DOCTORAL PROGRAM
IN
HEALTH PSYCHOLOGY

Virginia Commonwealth University
Fall 2017

Paul Perrin, Ph.D.
Program Director
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Introduction

Virginia Commonwealth University was created in 1968, following the merger of Richmond Professional Institute and the Medical College of Virginia. In 1971, the State Council of Higher Education approved the psychology department’s first doctoral program. The psychology department graduated its first doctoral student in 1975. The doctoral training program in Health Psychology was approved by the State Council of Higher Education for Virginia in 2008.

The field of health psychology is concerned with understanding how biological, psychological, behavioral, cultural, and social contextual factors influence health and illness. The health psychology program provides students with the theoretical background and both basic and applied research skills needed to study the psychological, social, cultural, and behavioral bases of health and illness. Research in health psychology examines the causes and development of illness, methods to help individuals develop healthy lifestyles to promote good health and prevent illness, the treatment individuals receive for their medical problems, the effectiveness with which individuals cope with and reduce stress and pain, biopsychosocial connections with immune functioning, and factors in the recovery, rehabilitation, and psychosocial adjustment of patients with serious health problems.

As part of the VCU Department of Psychology, students study all major areas of theory and research in the field, but their specialized focus is on health and illness processes. The doctoral program in health psychology is designed to train students to contribute to our knowledge of psychological contributions to health and illness via training in basic and clinical research. The Health Psychology program is a research-oriented rather than a clinical training program and is not intended to lead to licensure.

Graduates who complete the program of study in health psychology will be knowledgeable in the major areas of health psychology, including primary and secondary prevention, theories of health behavior, and health policy. Graduates are also trained in research methods and statistical analysis.
Training Philosophy

The program's training philosophy is an integrative one. First, just as health psychology is both a theoretical and empirical discipline, students are expected to develop as both theoreticians and researchers. Second, health psychology is concerned with fundamental questions of human behavior as well as the application of this knowledge to solving problems, so students study basic theoretical questions as well as applied issues. Third, just as health psychology is a rapidly changing field as well as a discipline with a substantial history, students must keep abreast of current developments and understand how they fit with past findings. Last, health psychologists generate and disseminate knowledge, so our students are scientists and teachers. Graduates from this program will be employed primarily as professors in colleges and universities. Some will work in related fields in state and federal government, community organizations, and in business and industry.

We utilize both direct and indirect methods of training to realize this philosophy. They include:

- Classroom instruction and study: Considerable learning occurs in the classroom environment. The curriculum and is designed to give students exposure to most of the basic areas of health psychology.
- Mentorship: Classroom learning experiences are complemented by the student mentor relationship. Students are expected to work closely with a faculty member or faculty affiliate of the program, and thereby use that individual as a mentor for developing instructional, research, and theoretical skills. As advanced scholars, students are given considerable responsibility for developing their own areas of expertise, and are guided in the developmental process by their advisor and thesis/dissertation chair.
- Research: The health program stresses research training above all other goals. From entry into the program until exit, students should be working with faculty and more advanced students on research projects. Moreover, as full members of the research community, students are expected to attend departmental and university research presentations, publish research, and make presentations at regional, national, and international conferences. In any given semester students should be immersed in a program of independent research.
- Collaborative Inquiry: Students are encouraged to work collaboratively with their advisors/mentors and other faculty and graduate students within the health program, the department, and in other departments at the university.
Goals

The program faculty strive to assist students in reaching a number of important educational goals. Students, during their training, develop strengths in a number of areas, including:

- **Knowledge of psychological science.** Students are trained in all of the basic areas of psychology, including biological bases of behavior, social psychology, developmental psychology, personality processes, and learning. In addition to mastering this subject matter, students develop a professional identity as psychologists. All students should join a professional association of psychologists, such as the Association for Psychological Science or the American Psychological Association.

- **Knowledge of health psychology.** Students are also experts in the field of health psychology and should develop a professional identity as health psychologists. All students should consider joining a professional association of health psychologists or an interdisciplinary organization devoted to health. Examples of these organizations include Division 38 (Health Psychology) of the American Psychological Association, the Society of Behavioral Medicine, the Society of Prevention Research, or the American Public Health Association.

- **Research skills.** The program emphasizes the development of laboratory and field research skills. In addition to the thesis and dissertation, students are expected to collaborate with faculty on research projects throughout their training, and the results of these research projects are to be published in journals and presented at regional, national, or international conferences.

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

- **Instructional skills.** Many students choose to enter academia when their graduate work is completed, so their training includes opportunities to develop instructional skills. In addition to presentations of research at departmental functions and conferences, students are encouraged to enroll in teaching practicum and to develop the skills needed to teach health psychology to others. All students are urged to teach or co-teach a section of health psychology once they have earned their Masters degree.

- **Applied skills.** Many students choose to enter organizations when their graduate work is completed, so a final goal of the program is the development of research and managerial skills needed to contribute in such settings.
Curriculum

The entering student's curriculum will depend upon his or her interests and the scheduling of courses for that year. Full-time graduate students must be enrolled in a minimum of 9 and a maximum of 15 credits per semester.

This program is a Ph.D. program for advanced study in health psychology. The program requires substantial course work and research (a Masters thesis and Ph.D. dissertation). Students may enter the Ph.D. program with or without a Master’s degree.

Students in the health psychology program must complete the Department of Psychology Graduate program core courses for the Master’s degree.

Core Courses

- PSYC 619 Learning and Cognition (3 credit hours)
- PSYC 680 Statistics in Psychological Research I (3 credit hours)
- PSYC 681 Statistics in Psychological Research II (3 credit hours)
- PSYC 629 Biological Basis of Behavior (3 credits)
- OVPR 601 Scientific Integrity (1 credit hour) or OVPR 602 Responsible Scientific Conduct (1 credit hour) or OVPR 603 Responsible Conduct of Research (1 credit hour)
- PSYC 798 Masters Thesis (6 credit hours)

Required Health Courses

- PSYC 660 Health Psychology (3 credit hours)
- PSYC 691 Research Methods in Health Psychology or equivalent (alternate courses may be substituted at the discretion of the health program director) (3 credit hours)

Independent Readings and Research

(Students take these two open-ended courses in close cooperation with an advisor. At least 3 credits of either 671 or 690 are required for the master’s degree. The courses may be taken repeatedly.)

- PSYC 671 Readings and Research (3 credit hours)
- PSYC 690 Research Practicum (3 credit hours)

A minimum of 40 credit hours are required to complete the Master’s degree. Consistent with the other Ph.D. programs in the Department of Psychology, the Master’s degree earned will be in general psychology. Students who do not enter the program with a Master’s degree earn a Master’s degree while working toward the Ph.D.

Additional Coursework for the Ph.D. Degree

- PSYC 679 Culture, Ethnicity, and Health (3 credit hours)
- PSYC 630 Social Psychology or equivalent (alternate courses may be substituted at the discretion of the health program director) (3 credit hours)
• PSYC 603 Developmental Psychology or equivalent (alternate courses may be substituted at the discretion of the health program director) (3 credit hours)
• PSYC 795 Teaching of Psychology (3 credit hours)
• PSYC 700 Grant Writing or equivalent (alternate courses may be substituted at the discretion of the health program director) (3 credit hours)

**Required Applied Courses**

Students must choose at least one of the following:

• PSYC 655 Community Interventions: Development, Implementation, and Evaluation (3 credit hours)
• PSYC 631 Evaluation Research: Psychological Perspectives (3 credit hours)

**Additional Training in Methodology or Statistics**

Students must choose at least one of the following:

• NURS 772 Advanced Qualitative Research (3 credit hours)
• SWKD 704 Multiparadigmatic Qualitative Methods (3 credit hours)
• PSYC 702 Causal Analysis for Organizational Studies (3 credit hours)
• MGMT 643 Applied Multivariate Methods (3 credit hours)
• SOC 605 Survey Research Methods (3 credit hours)
• HADM 762 Health Services Research Methods II (3 credit hours)
• BIOS 571 Clinical Trials (3 credit hours)
• BIOS 531 Clinical Epidemiology (3 credit hours)
• BIOS 572 Statistical Analysis of Biomedical Data (3 credit hours)
• BIOS 647 Survival Analysis (3 credit hours)
• MGMT 691 Topics in Management (CARMA) (3 credit hours)
• STAT 644 Advanced Regression (3 credit hours)
• EPI 571 Principles of Epidemiology (3 credit hours)
• EPI 606 Epidemiologic Methods (3 credit hours)
• SBHD 610 Behavioral Measurement (3 credit hours)
• SBHD 633 Structural Equation Modeling (3 credit hours)
• EDUS 651 Mixed Methods Research (3 credit hours)
• MGMT 790 Meta-analysis (3 credit hours)
• PSYC 691 Advanced Multivariate Methods in Psychology (3 credit hours)

Or other relevant courses as approved by the program faculty.

**Health-Related Courses**

• PSYC 691 Child Health Psychology (3 credit hours)
• PSYC 622 Physiological Correlates of Emotion (3 credit hours)
• PSYC 635 Psychology of Health and Health Care in Older Adults (3 credit hours)
• PSYC 666 Crisis Intervention (3 credit hours)
• PSYC 691 Cancer Prevention and Control (3 credit hours)
• PHTX 548 Drug Dependence (3 credit hours)
• PSYC 691 Occupational Health Psychology (3 credit hours)
• SBHD 608 Health Communication (3 credit hours)
• EPID 603 Health Policy and the Legislative Process (3 credit hours)
• HADM 615 Health Care Politics and Policy (3 credit hours)
• HCPR 601 Introduction to Health Policy (3 credit hours)
• PSYC 691 Tobacco Control in the 21st Century: The Role of Regulation and Regulatory Science (3 credit hours)

Or other relevant courses as approved by the program faculty.

**Dissertation Credits**

• PSYC 898 Dissertation (up to 12 credit hours*)

(Students declare 12 hours; may take more)

**Recommended Elective Courses from the Department and the University**

Students, working with the faculty, should choose additional courses as needed for their career goals. There is no requirement as to how many electives must be taken. Other courses not on this list may qualify, with approval of program faculty.

• ALHP 701 Health Services Delivery Systems (3 credit hours)
• GRTY 601 Biological and Physiological Aging (3 credit hours)
• GRTY 627 Psychology of Health and Health Care for the Elderly (3 credit hours)
• HADM 626 International Health (3 credit hours)
• EPID 533 Contemporary Issues in Addiction Prevention and Treatment (3 credit hours)
• EPID 605 Epidemiology of Health Behaviors (3 credit hours)
• HTX 614 Foundation in Psychoneuroimmunology (3 credit hours)
• SBHD 630 Theoretical Foundations of Social & Behavioral Health (3 credit hours)
• BIOL 524 Endocrinology (3 credit hours)
• PSYC 691 Positive Psychology (3 credit hours)

Students entering the program with a Master’s degree also are required to complete a minimum of 80 hours for the Ph.D. However, their Master’s thesis and up to 30% of coursework other than research may be transferred from another VCU program or outside institution. This means that students may transfer up to 15 semester units. Transferred courses may be used to substitute for a program requirement, provided the course was comparable to the course offered at VCU, or used as electives. All transfer work must be at the “A” or “B” grade level from an accredited institution or university. In order to transfer, the courses taken before enrolling in the psychology department at VCU must not have counted towards a degree.

If a student has completed a master’s thesis elsewhere, and wishes the program to waive the thesis requirement, the student should submit the thesis to his or her advisor. If the advisor recommends that the thesis requirement be waived, the thesis should then be sent to the health program director. The program director will identify two readers who will read the thesis and indicate if they believe the thesis would meet our requirements. In the case of a disagreement among readers, the program director will make the
final determination. Students who enter the Ph.D. program with a Master’s but who did not complete a thesis or their thesis was not psychologically oriented or of sufficient quality will be required to complete a thesis at Virginia Commonwealth University.
Masters Degree Requirements

Students are admitted into the Health Psychology Program only for full-time study towards the doctoral degree. However, all students must complete the masters degree requirements prior to formal entry into the doctoral program. Along with coursework, specified above and in the Graduate Student Handbook, all students must complete a thesis that meets the standards set forth by the student's advisor and thesis committee.

Thesis Advisor

Students must select a faculty advisor during their first year of graduate study. In most cases, the faculty advisor will be the chair of the student's master's thesis committee, and will also work with the student on other research that is intended for eventual publication. The advisor also assists the student in selecting courses, planning research activities, and developing his or her CV.

Students may also select an individual from another area of psychology within the department (clinical, counseling, developmental, social, or biopsychology) to chair the thesis committee.

Semester Hour and Course Requirements

Coursework at the master's level consists of the departmental core, at least 6 hours of MS thesis credits (PSYC 798), and at least 3 credits of Research Practicum (PSYC 690) and/or Readings and Research (PSYC 671), the required health courses, and one of the required applied courses.

Thesis

It is expected that students will submit their thesis proposal to their committee during the Fall Semester of their second year. The committee should have at least 3 members, with one member from a department outside of psychology. At least one member should be a member or affiliate of the health psychology faculty. The committee must be approved by the student’s advisor, program director, and the director of graduate training. After submitting the written proposal, a proposal defense will be scheduled. Approval of the thesis proposal by the committee must be unanimous. Finally, students are expected to complete their thesis defense no later than the last day of formal classes for the Spring Semester of their second year.

**See the Graduate Student Handbook for more details and guidelines about the master’s thesis**

Completion Expectations and Enrollment Restrictions

The program recognizes that scholarly research is time-consuming, and that different topics and phenomena require differing amounts of research. However, students are expected to defend their masters thesis by the end of the Spring Semester of their second year. Students who have not completed their thesis prior to the fifth semester of graduate study must reduce their enrollment, as described by the department's Graduate Student Handbook.

Thesis progress is an important criterion in evaluating students' progress in the program and is also considered in assigning departmental assistantships and financial support. Extension of the thesis project beyond the third year of graduate study will be considered indicative of a serious lack of progress in the
program. Students must complete their masters thesis within a four year period of their date of admission to the graduate program.
Requirements for the Ph.D.

During their master’s level training, students should have developed a sound general grounding in basic and applied psychology, including the acquisition of research skills and participation in faculty-guided research activities. At the doctoral level, students are expected to further develop their knowledge of health psychology, refine their research skills, and carry out original research. Training at the doctoral level involves specialized classroom work in one's chosen area of training, deeper involvement in research, and finally the independent creation and execution of an original piece of research for the doctoral dissertation.

Request for Continuation

After completion of all MS degree requirements, and prior to commencing any work on the Ph.D., students must submit a doctoral plan of study and formally request continuation into the doctoral program. The Program should not be considered an unchangeable contract, but a statement of accomplishments and plans to help the student, his or her advisor, and Program faculty shape the student’s graduate career in a competent and marketable direction. However, students will not be admitted to doctoral level courses until the Program of Study has been filed. Acceptance of a student's application for continuation is not automatic. Program faculty will evaluate each student's promise of professional competence in their chosen area of specialization, with special emphasis on promise as a researcher.

Students who continue in the program are expected to serve as instructors for the Health Psychology Research Colloquium during their fourth year in the program.

Preliminary Examination

Purpose and Overview

The purpose of the Preliminary Examination is to evaluate students’ knowledge in health psychology. Specifically, the exam will assess students’ (1) understanding of health psychological theory and research; (2) ability to integrate and apply health psychological theory and research findings; and (3) innovative thinking regarding new lines of scholarly inquiry related to health psychology.

The preliminary exam will be taken after the student has completed his or her masters’ thesis.

Scheduling the Exam

Students are expected to complete their preliminary exam after completing their Master’s degree and before the dissertation defense meeting. Thus, most students will complete their exam in their 3rd year in the program (this timeframe may be adjusted to accommodate individual cases).

Students planning to complete the preliminary exam must notify the Health Program Director at least two weeks prior to submitting their abstract and selecting an exam format (see below). The notification date and other timelines listed below can be waived at the discretion of the program director.

Procedure

Students have the choice of two options for the preliminary exam: (a) preparing a grant application or (b) preparing a review paper according to the guidelines below. For either option, the student is expected to
complete the work on his or her own, without assistance from any person, including the student’s advisor, with the exception of the provisions described below. In addition, the material prepared for the preliminary exam cannot be taken from, in whole or part, a previously-completed assignment for any graduate course or other program requirement (e.g., master’s thesis).

(a) **Grant Application.** The student may prepare a grant application on a research topic that is relevant to his/her training and professional goals. The grant application should match the guidelines of an NIH F-31 grant application (Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellows). Another comparable funding mechanism (e.g., Centers for Disease Control and Prevention R36 Dissertation Grant) may be substituted with prior approval of the health faculty. If the student would like to apply for a funding mechanism other than an F-31, he or she should submit the program announcement/guidelines to the program director. The health faculty will vote on the appropriateness of the alternate grant mechanism and respond to the student within 10 days.

Following guidelines for the relevant application, the student will complete the following sections: Specific Aims, Research Design and Methods, Literature Cited. The application will need to meet the page limit requirements of the funding mechanism.

Prior to beginning the application, the student should discuss potential grant ideas with his or her advisor. The intent of this conversation is to ensure that the student has selected an appropriate and feasible topic area. The student should draft a one page abstract of the proposed application in conjunction with the advisor and submit it to the program director.

Once the abstract is submitted, the program director will identify two faculty members (neither of whom can be the student’s advisor) who will serve as the student’s preliminary examination committee. The committee will either approve the student’s abstract or make specific recommendations for changes within 10 days. If changes are requested, the student will revise the abstract accordingly (with input from the student’s advisor) and re-submit it within 10 days. This process will continue until the abstract is approved. Once an abstract is approved, the student will complete the remainder of the grant application without assistance from the advisor or others (with the exception of the VCU Writing Center). Students who would like assistance with their writing are permitted to consult with the VCU Writing Center on the grant application. The student is expected to complete the grant application and submit it to the program director within 4 months of the approval of the abstract.

Committee members will provide an independent written review of the application within 30 days. Reviews may comment on any aspect of the application including the significance of the proposed research, literature reviewed, feasibility of the project, innovation of the methods, statistical or other analyses, etc. Each committee member will also provide a grade for the application:

- **Pass with distinction** (virtually flawless application)
- **Pass** (application with significant strengths but also some weaknesses)
- **Conditional Pass** (application with a relatively equal balance of strengths and weaknesses)
- **Fail** (application with more weaknesses than strengths)

In the case of a disagreement on grading, the program director will also grade the application, thereby breaking any “ties” in the grade.

Students who receive a “pass with distinction” or “pass” have passed preliminary exams. Students who receive grades of “conditional pass” or “fail” will be asked to revise their application taking into account the comments provided by committee members. The revised application will need to match the
guidelines of the F-31 application (or equivalent) but will also need to include a 1-page “Introduction to the Revision” that describes changes made in response to the reviews or additional clarifying remarks that indicate why a change was not made. Students are expected to submit the revised application within 2 months of receiving the reviews. The original committee will re-review the application and provide a grade for the project within 30 days. Students who receive a “pass with distinction” or “pass” after submitting a revision have passed preliminary exams.

Students who receive a “conditional pass” or “fail” grade after the second submission will have an opportunity to do an oral defense of the preliminary exam. If an oral defense is needed, within 30 days of the receipt of the “conditional pass” or “fail” grade, the student will meet with the prelim committee and program director for the oral defense. Students may prepare a power point or other presentation for the oral defense. In this meeting, the committee members and program director may ask the student to clarify or expand on the topics included in the grant application. In addition, other questions may be asked to evaluate the student’s expertise in areas relevant to the student’s training and consistent with the goals of the examination. Following the defense, the prelim committee and program director will assign a grade of pass or fail. In the event that a student fails the oral defense, he or she is entitled to take the preliminary exam offered the following academic year. A second failure will result in dismissal from the Health Program.

(b) Review Paper. The student may prepare a review paper or meta-analysis on a research topic that is relevant to his/her training and professional goals.

Prior to beginning the paper, the student should discuss potential ideas with his or her advisor. The intent of this conversation is to ensure that the student has selected an appropriate and feasible topic area. The student should draft a one page abstract of the proposed review paper in conjunction with the advisor and submit it to the program director. The student should also identify an appropriate journal to which the paper could be submitted and submit the “instructions to authors” of the identified journal to the program director.

Once the abstract is submitted, the program director will identify two faculty members (neither of whom can be the student’s advisor) who will serve as the student’s preliminary examination committee. The committee will either approve the student’s abstract and journal selection or make specific recommendations for changes within 10 days. If changes are requested, the student will revise the abstract accordingly (with input from the student’s advisor) and re-submit it within 10 days. This process will continue until the abstract is approved. Once an abstract is approved, the student will complete the remainder of the review paper without assistance from the advisor or others (with the exception of the VCU Writing Center). Students who would like assistance with their writing are permitted to consult with the VCU Writing Center on the review paper. The final draft of the paper should meet all formatting, page limit, and other guidelines provided by the targeted journal. The student is expected to complete the review paper and submit it to the program director within 4 months of the approval of the abstract.

A copy of the review paper will be given to each Prelim Committee member. Committee members will provide an independent written review of the paper within 30 days. Reviews may comment on any aspect of the paper including the significance of the area reviewed, the specific literature reviewed, relevance of the paper to the field, etc. Each committee member will also provide a grade for the paper:

- Pass with distinction (virtually flawless review paper, equivalent to “accept as is”)
- Pass (paper with significant strengths but also some weaknesses, equivalent to “minor revisions needed, revise and resubmit”)
- Conditional pass (paper with a relatively equal balance of strengths and weaknesses, equivalent to “major revisions needed, revise and resubmit”)
- Fail (review paper with more weaknesses than strengths, equivalent to “reject”)

In the case of a disagreement on grading, the program director will also grade the review paper, thereby breaking any “ties” in the grade.

Students who receive a “pass with distinction” or “pass” have passed preliminary exams. Students who receive grades of “conditional pass” or “fail” will be asked to revise their paper taking into account the comments provided by committee members. The revised paper will need to match the guidelines of a review paper for the targeted journal but will also need to include a cover letter that describes changes made in response to the reviews or provides additional clarifying remarks that indicate why a change was not made. Students are expected to submit the revised paper within 2 months of receiving the reviews. The original committee will re-review the paper and provide a grade for the project within 30 days. Students who receive a “pass” or “pass with distinction” after submitting a revision have passed preliminary exams.

Students who receive a “conditional pass” or “fail” grade after the second submission will have an opportunity to do an oral defense of the preliminary exam. If an oral defense is needed, within 30 days of the receipt of a “fail” grade, the student will meet with the prelim committee and program director for the oral defense. Students may prepare a power point or other presentation for the oral defense. In this meeting, the committee members and program director may ask the student to clarify or expand on the topics included in the review paper. In addition, other questions may be asked to evaluate the student’s expertise in areas relevant to the student’s training and consistent with the goals of the examination. Following the defense, the prelim committee and program director will assign a grade of pass or fail. In the event that a student fails the oral defense, he or she is entitled to take the preliminary exam offered the following academic year. A second failure will result in dismissal from the Health Program.

**Alternative to the Preliminary Exam**

A student who is awarded an F-31 grant, NSF Fellowship, or R36 grant (or comparable mechanism approved by the health faculty), regardless of whether it is a product of the grant writing course, and/or is facilitated more directly with input from the faculty advisor, is granted an automatic “pass with distinction” on the preliminary exam.

### Semester Hour and Course Requirements

Students awarded the health psychology Ph.D. are required to complete a minimum of 80 semester hours (including the 40 hour minimum requirement for the master’s degree). In addition, students must have taken and passed with at least a “B” grade the required courses described in section IV above.

### Quality of Work

Besides academic excellence, students are expected to demonstrate continuous progress in their professional development. This requirement involves (1) sustained contact with the faculty of this department through taking courses which form an integrated program of studies; (2) working with at least one member of the faculty on research projects designed to culminate in publications; (3) sustained
progress toward completion of the thesis and dissertation; and (4) attendance and participation in professional activities, including departmental colloquia, association meetings, etc.

In addition to these requirements, students must continually show acceptable behavior to be retained in a program of graduate studies. This means that students must abide by the ethical standards of professional conduct described by the American Psychological Association and with the rules and regulations of Virginia Commonwealth University. Inadequate progress in the pursuit of a degree is grounds for dismissal from the program.

Evaluation of Progress

The responsibility for defining and assigning student grades resides solely with the individual faculty instructor, with the provision that a grade of "C" is to be interpreted uniformly as substandard performance, or performance clearly not up to criterion.

Toward the end of the Spring semester, using Program of Study and CV, students will be asked to submit a progress report to their advisors to be reported to the Program faculty. Students will meet with their advisor who will convey the feedback of all program faculty regarding their progress in research, teaching, service, and professional development.

Graduate students’ progress will also be evaluated on the following criteria:

- Research performance, including the thesis, dissertation, and research done for course credit (PSY 671, 690), as well as other work performed with a faculty person but not for course credit
- Academic performance
- Contribution to the program including attendance at colloquia and other activities

These activities are considered by the faculty to be an important part of graduate training and adequate progress in research performance is necessary for continuance in the program.
**Dissertation**

A dissertation requiring the planning, completion, and defense of an original empirical research project is an integral part of the Ph.D. program. The dissertation shall be of such quality as to warrant publication. Students must form a dissertation committee of at least 5 members, with one member from a department outside of psychology. At least one member should be a member or affiliate of the health psychology faculty. The committee must be approved by the student's advisor, program director, and the director of graduate training. After submitting the written proposal, a proposal defense will be scheduled. Approval of the dissertation proposal by the committee must be unanimous.

**See the Graduate Student Handbook for more details and guidelines about the dissertation**
Suggested Course Sequence for Health Psychology

Year 1

Fall
- 680 Statistics in Psychological Research I (3 credits)
- 629 Biological Bases of Behavior (3 credits)
- 671 or 690 (3 credits)

Spring
- 681 Statistics in Psychological Research II (3 credits)
- 619 Learning and Cognition (3 credits)
- 660 Health Psychology (3 credits)

Summer (optional)
- 690 Research Problems (3 credits)
- 795 Thesis (3 credits)

Year 2

Fall
- 691 Research methods in Health Psychology (3 credits)
- OVPR 601 Scientific Integrity (1 credit)
- 798 Thesis (3 credits)

Spring
- 655 Community Psychology (3 credits) or 631 Evaluation research (3 credits)
- 691 Culture, ethnicity, and health (3 credits)
- 798 Thesis (3 credits)

Summer (optional)
- 671 or 690 (3 credits)
- 798 Thesis (3 credits)

Master’s Completed (40 credit minimum)
Year 3

Fall

- Developmental required course (3 credits)
- Area of Specialization (3-6 credits) or doctoral courses 671-690 (0-3 credits) and/or 898 Dissertation (0-3 credits)

Spring

- Social course requirement (3 credits)
- Area of Specialization (3-6 credits) or doctoral courses 671-690 (0-3 credits) and/or Dissertation (0-3 credits)

Summer (optional)

- Area of Specialization (3-6 credits) or doctoral courses 671-690 (0-3 credits) and/or 898 Dissertation (0-3 credits) (18-24 credits)

Typically students would complete their comprehensive examination in the summer following their third year.

Year 4

Fall

- Area of Specialization (3-6 credits) or doctoral courses 898 Dissertation (3-6 credits)

Spring

- Area of Specialization (3-6 credits) or doctoral courses 898 Dissertation (3-6 credits)

Doctorate Completed (80 credit minimum)
Core Health Psychology Faculty

Faye Belgrave (Ph.D., University of Maryland) is currently involved in several projects examining cultural approaches to enhancing well-being and preventing drug use and HIV among African American youth and young adults. She is currently implementing and evaluating several prevention interventions within the local community. Dr. Belgrave has also conducted research on female gender issues and psychosocial aspects of chronic illness and disabilities.

Eric Benotsch (Ph.D., The University of Iowa) focuses on substance use and HIV prevention. His recent projects have examined the role of the Internet as an HIV prevention tool, the use of substances and sexual risk behavior in men who are traveling for leisure, the use of prescription drugs for recreational purposes, and the relationship between literacy, numeracy, and disease progression in HIV-positive adults.

Caroline Cobb (Ph.D., Virginia Commonwealth University) addresses the role of novel and alternative tobacco products (e.g., hookah/waterpipe tobacco, little cigars/cigarillos, and electronic cigarettes) in the incidence of tobacco-related disease and death as well as the broader implications of the availability of these products for policy and public health. Her approach includes use of clinical laboratory methodology, population-based surveys, qualitative inquiry, and tools from tobacco regulatory science. Dr. Cobb’s current work is particularly focused on poly-tobacco use patterns such as the influence of concurrent use of electronic cigarettes or little cigars/cigarillos on conventional cigarette smoking behavior and relevant toxicant exposures.

Tom Eissenberg (Ph.D., McMaster University) researches the behavioral pharmacology of drugs of abuse, focusing primarily on nicotine/tobacco. His current work involves 1) developing laboratory methods to evaluate potential reduced exposure products (PREPs) for tobacco users, 2) understanding the knowledge, beliefs, attitudes, and effects of waterpipe tobacco smoking.

Robin Everhart (Ph.D., Syracuse University) focuses on child health psychology, primarily in pediatric asthma, and incorporates a focus on quality of life, health disparities, and family systems. Her research highlights the importance of the family system in managing pediatric chronic illnesses, as well as urban and cultural stressors that impact child disease management. Most recently, she completed an NIH-funded research study (F32 HL104889; R. Everhart, PI) that investigated pathways between cultural factors (e.g., medication beliefs), family factors (e.g., stress, caregiver asthma status), and caregiver quality of life in pediatric asthma. She is particularly interested in developing family-based models of care that target both caregiver and child health outcomes in ethnic minority families.

Nao Hagiwara (Ph.D., Michigan State University) focuses on improving understanding of the intrapersonal and interpersonal processes involved in intergroup bias from the perspectives of both the targets and the instigators of social inequality. Her research is carried out in both laboratory and naturalistic settings. Specifically, her basic research investigates the underlying mechanisms involved in stereotyping, prejudice, and discrimination by utilizing both traditional social psychological and social cognitive research methods. Her applied work addresses societal-level issues associated with intergroup bias using theories and empirical findings from basic social psychology research and aims to develop theoretically driven interventions that address these social problems. For example, her recent work uses social psychology theories of intergroup bias to explain well-documented racial disparities in healthcare and health status.
**Kristina Hood** (Ph.D., Virginia Commonwealth University) focuses on preventive health behaviors and promoting positive health outcomes among people of color and underserved populations. More specifically, she is interested in psychosocial determinants of health behavior, health disparities, condom use attitudes and persuasion, and sexual health promotion.

**Paul Perrin** (Ph.D., University of Florida) calls his research line “social justice in health,” which encompasses three interrelated facets. These are: (a) cultural, familial, and international approaches to disability rehabilitation and adjustment, particularly in underserved and minority communities; (b) oppression’s (racism, heterosexism, stigma, etc.) influence on mental and physical health; and (c) social justice approaches to understand and dismantle oppression. The ultimate goal of his research is to contribute to the design of culturally sensitive structural change in health care systems.

**Joseph Porter** (Ph.D., University of Georgia) focuses on the field of behavioral pharmacology. He utilizes a number of different animal models to study the effects of drugs on behavior and also to determine the mechanisms of action of drugs. His main research examines the behavioral pharmacology of atypical antipsychotics. Additional research includes include research on antidepressants, anxiolytics, and drugs with abuse potential (e.g., methadone).

**Cecelia Valrie** (Ph.D., University of North Carolina-Chapel Hill) grounds her research in developmental and health psychology, focusing on improving the health and well-being of children, adolescents, and young adults, with a special focus on youth and young adults with sickle cell disease (SCD). Additional areas of research focus include: acute and chronic pain; sleep; neurocognitive and academic difficulties; parental, familial, and socio-cultural influences; and transition from pediatric to adult care.
**Affiliated Faculty**

**Kirk Warren Brown** (Ph.D., McGill University) conducts research that examines the role of attention and awareness, and especially mindfulness, in the enhancement of psychological and physical well-being. His research program addresses both theoretical and applied issues, and is conducted in laboratory, naturalistic, and clinical settings.

**Rose Corona** (Ph.D., University of California, Los Angeles) focuses on health promotion and risk reduction among African American and Latino adolescents and adults. Her work with the Clark-Hill Institute for Positive Youth Development includes helping evaluate a comprehensive approach to youth violence prevention that consists of a school-wide bully prevention program, a strength-based family assessment and self-directed parenting program, and a community outreach intervention. She is also collaborating with colleagues on the medical campus to improve family communication about family health history of cancer by delivering and evaluating a clinic-integrated intervention to women attending health clinics. She and her team recently completed semi-structured interviews with 25 urban African American maternal caregivers and their adolescent daughters about issues related to HIV prevention, sexual behavior, media influences, and body image. Dyads also participated in three lab-based discussions: (a) tobacco use; (b) dating and sexuality; and (c) body image. She also recently completed data collection on two studies that examined issues related to substance use, sexual behavior, and cancer prevention among Latino adolescents and young adults. Finally, she plans to collect data from 200 Latino young adults to identify individual, familial, and cultural risk and protective factors for sexual health, dating violence, mental health, and body image.

**Danielle Dick** (Ph.D., University of Virginia) focuses on how genetic and environmental influences contribute to the development of patterns of substance use (drinking and smoking). Among other projects, she heads the genotyping component of the Child Development Project, a sample of 500 children followed with intensive annual assessments from kindergarten through age 25 (on-going) in which she examines how genes contribute to trajectories of risk across development.

**Wendy Kliewer** (Ph.D., University of California, Irvine) focuses on understanding stress and coping processes in children and adolescents. She has examined individual, situational and environmental influences on children and adolescents coping and adjusting to a variety of life stressors. She is particularly interested in the role of the family in mitigating, or alternatively enhancing, youths’ risk for negative outcomes in the face of stressful life events and circumstances. She has also examined psychological, behavioral and physiological (e.g., blood pressure, epinephrine and norepinephrine, cortisol) responses to stressors.

**Bruce Rybarczyk** (Ph.D., Virginia Commonwealth University) has focused on understanding and facilitating the psychological adaptation of older adults to chronic medical illness and disability. This work has covered several areas: examining psychological adjustment to amputation, heart transplant and stroke; designing and testing coping enhancement and wellness interventions for older medical patients; and, more recently, testing home and classroom cognitive-behavioral treatments for older adults with chronic disease and comorbid insomnia.

**Everett Worthington** (Ph.D., University of Missouri-Columbia) studies forgiveness and related constructs (such as justice). He has developed a marriage/couple enrichment psychoeducational group intervention, which has been adjudicated as one of four having enough evidence to merit a designation of empirically supported. He also studies the effect of religion and spirituality on health.