included in your study. Also include in this subsection any other descriptive, informational material about where you will be getting your data from, about the human subjects, how they are to be identified, solicited/recruited to participate. If relevant, also include a description of the usual population and sampling identification and procedure. This is usually 1 to 3 or 4 pages long, depending on the particular nature of the study.
in

Data Gathering: Next comes your section titled Data Gathering (or **Instruments**, or **Measures**, or **Means**). This should include identification and description of all means by which you intend to gather data from your subjects or other data sources, which can include cameo descriptions of off-the-shelf psychological tests or other already created and available instruments, if you intend to use such. And/or, if you are creating your own means of gathering/generating data, you need to specifically label, identify, and clearly describe each case of this (including why and how you're creating it, if you're not using some already-existing instrument). For example, if you're creating your own survey instrument, or questionnaire, or interview instrument (i.e., set of interview questions), or process for gathering observational data (human observer, video, et al), or other field-based data involving generation of descriptive field notes, or gathering of data from clinical sessions by means of and reflected in clinical notes. For example, Sage Publication has put out about half a dozen little paperbacks just on the different kinds of interviewing approaches that can be used (e.g., scheduled, semi-scheduled, unscheduled, expert or elite, intuitive, telephone, closed or open-ended items, etc.); so you want to be as informed and specific as you can be in pinning down and describing each such "home-made" data gathering "instrument." This section can run anywhere from 1 or 2 to 3 or 4 pages or more, depending on how many instruments or data-gathering modes are being used and how long it takes to adequately identify and describe them. Any instruments created by you for your CRP should be included either in Chapter III or in an addendum/appendix in the end material, depending upon their length. Already existing instruments from the literature may or may not be

included in your end material, depending upon how well-known they are and depending the guidance of your CRP committee.

Procedures: Your next section is called Procedures, where you step your CRP through a numbered sequence of what you intend to do once you begin your study, from initial contact with subjects (or other data sources), through working with them, using your data-gathering instruments, and then working with your data once you get it). It is clearest to sequentially number these procedures so each part/step can be identified, labeled, very succinctly described, and shown in relation to the others. Such procedures can serve as the abbreviated bare-bones plan for carrying out the study, a recipe or how-to-do-it mini-manual that could be used by someone else to replicate the study. This subsection is usually 1 or 2 pages long and can average from 6 to a dozen or more items/steps.

Data Analysis :Your next section is Data Analysis, or just **Analysis**, which should include a clear description of just how you intend to work with your data once it has been generated/gathered. If there is a quantitative aspect to it, this section, or part of it, may simply be a naming and description of kind(s) of statistical processing to be used. Usually, however, because most Argosy CRPs are supposed to be qualitative-type research studies (unless petitioned for to be able to be otherwise), this Data Analysis should, section will describe some kind of inductive process whereby raw analogue type data (e.g., open-ended written responses to questionnaire or interview items; transcripts from subjects' oral responses to interview items or other tape-recorded material, raw clinical or field notes, et al) gets analyzed, sorted and categorized, abstracted, generalized, and reduced down to essential properties, themes, categories, characteristics, patterns, et al, that will emerge, like figure from ground, to reveal the underlying essential content or meaning of what is there. Grounded theory and phenomenological research type data analysis methodologies, content analysis, and heuristic and/or hermeneutical qualitative data analysis approaches, are some examples (and look through the recommended qualitative research readings listed above for more in this area). But whatever is the case, you need to be able to look ahead and describe here what kind of data you're probably going to end up generating and then sitting with and what it is going to be like to try to work with and make sense of it, to derive its essential meaning(s) as you will report them in your later, post-proposal Results (or Findings) chapter and then reflect on them in your Discussion (or Analysis or Interpretation) chapter. You will usually conduct the Data Analysis and then present the Results organized according to your earlier stated Purposes, or more exactly, according to each of your earlier-stated Research Questions, Objectives, or Hypothesis (or just one, if that's the case). This Data Analysis section can run from 1 to 3 or more pages, depending on the research design and the need to adequately describe the particular qualitative data analysis method(s) being proposed. Once more, it is recommended that you skim some Data Analysis sections of some Chapter IIIs in our library to get the sense of what they include and how they read.

Limitations and Delimitations: Next is your Limitations and Delimitations section. It is best to actually number the items in each of these two subsections. Your **Limitations** are those things that you can identify and briefly describe as being limitations to your study and the limitations with regard to what you can say on the basis of its findings. These are limitations which you could not reasonably have been expected to avoid or have be otherwise; they are out of your control, unless you had all the time and money in the world to design and carry out your study. Your **Delimitations**, on the other hand, are those things you can identify about the nature of your study and the details of its design that you could have reasonably chosen to have been otherwise, to have been not so limiting, if you had wanted to. To not have really thought through

this section is to maybe get caught with your pants down later, even years later, when others may notice and point out limitations, flaws, weaknesses, etc. to your research and its design that it looks like both you and your committee were not on the ball enough to be aware of at the time the study was being proposed and conducted. And you could always get hit with questions about unnoticed, unmentioned delimitations in the final oral defense of your CRP. Usually there end up being at least a handful of limitations and then of delimitations, numbered and presented in two separately headed subsections, spending maybe only a sentence on each, so that this section of

(Chapter III's Limitations and Delimitations section is usually about a page or two long.)

Definition of Key Terms: The final section in your Chapter III is Definition of Key Terms (or just **Definition of Terms** or **Definitions**), which you could also put at the end of Chapter II instead. Here it is usually best to alphabetically flush-left itemize/list these words, terms, and phrases like a little glossary or dictionary, rather than embed them in a long discursive paragraph or two where they would be harder to find. Your criteria for selection of these terms is that they should be the more idiosyncratic, technical, expert/specialty kinds of terms or phrases used in your proposal, including in its literature search. And here, you have the right to say, "For purposes of this study, X will be defined as…." and then just be consistent. Where possible, it is good to quote or paraphrase from recognized authorities or publications in the relevant field(s). The average number of such key terms in a CRP or dissertation tends to run anywhere from 4 or 5 up to a dozen or more; but there is certainly no need to include definitions for relatively widely known and used psychological or clinical terms unless one particular aspect or version of the definition is being stressed in your study, or you're using your own or another's particularly idiosyncratic definition. Depending on the number of terms and the length of each definition (and keep them as succinct and precise as possible), this final section is usually anywhere from a half a page to a page and a half in length.

So, adding together all the average lengths of its various subsections, your Chapter III will likely be somewhere between 10 and 18 pages in length.

"End Material:"

Then, following the end of your proposal's Chapter III, you will have your various "end material," which will include your **References** (a listing of what you actually have citations for throughout the text), and, only if you wish, an additional **Bibliography**, which would include publications not actually APA-style parenthetically cited/referenced by you in the text, but are things that you still deem relevant to your study and will be (or were) useful in, or used by you in, your thinking, research, or writing. Closely follow the latest edition of the APA Publication Manual for formatting your References section. Then you have your **Appendices** or **Addenda**, which include your consent forms/letters; your protection of human subjects protocol (HRRC application, see below), which is included in your proposal's end material, but not in that of your finished CRP; your instruments (questionnaires, interview questions, possibly certain tests, et al, if not already included in your Chapter III); and anything else of relevance, which may include your decision, for example, to include subjects' full written responses, typed transcripts of oral verbal data, field, observational, or clinical notes, or other qualitative data in its full detail, if your committee agrees that there's a good reason to include such usually extensive additional material to be available for the reader. And some of you may also have Figures, Tables, et al. But most of the potential appendix or addendum material just referred to will not be part of the end material for the proposal, but only of the finished CRP.

Not counting the end material, the entire three chapters of the average original research type CRP proposal can be expected to be anywhere from 50-100 pages in length.

The Human Research Review Committee (HRRC) Application.

(There is more on this on p. 17.)

You can start your CRP study once your committee has approved and signed the final draft of the full proposal and Dr. Carl Word, as are campus' Director of Research, has approved the pro while there will have ever three have today is three nights tection of human subjects protocol, which we call the Human Research Review Committee (HRRC) application, an outline for which is in the CRP Manual**.** (Note: you do not need to do a HRRC application if you are doing the scholarly survey-of-the-literature-only type study or are otherwise not using human subjects or direct human subjects data). Most of the three or four pages of content comprising the average HRRC application can be drawn almost verbatim from earlier written parts of your proposal (and you certainly don't want to tackle the HRRC application until you have finished your proposal). Most students find that doing this HRRC application, and getting any needed feedback and doing any rewriting and getting it approved, is not a very daunting or time-consuming process, and you can get examples of past successful, approved HRRC applications to use as models. Very often, by the time you get to writing your final, brief HRRC application, what you enter for the various sections of it may prove to be clearer and more succinct than the earlier versions of such that you had in your proposal, and in such cases you may wish to use the HRRC version, or aspects of it, to supplement or replace those more drawn-out relevant parts of the proposal.

Proposal Hearing

As mentioned earlier, most of the work involved in completing the full CRP/dissertation process is in doing the initial proposal, especially the full survey of the literature. At present, our campus requires that once a final working draft of the proposal has been agreed to by your CRP committee (your chairperson and one additional member/reader), an in-person meeting must be held with your committee in the form of an oral presentation and defense of your proposal (treating the proposal, and you, in a similar manner to what will occur in the very final oral defense of your completely carried out and written up CRP). Some CRP committees may be willing to waive this oral defense of the proposal requirement, but only if 1.) Both member agree to it, 2.) the student is willing to have it waived, and 3.) most importantly, if both committee members feel the final written version of the proposal is in such good, agreed-to shape that an additional in-person meeting is not needed for the student to provide any further clarification, re-writing, finalization or presentation that has not already been done in earlier work with the committee and reflected in the writing of the proposal.

Conducting and Writing Up the Post-Proposal CRP Study:

As mentioned earlier, you would be surprised by how quickly the actual study itself can go after the proposal has been written and approved: plugging the study in, working with your subjects (or other data sources), gathering and analyzing your data, and then writing up your Chapter IV: Results (or Findings), your Chapter V: Discussion (or Analysis or Interpretation), and any Conclusion (which could also be the final section in your Discussion chapter). It is also possible to combine Chapters IV and V into one "Results and Discussion" (or "Findings and Analysis") Chapter IV, if you want and to if your CRP committee agrees to a this. It's harder to generalize how long these final chapters tend to be; but Results chapters can run anywhere from 5 to 25 pages, with the more complex the study, the more faceted, the more research questions or hypotheses for which results must be presented, the longe Toyota my left erratic are r it will be. Discussion chapters tend to run longer than Results chapters because this is your opportunity to

reflect on your findings in light of the survey of the literature and in light of your own thinking Catherine and speculation. Also, this final chapter usually ends with a subsection on **Avenues for Further Research** and/or **Recommendations to the Field** (or, could be alternatively subtitled **Research Implications** and **Clinical Implications**), and some kind of **Conclusion,** either for the whole study or its Results and Discussion. If it is the conclusion for the entire study, this can also be treated as a final Chapter VI). Adding all of this up, a finished original research type CRP (dissertation) can run anywhere from 80 or 90 pages up to 150 or more, not counting the end material.

Guidelines for Survey of the Literature Type Scholarly/Critical CRPS

In this approach, the Clinical Research Project is a training experience designed to provide students with a guided opportunity for integrating findings from others' published empirical research in order to address a psychological issue framed in the form of one more research questions, objectives, or hypothesis. Students, working closely with their committee members identify an issue within professional psychology and conduct a comprehensive scholarly review and critical appraisal of all theoretical and empirical literature relevant to the issue, topic, question(s), et al. The primary training goal of this kind of CRP is to help students develop the skills needed to become doctoral-level critical consumers of the empirical literature in psychology. In addition, this approach provides students the opportunity to design and conduct a scholarly type research study that for its data draws upon the published thinking and research of others in the field, rather than drawing on data from human subjects through conducting an original empirical research type CRP.

The CRP proposal summarizes five aspects of the proposed review: 1) a brief introduction that supports the central issue guiding the review, 2) the organizing principle(s) of the review, 3) a general in-progress early-on review, which may be mainly an annotated outline at this proposal stage, 4) the clinical rationale for the issue addressed, and 5) a preliminary bibliography with an estimate of the number of empirical articles included in the review.

If you are choosing to do a comprehensive, critical survey of the literature on a particular topic, also termed a literature-based scholarly/critical type CRP , rather than conduct an original, human-subjects-based qualitative (or quantitative, or mixed), research study on a topic, consider this proposed literature review to be the same as taking a scholarly-type approach to conducting original research, where the data gathering and analysis process uses only published textual materials, not human subjects, for its data, yet where, similarly, one or more research questions are being asked, research objectives are being addressed, or hypotheses are being used.

In the CRP proposal for this kind of study, you will follow basically the same annotated outline (as described above) used for original-research-type CRPs, with a couple of differences. Chapter I will have the same four sub-headed sections previously described, with the difference being that the fourth-- Significance of the Study-- will now be titled Significance and Clinical Rationale, where you will make a case for the significance, need, or rationale for this particular study, and, as part of this, you will also address why the proposed survey of the literature (and the questions or hypotheses being posed with regard to it) have relevance and value to the field of Professional Psychology, especially with regard to clinical theory and practice. Chapter II, which in original research type proposals would include the complete, or almost completed, survey of the literature, would in this case include some kind of overview introduction section, followed by an annotated outline of the organization of this Chapter II, which will comprise most of the content of the proposal, and when completed, will comprise most of the completed CRP. The proposal's Chapter III, Methodology, for this survey-of-the-literature-only type approach,

will be very short compared to the multi-sectioned chapter for an original-research-type proposal. This chapter need only contain a description of how you intend to conduct your survey of the literature, including which databases will be used, key descriptor words to be used, organization to be followed, repeating your question(s), objective(s), or hypothesis(ses) first stated under the Purpose section in Chapter I, and describing how you will be conducting your critical survey of the literature, gathering data by means of a scholarly-type study using only published literature, in such a way as to be able to analyze it in order to answer the research question(s) or test your hypothesis(ses) that you have chosen. Some of this very brief methodology chapter will be in the past tense, since some of this work will already have been done in order to show your CRP committee that you are already sufficiently familiar with the existing literature, and some will be in the future tense, pointing to methods and procedures you will be following to flesh out the complete survey of the literature once the proposal has been approved by your committee. Once your proposal has been approved, you will then complete the remainder of the literature survey and use it to address your originally stated question(s) or hypothesis(ses). The finished version of this kind of CRP, will, slightly reorganized from its proposal version, then have the usual Chapter I; then a Chapter II, which will be the brief methods chapter (now put in the past tense); a Chapter III, which will be the full-blown critical survey of the literature (which can range anywhere from 50 to 100 or more pages), and then a final Chapter IV, which, as a combined Findings and Discussion component, will address and be organized according to the originally stated research question(s) or hypothesis(ses) in light of the literature review. Either in a final subsection of this Chapter IV, or as separate final Chapter V, you will also address the clinical implications of the literature review, if this was not already done in your Chapter IV.

(See pp. 13 & 14 for Outline of Survey of the Literature Type CRP Proposal and Outline of Survey of the Literature Type CRP When Finished)

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Appendix A

Model for Initial Title/Signature Page

(Example of Title Page)

THE RELATIONSHIP BETWEEN PSYCHOSOCIAL DWARFISM
(1 space)
AND ENVIRONMENTAL DEPRIVATION

[Note: if doing survey of the literature type CRP, such title is followed by subtitle: "A Comprehensive Survey of the Literature and Critical Analysis"]

(4 spaces)

STUDENT M. NAME

(4 spaces)

A Clinical Research Project
[for proposal should be "A Clinical Research Project"]
submitted to the Faculty of the American School of Professional Psychology,
at Argosy University,
San Francisco Bay Area campus
in partial fulfillment of the requirements for
the degree of Doctor of Psychology

(2 spaces)
Point Richmond, California
Month, Year

(4 spaces)

(signature)

_____ _____
Jerry Small, Ph.D., Chairperson Date

(signature)

_____ _____
Sally Henderson, Psy.D., member Date

Appendix B

Excerpts from two completed Argosy/SFBA original research type CRP's Survey of the Literature Chapters

Excerpt From Chapter II of
"A Descriptive Study of the Perceived Reasons for the Effectiveness

of a Time Limited, Family Based Therapy Approach for Adolescents Diagnosed with Anorexia Nervosa"
by Tonja Krautter, Argosy/SFBA 2002; Klimo, Chairperson

Introduction

A survey of the literature on Anorexia Nervosa (AN) will be conducted as it pertains to this study. First, an overview of AN will be discussed with particular focus on the adolescent population. Medical and psychological consequences of this illness will be reviewed as well as a look at the many different hypotheses about the cause(s) of AN. A detailed review of the possible causes are important so that we can better understand the different theories about the origins of this illness and then hypothesize about the best treatment approach. However, specific focus will only be given to psychological characteristics, family influences, and cultural influences, as these are the factors, which relate to this study. Second, the historical treatment of AN will be reviewed, paying particular attention to the various treatment settings, including inpatient and outpatient therapy. Specific attention will be given to the effectiveness of family therapy since that is the modality used in this study. In this section, the studies on adolescent AN will be explored with a review of their various treatment approaches and effectiveness. This will help the reader conceptualize the treatment approaches currently available in the treatment of adolescent AN. Finally, outcome effectiveness in mental health treatment will be reviewed with a specific focus on patient satisfaction and the various uses and benefits of outcome effectiveness surveys (OES).

[from section on Treatment of AN]

In the current literature, there are nine published outpatient controlled psychotherapy trials for AN. In these nine trials, approaches to treatment varied including: (1) family therapy of different types, (2) individual therapy, (3) group therapy, (4) nutritional advice, and (5) cognitive approaches. Out of these nine, only three are exclusively focused on the adolescent population (Eisler et al., 2000; Le Grange et al., 1992; and Robin et al., 1999). The remaining six are predominantly focused on adults (Channon et al., 1989; Crisp et al., 1991; Dare et al., 2001; Hall & Crisp, 1987; Russell et al., 1987; and Treasure et al., 1995).

In reviewing these nine studies, there is evidence to illustrate that adolescents with AN benefit from family participation in their treatment. For example, Russell et al. (1987) found that younger patients with AN improved more than older patients when family therapy took place over individual therapy. Through random selection, Russell placed 57 patients in one of two groups; the treatment under study, which was family therapy, or the control treatment, which was individual therapy. In one of the four subgroups, Russell found family therapy to be a much more effective treatment than individual therapy. In this subgroup all clients diagnosed with AN had the onset of illness before the age of 19 and the duration of illness less than 3 years. At one year after treatment, 90% of patients receiving family treatment had a good or intermediate outcome while only 18% of patients receiving individual therapy had a good or intermediate outcome (Russell, Szmukler, Dare, & Eisler, 1987).

Russell's 1987 study motivated other researchers to study the treatment of adolescents with AN and the effectiveness of family participation. More recently, the treatment of adolescents with AN has predominantly been studied by Dare and Eisler (1997) at the Maudsley Hospital in London. Eisler et al. (1997) published a five year follow up to the original Russell (1987) study illustrating that positive outcomes from the use of family therapy were maintained. At five years, 90% of the patients who received family therapy maintained good outcomes. The study also revealed that an improved 55% of the patients who received individual therapy had good or intermediate outcomes. These results indicate that good outcomes were maintained for patients

who received family therapy and positive outcomes were improved for patients who received individual therapy. However, it is unclear what the recovery rate without treatment would have been for this group.

Robin et al (1999) was also interested in comparing individual to family therapy. He utilized a behavioral family systems therapy for his research modeled after the Maudsley approach. Robin and colleagues found that among 37 adolescents with AN after 16 months of treatment, family therapy was more helpful in restoring weight as measured by higher body mass indices (BMI's). Similar results were found between both treatments in other measures such as body shape concerns, attitudes around eating, and family conflicts related to eating.

Le Grange et al (1992) found that family therapy was effective in the treatment of adolescents with early onset AN. He and his colleagues conducted a pilot study with 18 patients (16 girls and 2 boys) all of whom were under the age of 18 with an average duration of illness at 13.7 months. Patients were randomized into either whole family or separated family therapy. In separated family therapy, the parents were seen apart from their child and given advice regarding the management of the illness. The same therapist then saw the child in individual therapy sessions. Each group received a total of nine sessions over the course of a six-month period. Results indicated that there was no difference between the groups and that overall 68% benefited significantly from family therapy.

Eisler et al (2000) also compared whole family therapy to separated family therapy in the treatment of adolescents with AN. He and his colleagues randomized 40 subjects into the two different groups. Each group received 16 family therapy appointments over the course of 12 months. There was no difference between whole and separate family therapy except if families were highly critical. Among highly critical families, outcomes indicated that 47% of patients benefited from whole family therapy while 76% benefited from separated family therapy. Eisler and his colleagues hypothesized that patients who have highly critical parents tend to do better in separated family therapy. Therefore, they reported that it might be important to assess families for critical comments and then provide the appropriate family treatment for the most positive outcome.

The results based on these studies, which all included adolescents diagnosed with AN, illustrate the preliminary work done in this specialized area of study. Overall, these outcomes indicate that the family therapy based on the Maudsley approach is effective in the treatment of adolescents with AN and that it is likely more effective than individual therapy. However, a larger scale study using the Maudsley approach would be imperative in order to more definitively suggest the effectiveness of this specific type of treatment with adolescents. Recently, Lock and colleagues (2001) manualized the treatment utilized at the Maudsley Hospital in London for a five-year clinical trial at Stanford University. This study is currently underway with 86 families participating. The families included in this study must have an adolescent under the age of 18 who has been diagnosed with AN.

The majority of studies in the current literature represent patients who are above the age of 18. Therefore, not surprisingly, the remaining six published outpatient controlled psychotherapy trials for AN predominantly represent adults. Hall and Crisp (1987) were interested in comparing the effectiveness of providing dietary advice to combined family and individual therapy. They randomized 30 subjects into one of these two treatments providing each individual with a total of 12 sessions over a 6-12 month period. All patients were single females who were diagnosed with AN for an average duration of 27 months. Results indicated that individuals did better with psychotherapy than with dietary advice. More individuals (46%) benefited from receiving the combined family and individual therapy than those who received dietary advice (33%). Furthermore, at the end of treatment (1-year follow-up), four of the patients who received the combined psychotherapy were considered "recovered." The rest of the patients (11 patients) attended additional therapy sessions upon the recommendation of the

clinical staff. All 15 patients who received dietary advice were believed to require further treatment. Approximately 50% of them (8 patients) followed this recommendation.

In a later study**,** Crisp et al (1991) were interested in comparing four different types of treatment: (1) assessment (with no further treatment), (2) inpatient treatment, (3) outpatient treatment (including individual and family psychotherapy plus separate dietary counseling), and (4) outpatient group psychotherapy (with patients and parents in two separate groups). In this larger study, 90 subjects were randomly assigned to one of the four groups and were all seen for 11 sessions over the course of 10 months. All subjects were females diagnosed with AN with an average duration of illness at 39 months. Outcomes indicated that 100% of the patients who received inpatient psychotherapy benefited from treatment while 63% benefited from outpatient psychotherapy. No patients benefited from assessment alone. Outcomes further indicated that all three treatment types were significantly effective at the end of one year in terms of three main components: (1) weight gain, (2) return of menses, and (3) psychosocial functioning. The results of this study should be viewed cautiously because although research findings were significant, the clinical significance was not that great and patients did not really do that well.

There is a tremendous amount of literature on the use of cognitive-behavioral techniques when working with individuals diagnosed with eating disorders. However, most of this research focuses on Bulimia Nervosa (BN) rather than AN. According to Kleifield et al. (1996) Cognitive Behavioral Treatment (CBT) of AN is based on two core assumptions about the disorder: (1) AN develops as a way of coping with stressful experiences which are often associated with developmental transitions and (2) avoidance of food and food restriction become habitual patterns that are independent from the events or issues that provoked them. Goals of CBT for AN were listed as follows: (1) to motivate the patient for treatment through active collaboration, (2) to introduce the steps involved in assessment, formulation, and weight restoration, (3) to discuss the techniques used for confronting fear of food, confronting interpersonal difficulties, and enhancing social problem solving skills, and (4) to give guidelines for relapse prevention.

The remaining three out of the nine published outpatient controlled psychotherapy trials for AN include the investigation of the effectiveness of cognitive therapy either combined with analytic or behavioral treatment. Channon et al (1989) compared CBT to behavioral treatment and no treatment using 24 subjects. Each subject received 24 sessions between a 6 and 12-month period. No differences between groups were found. Treasure et al (1995) compared cognitive analytic therapy and education using 30 subjects. Each subject received 20 sessions over a 5-month period. No differences were found between these groups either, however, it was found that 63% of subjects benefited overall. Lastly, Dare et al (2001) more recently compared CBT to focal therapy, family therapy, and routine. In this study, 84 subjects received 16 sessions over a 12-month period. Outcomes indicated that 33% of patients benefited from focal therapy, 36% benefited from family therapy, 27% of patients benefited from CBT, and 5% of patients benefited from routine.

It is clear that CBT has some benefits in working with individuals diagnosed with AN. However, a thorough review of the literature on the effectiveness of CBT and AN revealed little empirical data. CBT for AN has not been tested as extensively in controlled studies as it has been for other eating disorders such as BN and more recently Binge Eating Disorder (BED). CBT is currently considered to be the most strongly empirically supported treatment method and the treatment of choice for BN (Herson, M. & Bellack, A., 1999; Romans, S. (Ed), et al., 1998; Graham, P., 1998; Peterson, C & Mitchell, J., 1999; Miller, K. (Ed), Mizes, J. (Ed), et al., 2000; and Sunday, S. and Halmi, K., 1997), however, no such findings have been validated for AN.

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Excerpt from Chapter II of:

"Program Evaluation of a Time Limited, Abuse-Focused Treatment for Child and Adolescent Sexual Abuse Victims and Their Families."

by Andrea Ancha, Argosy/SFBA 2003; Klimo, chairperson

Introduction

A survey of the literature on child sexual abuse (CSA) will be conducted as it pertains to this study. First, an overview of CSA will be discussed. The emotional and behavioral sequelae of CSA will be reviewed, including the initial and long-term impact, along with a discussion regarding the high variability of CSA sequelae. In this section, those factors thought to either ameliorate or exacerbate symptoms will be discussed, with a particular focus on child and adolescent abuse-related cognitive attributions and perceptions; and the role of the nonoffending parents' attributions and perceptions in influencing the victim's adjustment. Second, the contemporary treatment of CSA will be reviewed. Studies evaluating the most effective approaches to CSA treatment will be included. Specific attention will be given to abuse-focused, cognitive-behavioral therapy with a focus on the effectiveness of individual and group treatment with parental involvement.

Overview of Childhood Sexual Abuse

Defining what is, and what is not, CSA or exploitation is a difficult task. There is currently no unequivocal definition of what constitutes CSA used throughout the United States. Some states differentiate between CSA and sexual assault, stipulating that sexual abuse must be committed by someone responsible for the care of the child. Sexual assault, on the other hand, is defined as sexual acts committed by a person who is not responsible for the child's care (DePanfil & Salus, 1992). Perhaps the best definition of CSA is that defined by David Finkelhor and is often used when researching CSA (1994). He notes that in general, definitions of CSA require two elements: (1) sexual activities involving a child; and (2) an "abusive condition." Sexual activities involving a child include a wide range of behavior(s) including: fondling a child's anus, genitals, or breasts; forcing a child to touch the perpetrators anus, genitals, or breasts; penetration including penile, digital, and object penetration of the vagina, mouth, or anus; non-penetrating acts such as sexual kissing; and non-contact sexual acts including exhibitionism, voyeurism, child pornography, and verbal sexual harassment. According to Finkelhor, an "abusive condition" exists when (1) the child's partner has a large age (usually defined as 5 years or more) or maturational advantage over the child; or (2) the child's partner is in a position of authority or in a caretaking relationship with the child; or (3) the activities are carried out against the child using force or trickery.

Due to the large variability in the definitions of CSA and the "conspiracy of silence" surrounding the acts themselves, it is very difficult to gain an accurate picture of the incidence and prevalence of CSA. According to the authors (Sedlak & Broadhurst, 1996) of the Executive Summary of the Third National Incidence Study of Child Abuse and Neglect (NIS-3), this report is the single most comprehensive source of information about the current incidence of child abuse and neglect in the United States. This study suggests that the current incidence of CSA has more than doubled from 1986 when the NIS -2 was published. The estimated number of CSA victims under The Harm Standard (children who have experienced harm from abuse or neglect) rose from 119,200 in 1986 to 217,700 in 1993. This represents an 83% increase. Similarly, the estimated incidence of CSA victims using the Endangerment Standard (children who experienced abuse or neglect that put them at risk for harm) rose from 133,600 in 1986 to 300,200 in 1993. This represents a 125% increase. Finkelhor (1994) hypothesizes that the incidence of CSA is not in fact increasing at that alarming of a rate, but that the figures also

represent an increased awareness and willingness to detect and disclose CSA. With regards to victim characteristics, the NIS-3 study results indicate that girls were sexually abused three times more often than boys, and that children are consistently vulnerable to sexual abuse from age three on. Additionally, children from families who earn below $15,000 per year were 18 times more likely to be sexually abused by either definitional standard.

Much sexual abuse remains undisclosed. In an attempt to gain a better understanding of the prevalence of CSA, researchers have often relied on adult retrospective studies. These studies vary greatly in their definitions of abuse, methodological approach, and quality. Despite these limitations, researchers estimate that at least one in five adult women and as many as one in six adult men were molested as children. These estimates come from studies with the most methodological sophistication including the use of random samples and multiple screen questions (Finkelhor, 1994; Kendall-Tacket, Williams, & Finkelhor, 1993). Based on these results, researchers have taken the liberty to estimate that the prevalence rates are probably higher, as they presume a certain percentage of sexual abuse victims failed to disclose due to a variety of reasons including incomplete memory, embarrassment, or privacy concerns (Finkelhor, 1994; Kendall-Tacket et al., 1993).

Abuse Related Sequelae

Overall, a review of the literature on CSA sequelae resulted in inconsistent findings. What seems quite clear is that CSA sequelae are highly variable and produce multifaceted effects. Attempts to accurately measure CSA sequelae are confounded by several factors including the use of various definitions of CSA, lack of adequate control groups, and the use of nonstandardized assessment measures (Mannarino, Cohen, & Gregor, 1989, Wolfe & Wolfe, 1988). Additionally, previous studies relied heavily on the use of adult retrospective study designs, making extrapolations relevant to children and their developmental stages difficult (Kendall-Tackett et al., 1993.) Fortunately, the past two decades have been marked by a surge of research, designed to empirically investigate CSA sequelae, and include the child victims' themselves.

Studies vary in their methodology and many studies rely on samples from clinic populations, compromising generalizability. Studies using comparison groups include nonabused clinic control groups, community control groups, standardized norms or some mixture of the above. While some designs are clearly more desirable, Conte & Schuerman (1987) note that obtaining a sample of sexually abused children that are identical in every way with a nonabused control group is extremely unlikely. Additionally, because sexual abuse is largely "invisible," it is only assumed that "nonabused" children have in fact never been abused.

Regarding the initial effects of CSA sequelae, Browne & Finkelhor's (1986) review of the empirical literature found that the most commonly observed clinically significant symptoms reported included fear, anxiety, depression, anger and hostility, and inappropriate sexual behavior. It is important to note that this review included studies that involved females only. Kendall-Tacket et al. (1993) reviewed and synthesized 45 empirical studies on the impact of CSA and found that CSA victims had more symptoms overall than non-abused children. Fears, behavior problems, poor self-esteem, sexualized behaviors and posttraumatic stress disorder (PTSD) occurred most frequently. While PTSD symptoms and sexualized behaviors appear to be common problem areas for CSA victims, no single effect of CSA has been found to be universal.

Appendix C

American School of Professional Psychology, Argosy University, San Francisco Bay Area campus

Human Research Review Committee
Initial Short Form Application

Principal Investigator	Telephone	E-mail	

Signature of Principal Investigator Date

Address

Faculty Sponsor Telephone E-mail

Signature of Faculty Sponsor Date

Your signature as faculty sponsor indicates that you accept responsibility for the research described, and that you are fully aware of all procedures to be followed, will monitor the research, and will insure that the HRRC is notified of any significant problems or changes.

Title of Protocol

REVIEW CATEGORY: _____REGULAR

_____EXPEDITED * *must check appropriate category below*

_____EXEMPT

*Grounds for ***expedited review*** are as follows: research activities involving no more than minimal risk *and* in which the only involvement of human subjects will be in one or more of the following categories (please check):

____voice recordings made for research purposes such as investigations of speech defects

____moderate exercise by healthy volunteers

____the study of existing data, documents, records or pathological or diagnostic specimens

____research on individual or group behavior or characteristics of individuals, such as studies of perception, cognition, game theory or test development where the investigator does not manipulate subjects' behavior and the research will not involve stress to subjects

INSTRUCTIONS: Please type (use additional sheets if necessary). The following should be submitted (**8 copies** each for regular review; **3 copies** each for expedited or exempt review):

- THIS COMPLETED SHORT FORM
- ALL CONSENT FORMS AND INFORMATION SHEETS
- ALL SURVEY/INTERVIEW INSTRUMENTS

NOTE: See Institutional Review Board guidelines for details on all of the above. Please allow 4-6 weeks for expedited or exempt reviews and 6-8 weeks for regular reviews.

1. STUDY AIM, BACKGROUND AND DESIGN

2. SUBJECT POPULATION: INCLUSION/EXCLUSION CRITERIA, USE OF SPECIAL SUBJECT GROUPS, AND METHODS OF ACCESS

3. BRIEFLY DESCRIBE RESEARCH METHODS OR PROCEDURES TO BE DONE FOR THE PURPOSES OF THE STUDY (example: interviews, surveys, participant observations, etc.)

4. RISKS: POTENTIAL RISKS/ DISCOMFORTS TO SUBJECTS AND METHODS OF MINIMIZING THESE RISKS

5. BENEFITS: POTENTIAL DIRECT BENEFITS TO SUBJECTS AND GENERAL BENEFITS TO SUBJECT GROUPS, ACADEMIC OR PROFESSIONAL DISCIPLINE AND/OR SOCIETY

6. CONSENT PROCESS AND DOCUMENTATION

7. NUMBER OF SUBJECTS TO BE ENROLLED PER YEAR: _____

TOTAL FOR STUDY: _____

8. IS THE HUMAN SUBJECTS BILL OF RIGHTS APPLICABLE TO YOUR STUDY?

Yes _____ No _____ (if yes, please include copies)

9. WILL THIS STUDY BE FUNDED? Yes _____ No _____ Pending _____

AGENCY/SPONSOR? _____

10. IS THIS STUDY BEING CONDUCTED AT OR UNDER THE SUPERVISION OF ANOTHER

INSTITUTION? Yes _____ No _____ (if yes, please include copies of their IRB protocol)

11. PRINCIPAL INVESTIGATOR'S SIGNATURE _____

APPENDIX:
(consent forms, instruments, et al)

APPENDIX D

AN EXAMPLE OF AN APPROVED HRRC APPLICATION:

Argosy University, San Francisco Bay Area campus
Human Research Review Committee Application

Principal Investigator: Stephen Trichter
Telephone: (left out for Manual)
Email: (left out for Manual)
Signature of Principal Investigator_____ Date: _____
Address: (left out for Manual)

Faculty Sponsor: Jon Klimo
Telephone:
Email: jklimo@argosyu.edu

Signature of Faculty Sponsor: _____ Date:_____

Your signature as a faculty sponsor indicates that you accept responsibility for the research described, and that you are fully aware of all procedures to be followed, will monitor the research, and will insure that the HRRC is notified of any significant problems or changes.

Title of Protocol: Changes in Spirituality Among Ayahuasca Ceremony Novice Participants

Review Category: Expedited

1. Study aim, background and design.

This study will explore the spirituality of novice participants of an ayahuasca ceremony. Psychiatry has developed with a principal aim of relieving maladaptive psychological symptoms through the use of medical technology. Presently, the field encourages the use of anti-depressants, anti-anxiety agents, and anti-psychotics to relieve symptoms from which patients suffer. Despite continuous breakthroughs in psychiatric medicine, the approach is questionable. There are many psychoactive compounds that could be used to take a different approach to relieving patients' mental anguish. The use of these psychoactive compounds would give the individual new tools and a new perspective, as opposed to provide temporary chemical relief. One group of compounds, called entheogens (or more commonly hallucinogens), may harness the power of increasing spirituality, and strengthening the self. These entheogens, and in particular, ayahuasca, have been used in sacred healing rituals in shamanic cultures for centuries. By ignoring the power of these substances, the mental health community limits the resources available to the clients it serves.

The proposed study were of mixed design. The qualitative portion of the study were performed through extensive, open-ended interviews conducted by the researcher and written statements of the participants. The quantitative part of this study will use instruments measuring spiritual experience. Content analysis of the transcribed interviews were used to analyze the qualitative data. Multiple regression were used to analyze the quantitative data.

2. Participant Population: inclusion and exclusion criteria, use of special subject groups, and methods of access.

The subjects of the study will consist of volunteers who are first-time ayahuasca users who have already planned on attending the ayahuasca ceremony in which the research were conducted. All participants in the ceremony that have self-reported taking some form of ayahuasca (combination of N,N-DMT and an MAOI) were excluded from the study. Subject's primary and first language were English. Subjects were assessed and included/excluded based on results of a Mini Mental Status Exam given by the researcher at the beginning of interview.

3. Briefly, describe research methods or procedures to be done for the purposes of the study.

The study will begin in November 2004 and be carried out until June 2005. Participants in the research will take part in an evening-long ayahuasca ceremony. Others will take part in two evening-long ayahuasca ceremonies. This study will take place both in the San Francisco Bay

Area in California and in Vancouver, British Columbia, Canada, under the guidance of experienced ayahuasca ceremony leaders. Participating in ayahuasca ceremony has limited legal context in the United States. However, in Canada, although legal issues are still present for the ceremony leader, laws are more permissible and law enforcement is less strict.

This study were a mixed design study. The qualitative portion of the study were performed through extensive, open-ended interviews given by the researcher that will take place prior to the ceremony, within 24 hours post ceremony and in one week, and one- and three-month follow-up sessions. All interviews were taped, transcribed and coded by the researcher with copies mailed to the dissertation committee Chairperson in United States immediately for safe-keeping. In addition, a written account of the participant's experience of the ceremony were collected. Codes were given to each of the subjects to ensure confidentiality of the materials if seized at the border or intercepted in the mail. Participants names will not be used in any of the interviews, transcripts, or questionnaires. Duplicate copies of the coded material were made and held by the researcher upon returning to the United States. The interview were aimed at exploring the subjects' sense of spirituality in their present life. The researcher hopes to gain the trust of the group prior to the interviews by working alongside the ceremony leader and having them introduce the research to the group.

The quantitative approach to this study were performed through the use of instruments assessing spiritual experience. Names of the participants will appear nowhere on the instruments, only codes. Twelve hours after the ceremony has concluded, the Peak Experience Profile were given to the participants. This is a 184 question survey looking specifically at the experience of the participant's altered state of consciousness during the ceremony. The Index of Core Spiritual Experiences, the Hood Mysticism Scale and the Spiritual Well-Being Scale were used to assess the general spiritual outlook of the participants. This will measure more stable spiritual measures. The instruments were conducted prior to the ayahuasca ceremony, the following day of the ceremony, and in one-week, and one- and three-month follow-up assessments.

Data for the qualitative portion of the research were compiled and searched for common themes and trends. Through a series of longitudinal interviews, a comparison were created across time for each individual. Additionally, differences in themes and trends were recorded and reported through the different interviews.

Data for the quantitative portion of the research were analyzed through multiple rmANOVA, looking at differences in spirituality across time and between subjects, prior use of psychedelics, post ceremony use of psychedelics.

4. Potential risks/discomforts to subjects and methods of minimizing these risks.
Since ayahuasca is a powerful hallucinogen that potentially increases emotional sensitivity and increases access to unconscious material, the researcher will have to conduct interviews and survey instruments in a sensitive manner. Subjects may find some of the topics in the interviews uncomfortable and/or upsetting due to previous life experiences that may be triggered during the research and possibly heightened due to the ingestion of ayahuasca. Careful consideration were taken into account because of the use of human subjects in this research. Informed consent forms were given to participants to be signed prior to any interviewing. In addition, a Mini Mental Status Exam were given to each subject assessing for psychological disorder. Subjects not deemed suitable for the study will not be given the full interview. If subjects become upset during interviews or during the completion of surveys, the procedures will cease immediately and an hour of supportive counseling were given by the interviewer. If distress persists, referrals

were made to a previously arranged connections to mental health professional in the nearest town. Additionally, mental health professionals in participants' home towns were arranged to assist participants if stress occurs in the weeks or months following participation in the research.

The confidentiality of the participants of the study is of utmost importance in light of ethical and legal considerations. Upon collection of the data, transcripts and surveys were kept in a locked file system only accessible to the experimenter and the Clinical Research Project Chairperson. Prior to collecting data, each participant were given a code that will appear on all tapes, transcripts, written accounts and assessment instruments. This ensures safe transportation of the data without risking confidentiality of the participants by eliminating all identifiable information in the event of materials getting lost or taken during travel. In addition, all original tapes and transcripts were destroyed no later than June 2006, one year after the completion of the research.

5. Benefits: potential direct benefits to subjects and general benefits to subject groups, academic or professional discipline and/or society.

Filling out the questionnaires, and participating in the interview process will give participants the opportunity to reflect on their subjective spiritual experiences. This opportunity will create a forum in which they can compare their own feelings on spirituality prior to and following the ayahuasca ceremony. In addition, it will create a unique opportunity for the subjects to formally discuss in depth their subjective spiritual experience. Participants may enjoy this opportunity to express these feelings, as there would not necessarily be a setting to discuss these ideas otherwise.

Participating in the research may also lead subjects to integrate more of the material from their ayahuasca ceremony experience into their life. Participants may find new insights into their unconscious material as it is discussed in the interviews or brought up by the questionnaires that may lead to a better, stronger sense of self and well being.

Findings from this study may also have more general benefits in the field of psychology and psychiatry. First, the results of this study may point to the need for increased funding and permission from government agencies to explore mental health through spirituality using ayahuasca and other entheogens. In addition, the results of the study may show how one spiritual event can produce significant changes in one's spiritual life and mental health.

6. Consent process and documentation

Potential subjects will receive a consent form, in which their rights, potential benefits and potential risks were enumerated and protections were spelled out. Subjects were asked to sign and return the consent form. This consent form were separated from the coded assessment instruments, written accounts and interview tapes and were stored separately in a locked cabinet.

7. Number of participants to be enrolled per year. Total for study.

The intention of the researcher is to have 55 participants in the research study with the hope that at least 30 complete the whole research process. In addition there were 10 controls.

8. Is the Human Subjects Bill of Rights Applicable to your study?

Yes

9. Will the study be funded?
TBD

10. Is this study being conducted at or under the supervision of another institution?
No
Principal Investigator's Signature: _____

APPENDIX B

Cover Letter from the Researcher for Participation in Research on The Affects of Participating in Ayahuasca Ceremony on Novice User's Spirituality

Dear Participant,

Thank you for your decision to participate in this study. The researcher greatly appreciates your time and efforts. Your decision to participate in this research is allowing the researcher to do the following: phenomenologically explore the changes in spirituality before and after participating in an ayahuasca ceremony; conduct an evaluative analysis of participant accounts to determine constituent themes underlying the spiritual experience of participating in an ayahuasca ceremony; and, collect data analyzing spiritual experience through written instruments.

The topic of this research study is important to explore for two reasons. Findings from this study will produce benefits in the field of psychology and psychiatry. The results of this study may point to the need for increased funding and permission from government agencies to explore spirituality through the participation in ayahuasca ceremony and other entheogens. In addition, the results of the study may show how one enthogenically influenced event can produce significant changes in one's spiritual life.

Your willingness to participate and share personal information will result in a document that has important empirical data that may aid in the development of new understanding the relationship between entheogen use and spirituality.

Best,

Stephen Trichter, Doctoral Candidate

APPENDIX C

Consent Form

Stephen Trichter, a doctoral candidate at the San Francisco Bay Area campus of Argosy University, is conducting a study of the effects of participating in an ayahuasca ceremony on novice users' spirituality.

Participation in the study involves being interviewed, giving a written account of your experience and filling out multiple assessment instruments in which you were asked about your

thoughts, feelings, and experiences regarding your spirituality and your psychedelic drug experiences.

Reflecting on spiritual and/or psychedelic experiences may be upsetting for some people. You were free to refuse to answer any of the questions, and you may discontinue your participation at any time. The researcher, Stephen Trichter, were available to discuss any concerns you may have, and to facilitate referrals to supervisors, consultants, or therapists if such need should arise. He can be contacted at 415.254.6041.

Participants in the research should recognize that the use of ayahuasca is not being suggested, promoted, sold, or administered by the researcher. The decision to participate in the ayahuasca ceremony is an independent choice from choosing to participate in the research. Participants should discuss with ceremony leaders the medical and legal risks involved in ayahuasca ceremony.

All information you contribute were held in strict confidence within the limits of the law. This includes the possibility of the researcher being forced to reveal sensitive, collected information following a subpoena. The researcher is taking the following precautions to maximize participant confidentiality: The questionnaires, written statements and interview tapes were kept in a locked cabinet to which only Stephen Trichter and the Clinical Research Project (dissertation) Chairperson have access. Consent forms were stored separately from the written materials and tapes. A coding system were created so that at no time will your name be linked to your responses. In addition, the names of the subjects were nowhere in the printed study. Furthermore, the transcripts and tapes used in this study were destroyed no later than June 2006, one year after the study is completed.

No direct benefit, either monetary or resulting from the experience itself, is offered or guaranteed. You may find it interesting, helpful, and/or thought provoking to reflect on your experiences. In addition, the information generated by this study werenefit the field of psychology, by adding to our store of knowledge regarding ayahuasca, spirituality, and mental health.

If you have any questions or concerns regarding your rights as a participant in this research, you may call confidentially the Chair of the Human Research Review Committee, Dr. Carl Word, at the SF Bay Area campus of Argosy University. He can be reached at 510.215.0277 or by email: cword@argosyu.edu.

Signature _____
Date _____

APPENDIX D

Peak Experience Questionairre

[To save space, this 180-item instrument is left out of this CRP Manual, but was included as part of the approved HRRC application.]

APPENDIX E

Spiritual Well-Being Scale

[To save space, this 20-item instrument is left out of this CRP Manual, but was included as part of the approved HRRC application.]

APPENDIX F

Mysticism Scale – Research Form D

[To save space, this 32-item instrument is left out of this CRP Manual, but was included as part of the approved HRRC application.]

APPENDIX H

Semi-Structured Interview Potential Questions

[To save space, the instruction and guidelines for this is left out of this CRP Manual, but was included as part of the approved HRRC application.]

APPENDIX I

Ayahuasca Ceremony Written Self Report

As clearly and concisely as possible, please describe your personal experience of the ayahuasca ceremony in the amount of detail you see fit.

Appendix E

ARGOSY/SFBA FORMS REQUIRED FOR THE CRP PROCESS

Argosy University
San Francisco Bay Area Campus
999 A Canal Blvd., Point Richmond, CA 94804
Phone: 510-215-0277 Fax: 510-215-0299

REQUEST FOR SERVICE ON A CLINICAL RESEARCH PROJECT COMMITTEE

_____ _____

Name of candidate Date

I hereby request that you consider serving on my Clinical Research Project committee as *(choose one)*:

☐ **CHAIR** ☐ **READER**

If you agree to serve on this committee, you will be expected to make a commitment of service until the Clinical Research Project is complete.

All committee members serving on Clinical Research Project committees must comply with the following guidelines:

- All committee members must have doctoral degrees;
- All committee members must also have a minimum of three years of field or research experience related to their degree after they have obtained their degree;
- All committee members must have been active in their field of scholarship within the five year period preceding their participation on the committee;
- A minimum of 50% of the committee members serving on a candidate's committee must have degrees conferred by an accredited institution recognized by the U.S. Department of Education.

It is the responsibility of the chair to guide the candidate through the entire process, which includes:

- Assistance with completion of the proposal;
- Conducting periodic consultations with the candidate and other committee members, when appropriate;
- Assisting the candidate in the meeting AU requirements (e.g. preparation of "*Candidate Progress Report*" forms);
- Approval of the various sections and drafts of the Clinical Research Project;
- Attendance at the Oral Defense presentation, and any other meetings deemed necessary by the candidate and/or the committee.

In conjunction with the chair, the reader is involved in providing guidance in the interpretation of the candidate's research findings. Reader is specifically responsible for ensuring that the following aspects of the Clinical Research Project are completed properly:

- The literature review is complete and is appropriately interpreted;
- The problems are will defined;
- The hypothesis(es) or research question(s) is well stated; and
- The analytic procedures are appropriate to the study.
- Attendance at the Oral Defense presentation, and any other meetings deemed necessary by the candidate and/or the committee.

The topic of my Clinical Research Project is (title):

A brief description of the research problems and methods of inquiry I intend to use in conducting this research (a on-to-two page prospectus may serve as the description):

If you are willing to serve on my Clinical Research Project committee, please complete and sing the accompanying "*Acceptance of Service on a Clinical Research Project Committee*" form and return it to the Argosy University, attn: Carl Word

Thank you for your consideration of this matter.

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ACCEPTANCE OF SERVICE ON A CLINICAL RESEARCH PROJECT COMMITTEE

Date: _____

Doctoral candidate's name: _____

Proposed title of Clinical Research Project: _____

_____

_____

I agree to serve on this candidate's Clinical Research Project committee. I understand that my responsibilities as a committee member will include attending the Oral Defense meeting and other informal meetings which will be scheduled as needed by the student as well as providing consultation to the student throughout her/his Clinical Research Project writing process.

I will provide service as (*choose one*) on this student's Clinical Research Project:

☐ **CHAIR** ☐ **READER**

I (*choose one*) ☐ **AM** ☐ **AM NOT** currently serving on the faculty of ASPP.

Please note: If you are not currently serving as a faculty member at AU, you must **submit a copy of your current vitae** for approval by the Clinical Research Director.

_____

Name (*Please type or print*)

_____

Mailing Address

_____

City State Zip

_____

Office phone #

_____

Social Security #

_____ _____ _____

Degree obtained Date received Institution and Field of Study

_____ _____ _____

Type of License License # Date received

Malpractice Insurance Carrier: _____

_____

I have a minimum of three years of field or research experience related to my degree:

_____ yes _____ no

I have been active in the field of scholarship for which my degree was awarded within the last five years:

_____ yes _____ no

My doctoral degree has been awarded by an accredited institution recognized by the US Dept. of Education:

_____ yes _____ no

By serving on this committee, I declare that I am not creating a dual relationship with the doctoral candidate and I am acting in accordance with the APA Ethical Principles of Psychologist and Code of Conduct:

_____ yes _____ no

_____ _____
Committee member signature Date

Service on Clinical Research Project Committee approved by:

_____ _____
Carl Word, Ph.D. Date
Chair of the Research Committee

Please return this completed form to:
Argosy University / San Francisco Bay Area Campus
999 A Canal Boulevard
Point Richmond, CA 94804

Outside CRP/ Dissertation Chair/ Reader Approval Form:

Students must apply and be approved to have a member of their committee who is not a core faculty member of AU/SFBA. Please follow the steps below and attach a copy of the committee member's vitae.

Student Information:

Student Name:_____

Student ID #:_____

Phone/ E-mail:

_____

Committee Member Information:

Member Name:_____

Choose One:

___ Chair ___ Reader

Degree/ School Degree Obtained:
_____

Address:_____
_____
_____

Phone/ E-mail:
_____

Argosy Faculty Contact
_____

***Outside committee member must be in contact with Argosy faculty throughout dissertation process.**

Vitae Attached?

Department Chair Approval:

_____
_____

Dept. Chair Signature/ Program Date

Please return completed form with Vitae to the Business Manager. The Business Manager will send the *Doctoral Committee Member Invoice Form*. Committee members are paid upon completion of the CRP project. .

Rates:
Chair: $1000 upon completion
Reader: $500 upon completion

Copies: Student File Dept Chair Business Manager File

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CLINICAL RESEARCH PROJECT ORAL DEFENSE COMPLETION

_____ _____
Candidate Name (type or print) Date

_____
Title of Clinical Research Project

_____

Names of those attending the candidate's Oral Defense presentation and their affiliations with the candidate's Clinical Research Project (if applicable):

_____ **Committee Chair**

_____ **Reader**

_____ _____ **(affiliation)**

_____ _____ **(affiliation)**

_____ _____ **(affiliation)**

_____ _____ **(affiliation)**

Outcome of Oral Defense **(check one):**

_____ **Clinical Research Project approved without revisions**
_____ **Clinical Research Project approved contingent upon the following modifications:**

1.
2.
3.

All modifications are to be completed no later than two weeks from the date of the Oral Defense presentation.

Student will compete the above modifications and submit a final draft of the Clinical Research Project to the Clinical Research Project committee chair for approval on the following date:
_____ .

Please submit the completed form to Dr. Carl Word

Copies of completed form to: Student, Dissertation Committee Chair, Human Subject Committee Chair

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FINAL CLINICAL RESEARCH PROJECT APPROVAL FORM

Student Name: _____ SSN: _____
(print name)

Title of CRP: _____

_____

_____

_____

CRP Committee: _____
(print names) Chair

_____

Reader

CLINICAL RESEARCH PROJECT COMMITTEE APPROVAL
(Signature indicates <u>final</u> approval of the Clinical Research Project by the CRP Committee)

_____ _____

Committee Chair (signature) Date

_____ _____

Reader (signature) Date

Please submit the completed form to Dr. Carl Word

Copies of completed form to: Student, Dissertation Committee Chair, Human Subject Committee Chair