Professional Communication in the Courseroom

Colloquia Learning Activity Workbook

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Date: June 2008
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The Value of the Colloquia Experience

Colloquia Experience Outcomes
Experience outcomes are achieved as the learner progresses from completing the first colloquium through the third. As these doctoral residencies take place, the learner continues to complete coursework that advances the doctoral development process. The focus of the learning experience at each colloquium, therefore, reflects both the increasing development of competencies achieved through online coursework as well as evolving and revised goals for colloquia participation. The outcomes identified here are designed to capture the developmental nature of the doctoral experience for learners at colloquia while also recognizing that the colloquium experience is brief, intense, and both preceded and followed by academic coursework or the capstone requirements.

Experience Outcome 1: The ability to assess specific academic skill set status and developmental needs across four core competencies.
The colloquium experience provides numerous opportunities for learners to engage in self-assessment of academic skill sets (e.g., academic writing, discourse, critical thinking, academic integrity). These opportunities arise during FTF interaction with faculty (e.g., School, Writing Center, Library), during meetings or sessions with Capella learner support resource experts (e.g., Doctoral Advisors) or with peers. In addition, the concept of self-assessing academic skill sets is acknowledged through participation in colloquium meetings and sessions that can produce real-time insights applicable to current and future planning efforts. For example, learners may gain understanding of academic skill set developmental needs through participation in cohort groups for Track 1 learners, school or specialization meetings, and impromptu discussions that provide opportunities for self-assessment or feedback about academic skill set needs. From a developmental perspective, academic skill sets are acquired over time as the learner completes coursework, engages in self-reflection, and becomes more proficient in each of the four core competencies. As a consequence, the kinds of academic skill set requirements change as the learner progresses through the doctoral program, necessitating appropriate adjustments to help achieve each outcome during the colloquia experience and while completing academic requirements.

Experience Outcome 2: The ability to access resources to strengthen, refine, and/or plan for acquisition of academic skill sets
Learners may arrive at colloquia having received recommendations or referral to pursue specific colloquium resources (e.g., academic writing skill development). The colloquium experience provides an opportunity for learners to explore in more detail and depth the nature of academic skill set strengths or areas for improvement. The colloquium brings together academic skill set development experts and learners in a FTF environment that supports learning in a respectful, sensitive setting while optimizing insight and acceptance of teaching and follow-up recommendations. The interpersonal experience in this context reinforces learner empowerment to succeed while reinforcing the belief that academic skill set attainment is essential to success in the doctoral program.

Experience Outcome 3: The ability to interact with colloquia faculty as teachers, mentors, and role models in multiple contexts
Colloquium provides daily opportunities for learners to interact with faculty as teachers of content sessions, as exemplars of being scholar-practitioners within the professional disciplines, and as guides for the doctoral transformation process. Through the scheduled as well as informal encounters with faculty, learners are able to engage in scholarly
communication, receive feedback on elements of their doctoral programs, and experience mentoring as a continuous process of collegial interaction, supportive coaching, and guidance. These experiences reflect a central element of the doctoral education process: Becoming socialized into one’s field and specialization through interaction with faculty who model being doctoral scholar practitioners.

**Experience Outcome 4: The ability to prepare for or refine application of academic coursework linked to doctoral competencies**

The colloquia curriculum is designed to provide educational opportunities for learners that are linked to, but do not duplicate, the academic curricula in the schools. Learners participate in content sessions that prepare them for academic coursework or further refine or apply understanding from academic coursework already completed. In addition, exposure to some of the content sessions may suggest coursework that learners will seek to include in their doctoral program of studies. The content sessions further offer opportunities for learners to demystify advanced academic concepts, gain a deeper understanding of the rationale for academic coursework requirements, and expand understanding of coursework options across the University.

**Experience Outcome 5: The ability to acquire, affirm, and deepen understanding of doctoral program competencies**

The FTF colloquium experience provides unique opportunities to interact with faculty within the learner’s school as well as with faculty and learners across the University. Through participation in the opening session, content sessions, interacting with faculty, learner support experts and peers, and through various informal exchanges, the doctoral learner gains a deeper understanding of the purpose and value of the doctoral competencies that are embedded in the online academic curricula as well as through experiences at residencies. The colloquium experience provides the FTF venue to explore the core competencies associated with the colloquia as well as affirm the relationship of doctoral program competencies to becoming a scholar practitioner.

**Experience Outcome 6: The ability to identify with the discipline/profession**

Inherent in the colloquium experience is a theme of identifying with one’s specialization/discipline or profession. This outcome pervades the residency experience as learners interact with faculty from their respective disciplines as well as with faculty from different disciplines. Often indirect, this outcome is incorporated into the context for learning through content sessions, peer networking, discipline specific meetings, and other activities that allow learners to visualize the professional role while earning the doctoral degree. In addition, this outcome is associated with opportunities that learners have to demonstrate profession identification behaviors through participation in specific assessment activities.

The six colloquia experience outcomes are achieved by learners over time and in conjunction with a variety of activities offered at colloquia; e.g., content sessions, advising appointments, various group experiences, social events, use of resources while at colloquia. In addition to the colloquia curriculum, outcomes are achieved through work with doctoral advisors, academic skill development experts, administrative staff from the schools, peers who bring professional as well as varying levels of academic competence to discussion and interaction, and other Capella staff who provide the infrastructure for the colloquium experience.

While considering the primary contexts through which learners achieve the six experience outcomes, it is important to note that there is an element of dynamic overlap in the three
contextual elements (learners, faculty, support resources) that facilitates this developmental process. These nuances of experience cannot be fully captured in text format, and this reality aligns with the experiential, qualitative nature of the colloquia as an experience. For example, learners discussing the degree completion plan with Doctoral Advisors may also discuss issues associated with insights about the learner’s professional role identification process, or Writing Program faculty may use coursework products to examine this academic skill set.

The Colloquia Doctoral Competency Outcomes

The experiential outcomes for the colloquia requirement rely on the contextual elements brought together at each residency. The academic outcomes expressed as doctoral competencies provide the form and structure to the activities that occur during each colloquium. Together, these two foundational components of the colloquia academic requirement support a robust, engaging, and stimulating learning experience.

Learning outcomes are achieved through multiple channels of experience delivered by faculty, by the curriculum itself, through participation in the learner/learning community, and by learner support resources. Four doctoral competencies are addressed in the teaching, mentoring, and learning activities offered at each colloquium.

1. Scholar practitioner
2. Critical thinker
3. Researcher
4. Professional communicator

It is essential to note, when reviewing the colloquia doctoral competencies, that these are core competencies supported by the literature on doctoral education and are aligned with Capella University’s Doctoral Outcomes. It is this set of competencies that is central to successful completion of the degree and to the learner’s transformation that takes place during the doctoral program.

Doctoral learners pursuing the degree will be changed, transformed by the experience as they acquire mastery of these competencies through engagement with academic coursework, personal reflection, interaction with faculty, and completion of a structured yet flexible colloquium curriculum. This highly personal journey will unfold in individual ways, and the colloquium provides the FTF opportunities for faculty and staff to engage with learners in a challenging yet supportive environment. Concurrent with this evolving learner experience is identification with one’s specialization and acquiring a professional identity within the discipline. Sensitivity to how this unfolds within each discipline is incorporated into the colloquium experience.

1. Scholar Practitioner Competency
The scholar practitioner competency focuses on a model of professional behavior and capabilities that blends the attributes of scholarship and practice. Learners at colloquia directly experience this model in sessions that describe their discipline/specialization and afford opportunities for application. Additional opportunities to explore one’s emerging professional identity are provided by interaction with faculty, observing faculty professional behavior, through interaction with peers, participation in elective and specialization colloquium sessions, communication with staff, and through insights gained by identifying needs for continuing development.
The colloquia curriculum contains scholar-practitioner content sessions for each Track that include a defined set of activities that enable application and competency development.

**Learning objectives:**

1.1 Learners will assess their own knowledge and level of understanding of the scholar practitioner role;
1.2 Learners will be able to define the attributes and dispositions of the scholar practitioner within their respective disciplines;
1.3 Learners will develop a plan to strengthen or refine their knowledge and academic skills related to the scholar practitioner within their discipline;
1.4 Learners will demonstrate their ability to apply the concept of scholar practitioner to a professional problem or opportunity;
1.5 Learners will interact with scholar-practitioner faculty, peers and University learner resource staff as a developing scholar-practitioner;
1.6 Learners will consider refining coursework plans based on self-assessment of their scholar-practitioner knowledge and skills.

2. **Critical Thinker Competency**
Within the parameters of becoming doctoral, the critical thinker/analyst competency is an aspect of the scholar-practitioner role. Developing the capacity to think critically and analyze information represents an academic skill set that is vital to success as a doctoral learner. The colloquia curriculum, faculty and learner support resources are dedicated to contributing to the learner’s understanding of what critical thinking and analysis is and how it can be applied to every aspect of the doctoral journey. In addition, the critical thinker competency is developed within the context of the learner’s discipline/field and specialization through participation in sessions and activities that are presented by each school.

**Learning objectives:**

2.1 Learners will be able to assess their own knowledge and level of understanding of critical thinking at the doctoral level;
2.2 Learners will be able to analyze the characteristics of advanced critical thinking skills;
2.3 Learners will develop a plan to strengthen or refine their abilities to acquire critical thinking skills;
2.4 Learners will demonstrate their ability to think critically and analytically through interactions and applications with faculty, peers, and learner support resource experts;
2.5 Learners will be able to prepare for or refine application of academic coursework linked to developing critical thinking at the doctoral level;
2.6 Learners will be able apply critical thinking skills during discipline specific colloquium sessions and meetings.

3. **Researcher Competency**
The capacity to understand, consume, interpret, produce, and use research is another element of the scholar-practitioner role. Learners are expected to acquire this capacity as they progress through academic coursework that focuses intensely on research methods and as they prepare to conduct original research for the dissertation. At colloquia, the multiple contexts provided for learner success include opportunities to explore this competency, acquire understanding, and develop certain research skill sets. The content sessions contained in the curriculum across three
tracks include a significant number of sessions that are designed to affirm and extend understanding of research methods that have been the subject of coursework. For other learners, these sessions provide opportunities to review research concepts in preparation for academic research coursework requirements. In addition, through participation in research sessions on various quantitative or qualitative methods and designs, for example, learners may be motivated to pursue coursework that covers the content in greater depth.

Other research focused colloquium activities provide learners with an opportunity to gain insights about the research process that can clarify the stages of research, normalize the psychological or emotional aspects of the researcher’s experience, provide insights into management and organization of the research activity, and expose learners to skills and tools that will support research activities. This developmental progression is fostered at colloquium as learners are introduced to research in Track 1, gain competence in using research in Track 2, and in Track 3, learners focus on research skills necessary to conduct research. Discipline specific research qualities and characteristics are also explored through specialization specific sessions offered by the schools that support learner identification with the profession.

Learning objectives:

3.1 Learners will assess their own knowledge and level of understanding of research and how it is applied to doctoral research activities;
3.2 Learners will be able to analyze and evaluate their own academic research skills;
3.3 Learners will be able to develop a plan to strengthen or refine their research skills;
3.4 Learners will demonstrate the ability to engage with peers and interact with faculty regarding research and the role of researcher within their respective disciplines;
3.5 Learners will be able to prepare for or refine application of academic coursework linked to developing research skills and proficiencies;
3.6 Learners will be able to apply research analysis skills and understanding to capstone doctoral requirements (i.e., comprehensive examination and dissertation).

4. Professional Communicator Competency
The scholar-practitioner role includes capabilities to communicate professionally using diverse methods. The Capella University doctoral graduate is expected to demonstrate advanced mastery of scholarship that is presented in written, text-based formats. Opportunity to develop this aspect of the professional communicator competency is evident in requirements associated with completion of online coursework and through interaction via electronic or telephonic means with faculty and learner support resource experts. At colloquium, learners will engage in self-assessment and demonstration of communication proficiencies including but not limited to scholarly writing, proper use of referencing for scholarly writing, and oral presentation. Aspects of self-assessment will be discipline specific in order to reflect the professional communication requirements within the various fields of practice and scholarship. The content and learner support sessions dedicated to professional communicator proficiencies provide learners with a real time, in person experience leading to deeper self understanding and practice opportunities to apply this competency.

Learning objectives:
4.1 Learners will assess their own knowledge and level of competence with professional communication skills appropriate to the scholar-practitioner;
4.2 Learners will be able to analyze and evaluate the interface of the professional communicator competency with their discipline;
4.3 Learners will be able to demonstrate aspects of the professional communicator competency through specific colloquia activities;
4.4 Learners will be able to develop a plan to refine or strengthen professional communication skills;
4.5 Learners will demonstrate the ability to access professional communication resources at colloquium;
4.6 Learners will demonstrate the ability to apply professional communication skills while participating in colloquia and through interaction with faculty, peers, learner support resource experts, and School staff.

Summary Comment
When considering the purpose of a conceptual framework as an abstract, theoretical notion seeking to explain phenomenon or experience, we are careful to acknowledge that the doctoral transformation is not easily categorized into discrete stages when viewed from the perspective of each individual learner. Therefore, faculty view this conceptual framework as a “work in progress” that seeks to be sensitive and mindful of the dynamic nature of curriculum development. Given this inherent limitation, learners and faculty can use this resource material to gain insight into the doctoral colloquia requirement and apply the insights gained as the doctoral transformation unfolds.
PROFESSIONAL COMMUNICATION IN THE COURSEROOM

Learner Activities
Developing Your Writing Skills

- The process of becoming a PhD requires learning the process of communicating in a professional manner.

- The sessions on professional communications are your first steps preparing you for independent research.

- You may find a copy of the *Professional Communications and Writing Guide* in your handbook.

In your coursework, you learn and develop your professional communications skills. In the comprehensive examination, you demonstrate that you are prepared to conduct independent research and present your investigation in a manner appropriate to your profession.

Significance of Professional Communications

A PhD’s professional communications, writings, presentations, and discussions with colleagues and other professionals reflect the quality of their thought and the strength of their arguments.

Activity 1

**Directions:** Please identify forms of professional communication and why it is important to you. At colloquia, you will share and discuss your thoughts with your group.

1. **Individually, using the space below, list the reasons why professional communication is important to you both in your academic career at Capella and in your field of work.**

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<th>At Capella</th>
<th>My Career Field</th>
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2. **Now, think about the primary forms of professional communication that you use or will use in your career (including your graduate education at Capella). List those in the space provided below:**

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<th>At Capella</th>
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Please complete this exercise with your group during the colloquia.

3 As a group, share your thoughts on why professional communication is important to you. For this discussion, focus on your academic career at Capella. Discuss why Professional Communication is important at Capella, then discuss the various forms professional communication will take at Capella.

4 Use the space below to add anything new to your lists.

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The Professional Communications and Writing Guide and Professional Etiquette:

The *Professional Communications and Writing Guide* offers guidance and support to learners and faculty who want to enhance the quality of their professional communications.

The key objective of the Guide is to articulate a common set of expectations for learners and faculty.

A copy of the *Professional Communications and Writing Guide* can be found on page 59.

The Guide focuses on scholarly writing in the courseroom:

- Unit postings
- Critiques and responses to learner-colleagues
- Course papers

**Section 1 of the Guide:**

- Is designed to articulate clear expectations for the quality of the postings made to answer the discussion questions.

- The expectations should be applied to all forms of courseroom writing, including
discussions and assignments.

The basic standards of professional etiquette should always be followed.

Professional Communications include your communications with:

1. Peers
2. Courseroom Instructors
3. Comps & Dissertation Mentor/Committee Members
4. The Professional Community

Activity 2

**Directions:** For this activity, we want you to continue your thinking on the importance of professional communication at Capella.

Specifically, take a moment to write your thoughts on the importance of Professional Communications in each of the following areas:

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<th>Communications with Courseroom Instructors</th>
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<table>
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<tr>
<th>Communications with Peers</th>
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</table>
Communications with Comprehensive Readers and Dissertation Committee

In your Track I colloquium, share your thoughts and discuss the importance of Professional communications with your peers and faculty. Be sure to write down any additional points you learned from the discussion.

How to Answer Discussion Questions:

Step One:

The first step to responding to a discussion question is to:

- Read the discussion question carefully.
- Understand what the question requires.

Often learners fail to fully respond to discussion questions and questions on the comps exam.

Step Two:

Identify the Content Issues and the Level of Critical Analysis

Most discussion questions will have both:

- a content issue
- a level of critical analysis issue

Instructors will evaluate both issues and how well the response addresses:

- the content issue(s)
- its level of critical analysis

Content Issues:

In your discussion response:

1. Analyze the question to ensure that you have identified all the required content issues.

- Many questions have more than one content issue, and answering only one when
there is more than one weakens the answer.

2. Discuss relevant research and theory.
   
   • Cite appropriate and relevant research and theory in the explication of the content issue.

**Activity 3**

The following activity requires you to use a sample discussion question to determine the relevant content issues and theories necessary to successfully complete a discussion question at a graduate level.

*As a parallel activity, select one of your discussion responses from the courseroom. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.*

**Directions:** Read the following discussion question and identify the content issues and relevant theories. Write your responses in the space provided.

**Sample Discussion Question:**

Using the assigned readings, analyze how knowledge is obtained through personal experiences, tradition, authority, and intuition in your discipline. Evaluate each source of knowledge in terms of its strengths and limitations, as it applies to how your discipline obtains knowledge.

**Note:** You must integrate this unit's readings into your discussion posts. The format of your discussion posts should also conform to APA 5th edition guidelines.
Critical Thinking

Bloom’s taxonomy (Bloom and Krathwohl, 1956)

- The establishment of formative critical thinking skills occur in Track One.
- You will acquire new knowledge and comprehension.
- You will also begin to identify and apply high order levels of Critical Thinking.

Critical Analysis:

Course discussion questions often ask for more than one level of critical thinking.

- Your discussion of the research and theory related to the content issue demonstrates your comprehension and understanding – the lowest level of critical thinking in Bloom’s taxonomy (Bloom and Krathwohl, 1956).

- Many questions require analysis (Bloom’s mid-level critical thinking).

- Sometimes, this mid-level analysis is followed by a request for a synthesis, or an evaluation, (Bloom’s high-level critical thinking).

- If specific words indicating the level of analysis are not found,

- Look for synonyms or instructions that imply the level of critical thinking.

For example: “What are the three types of qualitative analysis which might be used to study
teenagers’ experience of a drug treatment program?”

This is low-level, asking for a description and summary of the theories and research involved in that content area.

- A question that asks “design a treatment program using elements from all three approaches,” is asking for analysis and synthesis.
- To combine elements [synthesis], one must first break down the three approaches into component parts [analysis]).
- Application uses the synthesis to create a new use or application (“design,” “create,” “use,”).

The following activity requires you to use a sample discussion question to determine the level of critical analysis necessary to successfully complete a discussion question at a graduate level.

Activity 4

**Directions:** Read the following discussion question and identify the level of critical analysis. Write your responses in the space provided

*As a parallel activity, utilize the discussion response you selected above. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.

Sample Discussion Question:

Using the assigned readings, analyze how knowledge is obtained through personal experiences, tradition, authority, and intuition in your discipline. Evaluate each source of knowledge in terms of its strengths and limitations, as it applies to how your discipline obtains knowledge.

**Note:** You must integrate this unit's readings into your discussion posts. The format of your discussion posts should also conform to APA 5th edition guidelines.
3 In colloquium, allow each person to offer his or her opinion on the level of analysis and why. Try to come to a consensus as to the level of critical analysis. Be sure to defend your response with specifics.
   o Use the space below to record the group answer.

| Level of Critical Analysis (group response) |  |
PROFESSIONAL COMMUNICATION
IN THE COURSEROOM

Learner Activities
Basic Elements of Professional Communications:

All forms of professional communications contain three basic elements:

1. Introduction
2. Body
3. Conclusion

Use these basic elements to conceptualize your response to a discussion question, a final project, the comps, and the dissertation.

Learner Developmental Process for Professional Communications:

<table>
<thead>
<tr>
<th></th>
<th>Paragraph</th>
<th>Discussion Response</th>
<th>Final Project</th>
<th>Comps</th>
<th>Dissertation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1 Sentence</td>
<td>1 Paragraph</td>
<td>1-2 Paragraphs</td>
<td>1-2 Paragraphs</td>
<td>Chapter 1</td>
</tr>
<tr>
<td>Body</td>
<td>2 Sentences</td>
<td>2 Paragraphs</td>
<td>8-10 Pages</td>
<td>8-10 Pages</td>
<td>Chapter 2</td>
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<td>Chapter 3</td>
<td>Chapter 4</td>
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<td>Chapter 4</td>
<td>Chapter 5</td>
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</table>

Organize Your Thinking:

- Creating an outline is a method to organize your thinking process.
- Organizing your thinking is an important component of professional communication.

Turn Your Literature Review into a Draft Answer:

- After you have completed your study of the literature related to the discussion question topic and are prepared to write your answer, *create an outline*.
- Creating an outline is a very important skill to develop.
Activity 5

For this exercise, you will continue to use the sample discussion question from Part 1 to further develop a response to the question.

**Directions:** Use the sample discussion question provided and create an outline indicating how you utilized the literature to respond to the discussion question.

*As a parallel activity, utilize the discussion response you selected above. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.*

**Sample Discussion Question:**

Using the assigned readings, analyze how knowledge is obtained through personal experiences, tradition, authority, and intuition in your discipline. Evaluate each source of knowledge in terms of its strengths and limitations, as it applies to how your discipline obtains knowledge.

**Note:** You must integrate this unit's readings into your discussion posts. The format of your discussion posts should also conform to APA 5th edition guidelines.

5a. Individually, using the space below, write down your outline.

Your Outline

5b. In colloquium, discuss options for an outline. Include in your discussions level of analysis and relevant content/theory required. Use the space below to update and revise your outline.

Your Updated Outline
Literature Review – Structure of the Discussion Response:

There should be three main parts to your answer, which should always begin by repeating the question:

1. Introduction
2. Body
3. Conclusion

**Introduction:**

In the Introduction:

- Restate the question to be answered
- Briefly introduce your response

**Body:**

In the Body:

- Discuss your response in detail (2-5 paragraphs)
- Elaborate and provide:
  1. details
  2. evidence
  3. logical support for the points outlined in the first paragraph

**Conclusion:**

In the Conclusion:

- Provide a conclusion/summary (1 paragraph)
- This paragraph should:
  1. summarize your answer
  2. include recommendations for your own further study
Activity 6

For this activity, you will use the sample response to the discussion question with which we have been working. Please read the response below and then follow the directions to discuss your thoughts on the response.

*As a parallel activity, utilize the discussion response you selected above. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.

Sample Response to Discussion Question

In the profession of mental health, it appears that the source of knowledge comes from various disciplines. By investigating case studies, experimental designs, and longitudinal reviews the knowledge gained comes from many scholars confronting, challenging, and confirming many different research engines (Hartman, 1990). It is through this investigation process that the development of knowledge describes one’s enhancement to comprehend and apply by linking values and actions in the understanding of one’s own limitations of strengths and weaknesses. Hartman (1990), states that the assumptions that one makes is something that can be better understood by evaluating the context of structuring these assumptions to help in widening the boundaries that professionals set.

Nursing has many limitations in trying to obtain a specific definition of knowledge in the operations they perform in their daily tasks by direct contact with the client; whereas other areas appear to have a nomadic atmosphere (Welsh & Lyons, 2001). In counseling, mental health counselors are able to apply knowledge towards a client by creating decisions from tools of assessments or by observations that will best be utilized in their care. It is a form that many can label as intuition and according to Welsh and Lyons (2001) is something that a person can chose to utilize in improving the quality of their own life by deciding what is right to them. There are prototypes that might help in understanding the patterns of knowing. These patterns are described as empirical, ethical, aesthetic, and personal which are developed to clarify the epistemology of nursing or other disciplines (Berragan, 1998) in ascertaining the comprehension of knowledge.

Intuition is something that is utilized in everyday life without thinking consciously. It is what can be utilized through structured rules without really being aware of the rules; in which it has helped in becoming an experienced mental health counselor (Eisengart and Faiver, 1996). It also can set limitations that might be weak due to intuitions being based on what someone feels is right or wrong. This predicts an opinion and not a fact. Through personal experiences it has been learned that knowledge is ever growing and changing as clients and experiences differ. Through these experiences, knowledge has generated critical thinking in the operation of counseling clients that are necessitating the assistance of direct care. Knowledge is gained through readings, teachings, and hands on trainings from other scholars, co-workers, and the clients themselves. Researching these experiences helps in contributing to the knowledge as it is intensifying another way to look at what is being perceived by others (Hartman, 1990). It is through this unconscious thinking intuitively, that mental health counselors are able to distinguish the issues that each client suffers with a mental disorder (Eisengart and Faiver, 1996).

Through the readings it is apparent that education is important, especially on a higher
academic standard (Welsh & Lyons, 2001). It would then be fair to postulate that based on higher education, the higher expectation is to ascertain knowledge. As a doctorate student the level is proven by the formulation of a dissertation to provide perhaps a mental health counselor with knowledge that is derived by human and physical sciences. These expectations are then proven by evidenced based scientific experiences that a doctoral student researches to apply the application of a theory and technique in the comprehension of knowledge (Welsh & Lyons, 2001). In the mental health arena, clients are given the opportunity expand the counselor’s knowledge with assessment tools and observations. The counselor can then share through personal experiences, traditional knowledge gained in scholarly teachings or trainings, and intuition to help the client through their difficulties. Although professional, it is still a situation that is evolving as the problems differ as much as the client suffering in which intuition and professional feedback is utilized. Human errors occur as the concentration level is very strained by consistent research and readings. It is at this level that one must try to control the process of the action (Reason, 1990).

References:


**Directions**: Use the sample discussion response provided and respond to the following questions and discuss them at your table.

*As a parallel activity, utilize the discussion response you selected above. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.*

6a. Identify and discuss how the response addresses the content issues and levels of analysis in the discussion question. Were all parts of the question answered?
6b. Identify the introduction, body, and conclusion. How can these sections be improved?

6c. How does the introduction restate the question and introduce the response?

6d. Identify and discuss the details, evidence, and logical support for the points outlined in the first paragraph.

The Process of Responding:

Remember:

Paragraphs should contain at least four sentences:

- **Introduction** - One of them (usually the first) should state the main idea for the paragraph.

- **Body** - The other sentences should support the main idea by adding details, sub-points, or evidence.

- Make sure that you develop your position on each main point within its paragraph.
• **Conclusion** - A sentence that completes your thought process and flows into the next paragraph.

All the paragraphs in the “body” develop and *elaborate* the full answer stated succinctly in the introduction.

If you list the topic sentences of the paragraphs, the list should provide a logically flowing outline of a complete answer to the question.

Each of the supporting paragraphs in the body should flow in a logical fashion from the:

*introduction of your position → to a discussion of your position → to a logical conclusion.*

**Citing the Literature:**

- Scholarly writing requires that all positions be supported by citations to the literature.
- Best practice is to cite additional sources beyond course texts and required articles, although those are also acceptable.
- All Paragraphs should contain at least one reference.
- Post the full references in a reference list below the answer.
- Use correct APA format and style in your citations and references, and best practice is to use APA style for text as well.

**Review and Revise:**

Before you post your discussion answer:

- Read it carefully to make sure that your presentation is reader-friendly and clearly expresses your response.
- Use spell check and edit your answer for typographical, spelling, punctuation, grammar, usage, and other editorial errors.

Course postings can be useful practice:

- Most faculty members prefer that you write in the third person some prefer first person as long as the writing is scholarly and formal.
- Check with your course instructor to be sure you understand his or her preferences.
- You will be required to write in the third person for:
  1. Final Course Papers
  2. Comprehensive Examination
  3. Dissertation
Activity 7

For this activity, you will use a sample response to the discussion question with which we have been working. Please read the response and then follow the directions to discuss your thoughts on the response.

*As a parallel activity, utilize the discussion response you selected above. As you complete each activity utilizing the sample provided, complete each activity for your discussion response.

Directions: Use the sample discussion response provided and respond to the following questions and discuss them at your table.

7a. Does each paragraph contain at least four sentences? If not, how might you adjust the sentences to make the structure stronger?

7b. Identify the sentence that expresses the main idea for each paragraph.
   - Is that sentence an accurate portrayal of what’s to come in the paragraph?
   - How might you make these main idea sentences stronger?
7c. Identify sentences that provide support for the main idea.

- How does each paragraph develop a position for the main idea?

7d. How effectively does the discussion response:

- Introduce the problem?
- Provide a well-supported position?
- Arrive at a logical conclusion?
PROFESSIONAL COMMUNICATION IN THE COURSEROOM

Learner Activities
Where to Apply a Literature Review:

All scholarly works, including: course papers, comprehensive examinations, and dissertations (Chapter Two) contain reviews of the literature about their topics.

Literature Review in Course Papers:

- The “lit review” is the heart of a course paper.
- Lit reviews are integrated into the main body of course papers.
- Utilize the Literature Review in Course Papers form on page 113 to construct your lit review.

Identify a Key Challenge:

Each course paper should is built around a Key Challenge:

- answer a single question,
- argue a single thesis, or
- solve a particular problem.

The lit review is designed to:

- Identify the Key Challenge of the paper.
- Work out and explain the Key Challenge.

Activity 8

For this activity, you will use a sample final course paper assignment to identify the Key Challenge.

Directions: Read the following sample final course paper requirement and take a few minutes to respond to the following questions. In colloquium, be prepared to discuss with your table the various perspectives of your fellow learners on the Key Challenge.

*As a parallel activity, select one of your final course papers from the courseroom. As you complete each activity utilizing the sample provided, complete each activity for your final course paper.

Sample Course Final Paper Assignment

This course provides a solid grounding in practice theory and the purpose of the course project is to further explore and understand the many connections a theory has to your field on a practical level. For the course project you will write a 15 page paper analyzing a chosen practice theory and its relations to your professional field. The project will consist of a detailed analysis of a
practice theory of your choice. Course readings provide several to choose from including: behavioral, Freudian, cognitive, person-centered, feminist, and more. In this analysis, you will tie your chosen theory to a discipline or field of practice.

To successfully complete this project, you will be expected to:
1. Analyze a practice theory, including its assumptions, scope, and main intervention strategies.
2. Evaluate the processes of how a theory is generated, validated, and incorporated into a discipline.
3. Describe the bodies of knowledge used to derive a theory's interventions.
4. Compares the assumptions of a practice theory with those of its underlying philosophical paradigm.

Identify an example for each of the following that might represent a key challenge to address in this course paper:

- Question
- Thesis
- Problem

Decide on the Key Challenge

Save your examples for the activity

Objectives of the Literature Review:

A successful literature review will:

1. Identify how the Key Challenge has been studied in the professional literature.
2. Identify, describe, and evaluate each of the studies utilized to respond to the Key Challenge.
3. Provide support for conclusions drawn from the lit review in response to the Key Challenge.

The Literature Review begins with a broad perspective and funnels down to the Key Challenge of the paper.
Organization of the Literature Review for Course Papers:

A. Introduction to the lit review.

B. Main body of the lit review:
   - States Theoretical Orientation or Framework
   - Reviews literature applied to sub-parts of Key Challenge
   - Synthesizes the literature
   - Critiques the literature

C. Summary of the lit review.

A. **Introduction to the Literature Review:**

The introduction to the literature review:

- States the topic of the paper and identifies the Key Challenge.
- Explains to the reader how the literature review is going to address the Key Challenge.
- States how the paper's literature review will be organized:
  - What are the main points?
  - What order do they appear?

The introduction should consist of one or two paragraphs in a course paper, rarely more than a page.

**Activity 9**

For this activity, you will use the sample final course paper assignment previously used to identify the Key Challenges to develop an outline and strategy to survey the literature.

**Directions:** Using the sample final course paper requirement, identify and outline a
comprehensive strategy to survey the literature to address the selected Key Challenge for a course paper.

9a. As a parallel activity, select one of your final course papers from the courseroom. As you complete each activity utilizing the sample provided, complete each activity for your final course paper.

Sample Course Final Paper Assignment

This course provides a solid grounding in practice theory and the purpose of the course project is to further explore and understand the many connections a theory has to your field on a practical level. For the course project you will write a 15 page paper analyzing a chosen practice theory and its relations to your professional field. The project will consist of a detailed analysis of a practice theory of your choice. Course readings provide several to choose from including: behavioral, Freudian, cognitive, person-centered, feminist, and more. In this analysis, you will tie your chosen theory to a discipline or field of practice.

To successfully complete this project, you will be expected to:
1. Analyze a practice theory, including its assumptions, scope, and main intervention strategies.
2. Evaluate the processes of how a theory is generated, validated, and incorporated into a discipline.
3. Describe the bodies of knowledge used to derive a theory's interventions.
4. Compares the assumptions of a practice theory with those of its underlying philosophical paradigm.

9b. Identify and outline a comprehensive strategy to survey the literature to address the selected Key Challenge:
Three General Objectives of the Literature Review:

A lit will review will:

1. Identify, discuss and integrate a particular theoretical foundation.

2. Identify sub-parts of the Key Challenge.

3. Synthesize and critique the literature to base a response.

Objective 1 - Theoretical Orientation for the Paper:

Identify, discuss, and integrate a relevant theoretical perspective or framework for responding to the paper's Key Challenge.

- Essentially, the "theoretical orientation" or perspective is the "point of view" from which you write the paper.

- In this section of the lit review, cite the major references to support and describe the theoretical orientation related to the Key Challenge.

Activity 10

For this activity, you will use the sample final course paper assignment to identify a potential theoretical orientation to address the key challenge of the assignment.

Directions: Using the sample final course paper requirement, take a moment and write down a potential theoretical orientation. Provide a sentence or two describing the theory and its relevance to the assignment. Use the space below to write a potential theoretical orientation of your choosing.

10a. As a parallel activity, utilize the final course paper you selected. As you complete each activity utilizing the sample provided, complete each activity for your final course paper.

| Your Thoughts on a Theoretical Orientation |
10b. In colloquium, share the potential theoretical orientations with your table. Be sure to allow each person to share their idea. As a group, choose one potential theoretical orientation to develop further as a group. Use the space below to describe the chosen theoretical orientation and response to the following question.

*What is (are) the main theoretical framework(s) supporting your research project or course paper?*

Your Thoughts on a Theoretical Orientation

---

**Objective 2 – Literature Applied to the Key Challenge:**

- Organize the sub-parts of the key challenge and address the literature reviewed for each sub-part.

These "sub-parts" will be the main points of the response to the Key Challenge.
• Provide an overview of the research and theory relevant to the Key Challenge.

The sub-parts of the Key Challenge provide a logical outline for the lit review.

Logically explain how conclusions are drawn from the literature to respond to the Key Challenge.

Again, organizing the section according to the main aspects (sub-parts) of the Key Challenge will provide a fundamental logic to follow.

Activity 11

For this activity, you will use the sample final course paper and the theoretical orientation you selected to develop an outline for the paper.

Directions: Using the sample final course paper assignment, associated key challenge, and the chosen theoretical orientation, develop an outline that illustrates the logic utilized to respond to the Key Challenge you identified. Use the space below to write down the outline.

11a. As a parallel activity, select one of your final course papers from the courseroom. As you complete each activity utilizing the sample provided, complete each activity for your final course paper.

Outline
Objective 3 - Synthesize and Critique the Literature:

Synthesize and critique the literature in order to draw a few substantive conclusions on which to base the response.

Integrate a Critique of the Research Methods in the lit review.

Why integrate the research methods?

- First, critiquing the value of the studies' conclusions leads to retaining some studies and abandoning others.

- Second, utilize the selected studies to synthesize a coherent response to the Key Challenge.

The purpose of critiquing the research methods is to examine the quality of the research conclusions being used in one's argument.

The critique examines the methodological strengths and limitations of the works reviewed and how those weaknesses, in particular, affect the argument.

The Critique of Research Methods addresses:

- The rigor of the studies’ designs
- Sampling errors
- Size of samples
- Quality of research instruments
- Appropriateness of statistical procedures

and any other issues related to the quality of the research.
Main Body- Synthesis of Research Findings

The Synthesis of Research Findings discusses the:

- larger themes illustrating the response to the Key Challenge
- inconsistencies weakening the response to the Key Challenge
- patterns in the findings relevant to response to the Key Challenge

found in the research studies you evaluated and retained.

Examine Bloom’s (1956) work to get a better understanding of the level of critical analysis utilized for synthesizing the research findings.

Critical Thinking

![Bloom's taxonomy](image)

Bloom’s taxonomy (Bloom and Krathwohl, 1956)

In general, this is where the reader understands how the literature leads the writer to draw conclusions about the Key Challenge.

Main Body- Synthesis of Research Findings:

A synthesis of the research findings rather than an overall review of each article allows the writer to:

- Focus only on the conclusions,
- Demonstrate how a number of studies may draw similar conclusions,
- Analyze how strongly the conclusions support or do not support one's principle arguments in response to the Key Challenge.
Activity 12

For this activity, you will discuss your thoughts, suggestions, and questions you may have regarding how to critically evaluate a research article.

**Directions:** Discuss the significance of each of the following when critiquing a research article.

- **Specifically discuss:**
  - Why the following elements are important,
  - How you personally identify these elements in articles you read,
  - Tips you have for others regarding reading articles, and
  - Questions you may have for the group regarding critically analyzing the following elements of research articles

<table>
<thead>
<tr>
<th>Elements of a Research Article</th>
<th>Your Thoughts, Suggestions, Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rigor of the studies designs</td>
<td></td>
</tr>
<tr>
<td>Sampling errors</td>
<td></td>
</tr>
<tr>
<td>Size of samples</td>
<td></td>
</tr>
<tr>
<td>Quality of research instruments</td>
<td></td>
</tr>
<tr>
<td>Appropriateness of statistical procedures</td>
<td></td>
</tr>
</tbody>
</table>
Main Body—Summary of the Literature Review

- No more than a page.
- Is not the conclusion of the paper.
- Summarizes the conclusions drawn from the literature and provides a logical response to the key challenge.

Returning to the organizing principle or logic of the literature review, each main point should be reviewed and the synthesized conclusions linked to those main points.

The Summary of the lit review is a transition section setting up the Conclusion of the final course paper.

The Conclusion is where the response to the Key Challenge is fully stated and discussed.

Activity 13

For this activity, you will discuss your summary thoughts for the sample final project assignment.

Directions: Discuss whether you have:

- Identified a Key Challenge
- Identified a Theoretical Orientation
- Developed a Logical Outline
- Reviewed the steps of Critically Evaluating the Literature

*As a parallel activity, select one of your final course papers from the courseroom. As you complete each activity utilizing the sample provided, complete each activity for your final course paper.

Discuss a strategy to integrate and synthesize your findings into a Summary Literature Review. Use the space below to write your notes on a Summary of the Literature Review

<table>
<thead>
<tr>
<th>Summary of the Literature Review</th>
</tr>
</thead>
</table>


For this session, you should have a copy of a writing sample. Ideally, this is a finished course paper. You will use the sample paper contained in the appendix of this workbook to examine the structure of your final paper.
Course Paper TEMPLATE and GUIDELINES:

- The Professional Communications Guide provides a template for a standard course paper (end-of-term product).
- Each item is formatted according to accepted style (APA, 2001); However, format or style may deviate from the APA standards.

The Guide provides a set of guidelines for constructing and organizing an acceptable paper into four major units:

- Abstract
- Introduction
- Main points or body
- Conclusions

Organizing each unit into sections and sub-sections.

A set of references to the APA Publication Manual (2001) are provided to guide learners’ access to important sections of this resource that address common errors (see comment boxes in paper example).

No single step will more immediately improve writing and scholarly presentation of ideas than becoming familiar with and using the rules from the APA Publication Manual.

A Template of the Title Page:

Your Title Page should look like the Title Page presented in the example paper (Handout Four)

Pay particular attention to the:

- Running Head
- Manuscript Header
- Title
- Location of the Page Number

Activity 14

For this activity, you will use the final course paper you selected for Section Three of this workbook and begin to critique your own work by addressing the following points:

14a. Does your paper include a running head and a manuscript header?
   - If not, how can it be fixed? Use the space below to make notes to yourself.
14b. Are the essential parts of your title page present and correctly placed? Note discrepancies here.

14c. Discuss the results of your review.
**Topic:**

Your final paper must do one (and only one) of the following:

- Answer a clearly stated question.
- Argue or defend a clearly-stated thesis (position) or counter-thesis (demonstrating why a particular position [thesis] should or should not be accepted).
- Pose a problem and offer a solution to it.

**Abstract:**

Include a summary of every main point in the paper specifically inclusive of 3 points:

a) the topic of the paper (this should be stated, not introduced or proposed)

b) the main points of the exposition (including research methods used to respond to the topic).

c) the conclusions drawn and recommendations made.

Each segment should be approximately one to three sentences long, unless a complex element requires more description.

Tone should be formal, in the active voice, and written in the third person.

**Activity 15**

For this activity, you will again use your own writing sample and begin to critique your own work; specifically the Abstract, by addressing the following points:

15a. Does your Abstract state the topic? Is it stated as a question, a thesis, or a problem?
   - If not, how can it be fixed? Use the space below to respond to each question and to explain the results of your evaluation.
15b. Are the main points of the paper presented?

15c. Does your Abstract include a statement of the conclusions and recommendations?

15d. Discuss the results of your review. Also, use the space below to write down any suggestions other learners may offer during your colloquium session.
Organization:

Your paper should have at least these sections:

a. An **introduction**, with no heading (see APA, 2001, p. 113).

b. In the **main body**, each of your main points should have its own section with its own heading. Subordinate points (sub-sections) within a section should have a sub-heading.

c. A **conclusion** with a heading.

d. The **reference list** with a heading.

A. The **Introduction to the Paper should**:

- state the topic of the paper.
- provide a brief background of the main issues.
- state the main points that will be developed in the paper to respond to the key challenge of the paper.
- state the conclusions that the paper will reach, without going into detail about them.

Activity 16

For this activity, you will again use your own writing sample and begin to critique your own work; specifically the **Introduction**.

- **Directions**: Utilize the **Introduction** in your paper and identify whether or not you have addressed the following issues completely. Use the space below to respond to each question and to explain the results of your evaluation.

16a. Does your introduction state the Question, Problem, or Thesis?

- If not, how can it be fixed? Use the space below to make notes to yourself.
<table>
<thead>
<tr>
<th>Question</th>
<th>Prompt</th>
</tr>
</thead>
<tbody>
<tr>
<td>16b. Does your introduction provide a brief background of the Main Issues?</td>
<td>You should provide a brief background of the main issues being discussed in your paper.</td>
</tr>
<tr>
<td>16c. Does your introduction include the Main Points to be developed?</td>
<td>You should include the main points that will be developed in the paper.</td>
</tr>
<tr>
<td>16d. Does your introduction state the Conclusions the paper will reach?</td>
<td>You should state the conclusions that your paper will reach.</td>
</tr>
</tbody>
</table>
B. The Main Body:

- The organization of the “main body” of the paper should follow the points stated in the introduction.

- The key is that the main points “line up logically” to support the objective of the paper (Outlines serve as a map for your paper).

- Answer the question, argue the thesis, or solve the problem.

- Do not introduce unrelated or tangential ideas in the main body of the paper.

Clear organization of the main body is very important.

- Each of the main points which develop your argument or support it should have its own section.

- To clearly mark the organization, use headings for these sections of your text and sub-headings for subordinate points.

*Headings:*

Check the APA *Publication Manual* (2001, pp 111 ff) for information about headings

- Do not be afraid to use *sub-headings* for important sub-sections within a section (main point).
  - If your paper uses two levels of headings, use Level 1 and Level 3.
  - If three levels, use Levels 1, 3, and 4.
• Most course papers will not need more than 3 heading levels.

(Refer to example paper).

Activity 17

Directions: Use your writing sample and begin a critique of the main body of the paper by addressing the following points. Use the space below to respond to each question and to explain the results of your evaluation.

17A. Can you identify headings (& sub-headings) for each of the main points and their subsidiary points?
   ○ If not, how can it be fixed? Use the space below to make notes to yourself.

17b. Can you identify headings (& sub-headings) for the conclusion?

17c. Can you identify headings (& sub-headings) for the References?

17d. At colloquium, discuss the results of your review. Use the space below to write down any suggestions other learners had at your table.
Main Body – a.k.a. the Literature Review:

In the main body, you will be:

- describing:
- evaluating
- drawing conclusions

from the literature that you reviewed for this paper and may have mentioned briefly in the introduction.

- Describe the particulars of the studies:
  a. Population
  b. Approach
  c. Methods
  d. Findings

- The main points of the theories (key concepts and variables).
- Evaluate the strength of the research you reviewed.
- Discuss the articles’ conclusions in terms of how they support or challenge your own position, which is the focus of the paper.

Main Body - Alternative explanations and approaches:

- When you have adopted a position (based on your literature review and evaluation), include alternative explanations, even if the original author(s) failed to do so.
• This shows high-level critical and creative thinking about the research you are relying on and about your own work.

• After you finish the main body of the paper, write a brief summary of your main points and a transitional sentence or paragraph looking ahead to the Conclusion section.

**Main Body - Evaluation of the literature:**

Critical thinking is crucial in the main body of the paper

• Do not just report studies, evaluate them.

• Synthesize or integrate studies (bring disparate studies together to focus on the same issue).

• Critical thinking also requires that you give your “enemies” (those who see things differently from you) their due.

• Search for alternative hypotheses, opposing views, differing explanations.

**Activity 18**

**Directions:** Use your writing sample and begin a critique of the evaluation of the literature by addressing the following points. Use the space below to respond to each question and to explain the results of your evaluation.

18a. Does your paper describe the particulars of the studies: (Population, Approach, Methods, Findings)?

   • If not, how can it be fixed? Use the space below to make notes to yourself.
18b. Does your paper include the main points of the theories (key concepts and variables)?

18c. Does your paper evaluate the strength of the research you reviewed?

18d. Does your paper discuss the articles’ conclusions in terms of how they support or challenge your own position, which is the focus of the paper?

18e. Discuss the results of your review. Also, use the space below to write down any
suggestions other learners may offer during your colloquium session.

C. Conclusion:

In the Conclusion section:

- You should once again summarize the main points; if you did so in final paragraph of main body, it can be very brief.

- Offer your interpretation of the meaning of your conclusions about the thesis, your answer to the question, your solution to the problem.

- Include a sub-section evaluating the strengths and weaknesses (“limitations”) of your paper.

- Finally, take your final position:
  - Is there anything you want to say about the issues you have discussed in this paper?
  - At the graduate level, it is appropriate to take a position, to state your own opinion based on the research you have done.

Activity 19

**Directions**: Use your writing sample and begin a critique of the conclusion to the paper by addressing the following points. Use the space below to respond to each question and to explain the results of your evaluation.

19a. Does your conclusion summarize the main points?
  - If not, how can it be fixed? Use the space below to make notes to yourself.
19b. Does your conclusion offer an interpretation of the meaning of the conclusions?

19c. Does your conclusion Evaluate the strengths and weaknesses of the paper?

19d. Discuss the results of your review. Also, use the space below to write down any suggestions other learners may offer during your colloquium session.
D. References:

- References – page 299 in APA 5th.
- Pay close attention to the APA 5th when constructing your reference list.
- Note Key formatting rules including hanging indent, capitalization, and italicization.
- Make sure that you include all references cited in the text of your paper (Build your reference list while writing your paper).
- Turn off hyperlinks by hitting the ctrl & z keys after typing the link.

Good Mechanics:

- All grammar, usage, spelling, and punctuation should conform to English composition as codified by the APA’s (2001) Publication Manual.
- Follow the APA guidelines for formatting, style, grammar, or usage.

Write with the Reader in Mind:

- Remember that your readers did not read the study, so they need to be “brought up to speed” regarding what the study actually did and what it was designed to do.
- Always write for the reader’s understanding of the paper.

Course Paper Example:
• This section of the *Guide* offers an example of a high-quality course paper, of the kind typically required as the final product in a General Psychology course.

• Note the “Comments” which are attached throughout the paper.

• The “Comments” illustrate common APA 5th items found in a final course paper.

• Your paper should structurally look similar to the example paper.
PROFESSIONAL COMMUNICATION IN THE COURSEROOM

Appendix
Professional Communications and Writing Guide

William H. Percy, PhD, LP
Lead Faculty, Psychology Research Support

Randy Johnson, EdD
Chair, Capella University

Garvey House, PhD
Dean, Harold Abel School of Psychology
Scholars’ professional communications – their writings, their presentations, and their discussions with colleagues and other professionals – reflect the quality of their thought and the strength of their arguments. This *Professional Communications and Writing Guide* has been prepared to offer guidance and support to learners and faculty in Capella University who want to enhance the quality of their professional communications, and in particular, their writing.

At this time, the *Guide* focuses on scholarly writing in the courses (course papers, Unit postings, and critiques and responses to learner-colleagues). Its advice, examples, and guidelines can be applied to all forms of scholarly writing, both in the graduate programs and later in professional life. The key objective of the Guide is to articulate a common set of expectations for learners and faculty in Capella University.

The Guide currently has three sections, which follow the usual progression in professional writing in our courses:

1. A “Course Posting Guidelines and Examples,” offering tips and examples of high-quality initial courseroom postings and of responses to learner-colleagues.
2. A “Course Paper Template and Guidelines,” providing information and advice about formatting, style, and content in a scholarly paper.
3. A “Course Paper Example,” showing a sample paper with many of the common issues and expectations highlighted.

We anticipate expanding the Guide periodically to include sections on other kinds of professional communications, such as the preparation of formal or informal reports, scholarly and professional presentations (lectures, etc.), preparation of papers for publication, and discussions with colleagues.

The faculty of Capella University welcome feedback and suggestions about this *Guide*. Please direct them to Randy.Johnson@capella.edu or Bill.Percy@Capella.edu.

*[Note: For economy, the formatting of this document is not in APA style (2001). For example, text is often single-spaced and has occasional emphases (bold or italicized text), which are discouraged in standard APA style and should not be used in postings or course papers. The purpose of these violations is either to save space or to emphasize the importance of an item.]
Section One: Course Posting GUIDELINES and EXAMPLES

Section 1 presents guidelines and tips for writing successful postings in the Vista4 CourseRoom. It is designed to articulate clear expectations for the quality of the postings made to answer the discussion questions and to respond to one’s peers in the CourseRoom. The expectations outlined in Section 3 should be applied to all forms of CourseRoom writing, including discussions and assignments. Obviously, email communications are somewhat more private and can be more informal, but the basic standards of professional etiquette should always be followed.

This section has two main Parts: Part One offers guidelines and tips (along with an example) for successful answers to the discussion questions. Part One is divided into three Steps and an example, and followed by some references. After that, Part Two discusses tips for successful responses to one’s course peers. It has six “suggestions,” examples of good (and not so good) replies to one’s peers, and a reference list.

Part One: How to Answer Discussion Questions

Step one: Understand what the question requires.

Read the discussion questions carefully. Note that most discussion questions will have both a content issue and a level of critical analysis issue. Instructors will evaluate both issues: how well the response addresses the content issue(s) and its level of critical analysis.

Content issues require discussion of relevant research and theory – presented in required readings for the Unit, but also found in related research identified by the learner – that addresses the content of the question. Opinion, defined as assertions based on personal experience without research support, is not acceptable as the only basis for a response, but opinions may be stated as such. Appropriate and relevant research and theory must be cited in the explication of the content issue.

Analyze the question to ensure that you have identified all the required content issues. Many questions have more than one, and answering only one when there is more than one weakens your answer. If the question requires more than one content issue, it is acceptable – indeed, it is a good practice – to separate the issues and treat them individually, using appropriate section headings.

Course discussion questions often (though not always) ask for more than one level of critical thinking. Typically, your discussion of the research and theory related to the content issue demonstrates your comprehension and understanding – the lowest level of critical thinking in Bloom’s taxonomy (Bloom and Krathwohl, 1956). Many questions go on to require some analysis (Bloom’s mid-level critical thinking). Sometimes, this mid-level analysis is followed by a request for a synthesis, an evaluation, or an application (Bloom’s high-level critical thinking).

The key words indicating the level of analysis sometimes are clear. For instance, describe, summarize, or compare and contrast are common words asking for low-level
(comprehension and understanding) critical thinking. At the mid-level, words such as *analyze* or *develop* are common. At the highest level, you will find words such as *synthesize, integrate, or evaluate*.

But frequently these specific words are not found, so look for synonyms or instructions that *imply* the level of critical thinking. For example, if the question asks “What are the three types of qualitative analysis which might be used to study teenagers’ experience of a drug treatment program,” this is low-level, asking for a description and summary of the theories and research involved in that content area. Note that an answer which merely named three types without any discussion would fail, because it provides no evidence of comprehension and knowledge competence. If the question goes on to say “design a treatment (or educational) program using elements from all three approaches,” it is asking for *analysis* and *synthesis* (in order to combine elements [synthesis], one must first break down the three approaches into component parts [analysis]) and *application* (high-level) – using the synthesis to create a new use or application. Words like “design,” “create,” “use,” and the like indicate a request for application, a higher level of analysis.

*Step two: Turn your literature review into a draft answer.*

After you have completed your study of the literature related to the discussion question topic and are prepared to write your answer, create an outline. If you do not ordinarily write from an outline, the faculty recommend that you develop the habit, because it will prove to be a very important skill in the capstone projects – comprehensive examinations or integrative projects.

There should be three main parts to your answer, which should always begin by repeating the question:

1. An introduction in which you **restate the question** to be answered and briefly **introduce your response** - 1 paragraph. State succinctly your core answer to the question, for example, by outlining the main points you will make.
2. The body of the answer in which you **discuss your response in detail** – 2-5 paragraphs. These paragraphs elaborate and provide details, evidence, and logical support for the points outlined in the first paragraph.
3. A conclusion which provides a conclusion/summary - 1 paragraph. This paragraph should summarize your answer and include recommendations for your own further study.

Paragraphs should contain at least four sentences. One of them (usually the first) should state the main idea for the paragraph. The other sentences should support the main idea by adding details, sub-points, or evidence. Make sure that you develop your position on each main point within its paragraph.

All the paragraphs in the “body” develop and **elaborate** the full answer stated succinctly in the introduction. Hint: If you list the topic sentences of the paragraphs, the list should provide a logically flowing outline of a complete answer to the question. Each of the supporting paragraphs in the body should flow in a logical fashion from the introduction of your position, to a discussion of your position, and finally a logical conclusion.
Make sure to use the appropriate citations to the literature you reviewed. Scholarly writing requires that all positions be supported by citations to the literature. Best practice is to cite additional sources beyond course texts and required articles, although those are also acceptable. Remember to post the full references in a reference list below the answer. You must use correct APA format and style in your citations and references, and best practice is to use APA style for text as well. (Although we encourage it, you do not have to use APA for responding to other learners.)

Avoid the practice of composing long paragraphs in which you string together a number of ideas from a source, and then cite that source after the final sentence. This gives the impression that all the sentences except the last are your ideas, which of course they are not. Instead, use the main idea from the author you are citing as your topic sentence (and give the citation right up front), then build on that by adding your own analysis, or the related ideas of other authors on the same topic (and cite those sources).

If you discover that your paragraphs look like a string of citation parentheses on the page (that is, each sentence is a citation from another – or worse, the same – author), you aren’t doing enough of your own thinking in that paragraph. You should of course cite each author, but provide your own analysis, synthesis, evaluation, or application of the main ideas. Faculty are not interested merely in what our learners have read of authors – we are interested in what elements of those authors’ ideas our learners have understood and integrated, analyzed, synthesized, applied, evaluated, and put to creative uses. The surest way to demonstrate that you understand an author’s work is to do high-level critical thinking about it.

*Step three: review and revise.*

Before you post your discussion answer, read it carefully to make sure that your presentation is reader-friendly and clearly expresses your response. Also, use spell check and edit your answer for typographical, spelling, punctuation, grammar, usage, and other editorial errors. These errors detract from the overall evaluation.

Most faculty members prefer that you write in the third person, although some prefer first person as long as the writing is scholarly and formal. Check with your course instructor to be sure you understand his or her preferences. You will be required to write in the third person for final papers, the integrative project (MS programs), and the Comprehensive Examination and the dissertation (doctoral programs). Course postings can be useful practice.

With practice, you will learn to express your positions comfortably in the third person. Adopt the scholarly habit of thinking of your own ideas and work as being someone else’s. This will help you to write in the third person more easily, and it will also help you practice the intellectual skill of considering what challenges, disagreements, or alternative approaches someone might make to your work.

For example, the previous paragraph can be rewritten in the third person with no loss of sense: “Learners writing in the third person learn with practice to express their positions comfortably. Putting one’s analysis in the third person fosters the scholarly habit of thinking of one’s own work as being someone else’s. This in turn promotes ease in third-person writing and strengthens one’s ability to consider what challenges, disagreements, or alternative approaches a reader might make to one’s work.”
Now, we will move on to a discussion of a sample discussion posting, the answer to a Unit posting assignment.

**Sample Discussion Question:**
Discuss the higher incidence and prevalence of eating disorders in women, compared with men, in the United States. Analyze possible explanations for the differences, and evaluate whether current diagnostic and conceptual practices help our understanding of male eating disorders.

**Sample Answer:**
This posting will discuss the higher incidence and prevalence of eating disorder diagnoses in women (compared with men), to discover possible explanations for those differences and to discuss whether our current practices in diagnosis and treatment facilitate our understanding of male eating disorders.

Traditionally, the incidence of eating disorders is more prevalent in the female population versus the male population; however, in recent years, more men are seeking treatment for eating disorders. A majority of the research literature deals with eating disorders in the female population and the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (APA, 2001) diagnostic criteria for anorexia nervosa and bulimia nervosa are consistent with the female presentation of the disorders. Although more men are seeking treatment for eating disorders, women are still more likely to seek treatment and report past treatment experiences (Lewinsohn, Seeley, Moerk, & Striegel-Moore, 2002). There may be differences in the attitudes of men and women that conceal deeper similarities.

The disproportionate ratio of eating disorders diagnosed in females versus males in Western cultures may reflect the Western equation of thinness with female beauty. Grover, Keel, and Mitchell (2002) report females and males have different perspectives of normal weight. Normal weight females as compared to normal weight males are more likely to report the perception of feeling over weight; furthermore, regardless of actual weight status, males are more likely to report feeling normal. To compound the difference in the perception of weight, females are more likely to associate weight with self-esteem. In general, cultural beliefs appear to increase the likelihood of women developing eating disorders and in contrast, insulate men.

Nevertheless, the results of a 2001 survey by Jackson and Stanton suggest that more men are seeking treatment for weight-related problems. According to the data from their survey of 300 psychotherapists across the United States, the incidence of men seeking weight-related help in the United States appears to have increased 17% between 1997 and 2000. At the same time, therapists did not report an increase in the number of diagnoses of eating disorder by DSM-IV-TR criteria. In discussing these two points, Jackson and Stanton speculated that they may confirm Grover, Keel, and Mitchell’s report (2002) about differing perspectives mentioned above. Men may be seeking help with their weight for different reasons and with different attitudes than women do.

Lewinsohn et al. (2002) identify a need to redefine the diagnostic criteria for eating disorders to better differentiate female and male symptoms. While cultural factors may influence the prevalence of eating disorders, failing to identify a more accurate male profile contributes to the under-diagnosing of eating disorders in men. For example,
based on the sources cited thus far, this author surmises that men experiencing an eating disorder may be more likely to participate in excessive exercise rather than binge-and-purge behavior or restricting intake alonet. If this conjecture is true, understanding the primary factors that contribute to the development of eating disorders—which may be common to both genders—does not necessarily translate into an effective diagnostic system for identifying the problem. Focusing on eating disorders as primarily a female phenomenon and designing the diagnostic criteria based on female symptomology, fails to accurately identify and assess the actual prevalence of eating disorders in the male population.

In conclusion, the differences in the incidence and prevalence of females and males seeking treatment for eating disorders may be explained by a mix of cultural factors obscuring deeper diagnostic similarities. In any case, more accurate profiling of male presentations of eating disorders is essential to a fully understanding of the differences. Better treatment of males with eating problems will depend on more accurate assessment, which is still not available. Further study of the male cultural attitudes toward weight and their changing impact on men’s psychological well being will be helpful.

References (for the sample posting)


Discussion of the Sample Response

Notice that the answer to the discussion question started with a re-statement of the question itself. This allows the reader to fully grasp what is about to be presented, as well as offering a baseline for evaluating the quality of the response. In the discussion answer in the Course Room, this opening paragraph serves the same purpose as the introduction to a paper, outlining the main points to follow.

Then the answer proceeds to answer the question item by item, as outlined in the opening. Notice that the paragraphs each address a main point, supported by or stemming from (usually) a single source, which is always cited. Additional sources that add to that single main point also appear in some of the paragraphs. But in each case, the paragraph keeps a single main point.

The author provides his or her own reflection on what he or she studied and integrated from the sources (see the second last paragraph). The author clearly states this as his or her own thoughts, showing how the writer has reflected and integrated the studied material.

Finally, a conclusion not only summarizes the main points of the answer, but also provides a suggestion for some further literature review that readers might undertake to deepen understanding of the issue. This is a fine answer to the discussion question posed.

Having briefly examined a high-quality discussion posting, we turn our attention now to how to write great responses to colleagues’ postings in the Course Room.

Part Two: Tips and Suggestions on How to Write Great Responses to Classmates’ Discussion Answers

Suggestion one: Give lots of support and add value.

Discussions in the CourseRoom can become very powerful learning experiences. Telling your colleagues when they have written exceptionally clear, useful, or articulate postings is a wonderful way to enhance the sense of the “learning community” that we strive for at Capella. That said, required responses that only contain "cheerleading" comments with no other value added are not sufficient to meet the requirement of “critiquing another learner’s post.” Additional responses beyond the required “critique another learner’s post” are always welcome and encouraged, and these certainly can be short supportive appraisals. However, if the required “critique” posting were only supportive and praising—the good element—it fails to give evidence that the posting was read—the downside.

Such responses are unsatisfactory as “critiques.” For example, submitting “Nice post, Sally. I really learned a lot from you! This will help me in understanding our course material” would be insufficient as a required critique post, although it would be a gracious gesture as an additional reply to one’s colleague. This does not mean that praise is not acceptable—indeed, praising your colleague’s work enhances the quality of your response.

Praise is important. Still, the principle to follow is that critiques ought to "add
value" to one’s colleagues' original posts. But to add value to your response you must go beyond praise and support. Tell Sally what in her post was helpful, how it enhanced your learning, what issues it clarified, and details on how it clarified the discussion question for you—this specificity gives greater value to your response.

For example, a valuable response might begin with something like this: “Nice post, Sally. I really learned a lot from you. Your explanation of Ford’s theory and especially how it applies to management theory was new to me, and very clear.” Then you can go on to deepen the discussion, which we will discuss in the next section.

Suggestion two: Remember that this is a “discussion” on an assigned topic.

Focus your response on the points made by the colleague to whom you are responding. In a face-to-face conversation, the respondent does not immediately change the subject to something he or she is more interested in, nor should that happen in CourseRoom replies. Instead, good communication skills suggest that respondents could accurately play back what they had heard to be sure they understood, and then could expand on those ideas, analyzing or commenting on them, or raising a question that they brought to mind. Most importantly, the reply would stay on topic, and the “topic” is what the original post said about the discussion assignment, not a new idea.

Nor should your response jump immediately into your own take on the question, ignoring what your colleague said. Instead, give a sympathetic reading and summary of your colleague’s post, to show that you have read and understand it, before you launch your own counterpoint or different interpretation.

The requirement to “critique a colleagues’ answer” fosters discussion of the topic assigned for the discussion. If the question asks for discussion of topics A, B, and C, keep your critique of or reply to your colleague focused on what you colleague wrote about topics A, B, or C. Here is an example: In a course on research methods, a discussion question asks for an analysis of the sampling procedures used in a research article. When learners in that course make their critiques or responses to their colleagues, even when the original answer focuses properly on the sampling procedures, an occasional respondent will go off-topic to ask a question about, say, the article’s conclusions. This is incorrect. Stick to the topic that was asked for and about which your colleague wrote.

Nor should your response stay with the original answer if the original answer does not address the discussion topic! In that case, a helpful critique might start with an appreciation of what the colleague did say, followed by a discussion of what the posting did not say, namely, the answer to the asked question. Here is where you can practice the art of providing difficult feedback in a graceful manner, something all professionals must master if they wish to prosper in their chosen fields.

To summarize, then, a high quality response to a discussion answer would first summarize briefly the main idea or ideas communicated in the original posting, to ensure that those points were grasped. Then the respondent could add his or her thoughts, always sticking to the topic raised by the discussion question for that Unit. Here is an example of a response to the previous sample discussion posting. Remember the question: possible explanations for the difference in the occurrence of eating disorders in men and women, whether current diagnostic and conceptual practices help our understand of male eating disorders, or both. Here is the example of a high quality reply:
Sally, I was interested in two of your points. You noted from one study that cultural and gender-specific perceptions of beauty ideals might account for some of the different prevalence of eating disorders between men and women. But you also pointed out from another study that men’s eating problems might be under-diagnosed because our conceptualizations tend to be based on women’s disorders.

In my own experience with young male athletes (I’ve been an assistant high school wrestling coach for twelve years), I think I see evidence of both ideas. Some of these young men are often obsessed with their weight (wrestlers are notorious for this, but other sports promote it too), but they don’t define this obsession as being a disorder: They tend to see it as getting an advantage in competition. I’ve observed many boys for whom “making weight” is every bit as huge a problem for them as “losing weight” is for the females with eating disorders (though of course, they don’t seem to go to the same extreme, sometimes requiring hospitalization). But as you note in your first point, it is an ideal of male strength and athletic prowess they are aiming for, which seems to me similar to the “myths” of female beauty with a different content. I think that my observations concur with your reflections in your post.

It follows from your second point that if we redefined eating disorders in a way that included this obsession with ideal athletic weights, more young men would receive the diagnosis. From your perspective and the articles you studied, does this seem reasonable to you?

Sincerely, Joe.

This example stays with and expands upon the original posting’s main points. The requirement for using citations and references is relaxed in the “reply” postings, and the language can be more informal, as befitting a real discussion. The key point is that the reply stays very close to the original posting’s points and to the substance of the assigned topic.

Note too that the last sentence invites further discussion. This is key to the idea of “discussion.” The greatest learning occurs when people talk more deeply into a topic. This is the aspiration underlying the assignments in the discussion room.

Suggestion three: When asking a question, give your own thoughts as background.

Harry Stack Sullivan, an American pioneer psychiatrist who wanted to develop a method of dialog with his clients, used to discourage his students from asking questions, by noting humorously that questions end with a hook [the question mark], and nobody likes getting hooked (Loren Pilling, personal communication, 1973). This is why the so-called “tennis-ball” question is discouraged. “Tennis-ball questions” are brief “hooks” which give no information on which to base an answer and offer no personal investment by the questioner. Here is an example of the tennis-ball response:

Thank you for your post, Sally. Do you think that eating disorders are over-
What is Sally to make of such a question? The tennis-ball approach has two strikes against it: First, the respondent is not doing any work and gives no clues about what he or she is thinking. Although the question may be a good and honest one, there is no indication to Sally of what points in the original posting that it addresses, no context for how it flows from the original’s ideas, and no description of what the respondent is thinking. If this were a face-to-face conversation, such a tactic would leave Sally very uncomfortable.

And that is the second problem with it: receiving a tennis-ball response can feel a bit intimidating or even hostile, and genuine dialog rarely comes of it. That was Harry Sullivan’s point: safety for the one who is being questioned leads to genuine dialog. The community of learning idea means we want to make our colleagues feel safe discussing things with us; this is a core value of professional communications.

Here is an example of a response that raises a new question without “hooking” Sally with the infamous tennis-ball question:

Sally, I was interested in the second of your two main points, in which you talked about the idea that men’s eating problems might be under-diagnosed because our diagnostic conceptualizations tend to be based on women’s disorders. As I reflected on that, I think it certainly could be true, and when I read Joe’s response to you, I can clearly see that there is some validity to the argument you made.

But I have another question that is related to your point. The idea that male eating disorders are under-diagnosed for perhaps cultural reasons seems to me to make a couple of presuppositions or assumptions that trouble me. For one thing, aren’t we assuming that the rate of female diagnosis of eating disorders accurately represents a real phenomenon? I don’t have any research to support me here, but except for those women who actually approach death with their disorder, there seems to be a cultural “norm” to have an “eating disorder” for a few years in adolescence. Like Joe, I have been a high school teacher and counselor for 15 years, and I have seen the numbers of eating disorders climb in recent years without understanding why. Again, I don’t mean to impugn the genuine horror of these disorders in some sufferers, I only mean to wonder if the high rate of diagnosis in young women may be partially a cultural artifact.

That said, do you believe that could it be reasonably argued that eating disorders are perhaps over-diagnosed in the United States? I’m curious about your thoughts on the subject.

Thanks, Sally, for an interesting discussion,

Naomi S.

In this example, the opening summary orients the conversation to the relevant points from the original, and Naomi’s thinking and the anecdotal experience behind her question becomes quite clear in the second paragraph. The question that in the tennis-ball
approach felt demanding now makes sense and can be discussed in the context of research, theory, or experience.

**Suggestion four: “Participation in the CourseRoom Discussion” is the standard.**

In the final analysis, the degree to which learners interact with colleagues determines the true measure of participation, and the Capella model of learning at the graduate level is that participation is a key to learning. Obviously, someone who writes substantive messages to five other learners every Unit is participating at a higher level than someone who posts a reply to only one colleague, assuming that both post substantive replies that make use of the suggestions above. Conversely, five “cheerleading” or “tennis-ball” replies are a lower level of quality participation than one high-quality reply.

Nevertheless, meeting the basic Capella requirement (one post in reply to a colleague’s original posting for each discussion question assigned in the Discussion area) or the requirement stated in the individual course is all that needs to be done; it meets the requirement for “satisfactory” (grade B) performance. However, every learner should consider this: increased substance and frequency will improve the learning experience. The gold standard for a graduate education is not what score one receives. It is the depth and meaningfulness of one’s learning and the critical analysis of that learning. Only learners can evaluate these in themselves, and only active engagement in scholarly conversation with one’s colleagues will help one achieve it.

**Suggestion five: Take good care of the mechanics.**

Finally, successful learners check their typing, style, and grammar before leaving the CourseRoom. The faculty emphasize this element of scholarship earlier in our programs, as early as in the first Foundation courses (FirstCourse), because there are too many learners arriving at capstone projects - the Integrative Projects in the Master’s programs or the Comprehensive Examinations in the doctoral programs – without mastering basic grammar, usage, and mechanical skills. So now is the time to learn and master those skills, basic to the craft of the scholar-practitioner.

Two wonderful resources are the Capella Writing Center in Learner iGuide and the Mobile Writing Center at each Colloquium. If learners have any uncertainties about writing and usage, editorial mechanics, APA format, plagiarism, and the like, the faculty want to take this opportunity to strongly recommend that they go to the Writing Center and mine the excellent resources that await them there.

**References to Section One**

[Note: this is not according to APA style, where there would be only one reference list for an entire document. The nature of this document, however, requires this format.]

Section Two: Course Paper TEMPLATE and GUIDELINES

This section provides a template for a standard course paper (end-of-term product). Each item is formatted according to accepted style (APA, 2001), and where preferred format or style deviates from the APA standards, there is a note to indicate that. Although the sample paper is written for the School of Psychology, its basic precepts are applicable across the entire University.

The section also offers a set of guidelines for constructing and organizing an acceptable paper into major units (introduction, main points or body, and conclusions) and then organizing these units into sections and sub-sections.

Graduate school and professional writing requires high-level critical analysis along with lower-level understanding and comprehension of the ideas, research, and theories used. This section offers some suggestions for strengthening critical writing, including its organization. Other resources on critical thinking and analysis should be consulted to deepen one’s understanding of these issues.

Finally, a set of references to the APA Publication Manual (2001) are provided to guide learners’ access to important sections of the APA Manual which address common errors. No single step will more immediately improve one’s writing and scholarly presentation of ideas than becoming familiar with and using the rules from the APA Manual.

The section begins with a template of the title page.
Running Head: (E.g.) Begin Title Three Inches

[The running head should contain the keywords from the title. It should be different from the Manuscript Header, which repeats on each page. Place the page number 2 spaces after the Manuscript Header text. Note that the Manuscript Header for this template (and for the Sample Paper below) is that of the Professional Communications and writing Guide. ]

Begin Title Three Inches from Top of Paper

First Name MI. Last Name

Capella University

(Note: If two or three lines are not required for the title, add additional spacing above the title to ensure the following text is properly located)

[The material below this line is not included in strict APA format. It is recommended. The table below is for the convenience of the instructor. Instructors may require strict APA formatting, in which case these items should be deleted. Ask instructors their preferences.]

A Paper Presented in Partial Fulfillment

Of the Requirements of

[Course Number and Title]

Quarter, Year

Address:

City, State, Zip:
Phone:
E-mail:
Mentor/advisor:
Degree (MS or PhD/PsyD)
Abstract

Abstracts should be in block format with no left-indentation. The APA length of an abstract is 120 words or fewer. Capella allows up to 250 words (for a course paper). The abstract is not an introduction to the subject. It is a summary of every main point in the paper. The reader should have the “gist” of the entire paper by reading the abstract. The writing should avoid extraneous words, and be clear and vigorous. The current APA (2001) *Publication Manual* provides guidelines for the abstract. The abstract should cover three points: a) the topic of the paper, including the question to be answered, thesis to be argued, problem to be solved, etc. (this should be stated, not introduced); b) the main points of the exposition (including research methods used to answer a research question, main points of the argument, or the key theories or premises of the argument); c) the conclusions drawn and recommendations made stemming from the analysis in the middle section. Each segment should be approximately one to three sentences long, unless a complex element requires more description, and tone should be formal and in the active voice and third person. If sources are used, citations must be included and counted as “words.”
Table of Contents [This is a level 1 heading]

Table of Contents

Notes on the Main Body of Text page #

General Guidelines page #

Introduction page #

Main Body of the Paper page #

Conclusion of the paper page #

References page #

Appendix/Appendices page #

Common APA Formatting Rules page #

[Note: In your paper, to create the Table of Contents you may use the “Index and Tables” feature (in the “Insert” menu). This feature requires that you use headings consistently throughout the paper, which is also important to do from a format perspective. If you need assistance about APA rules for headings, check APA (2001, pp. 111-113); pages related to various APA issues are given on pp 8-9 below. You can format headings in MS Word to comply with APA style using the Style sheet in “Format” menu. We recommend using two or three levels of headings.]
Guidelines on the Main Body of Text in a Paper

[This is a Level 1 heading; (APA, 2001, p. 113) Note: Type the title of the paper here, as a Level 1 heading. Also note there should be no heading titled “Introduction” in papers – it is assumed that all papers have an introduction.]

General Guidelines [This is a Level 3 heading (APA, 2001, p. 113)]

1. Your paper (unless it is for a special purpose, like a “comprehensive examination” style paper, an annotated bibliography, or an interview report) must do one (and only one) of the following:
   a. it should answer a clearly stated question;
   b. it should argue or defend a clearly-stated thesis (position) or counterthesis (demonstrating why a particular position [thesis] should or should not be accepted); or
   c. it should pose a problem and offer a solution to it.

2. Clear organization is very important. Your topic should be focused and specific, and each of the main points which develop your argument or support it (that is, to answer the question or argue the position you are taking) should have its own section. To clearly mark the organization, use headings for these sections of your text, and sub-headings for subordinate points. Check the APA Publication Manual (2001, pp 111 ff) for information about headings. Your paper should have at least these sections:
   d. An introduction, which has no heading (see APA, 2001, p. 113).
   e. Each of your main points should have its own section with its own heading. Subordinate points within a section should have a sub-heading.
   f. A conclusion, which does have a heading.
   g. The reference list, which has its own heading.

3. Do not be afraid to use sub-headings for important sub-sections within a section (main point). If your paper uses two levels of headings, use Level 1 and Level 3. If three levels, use Levels 1, 3, and 4. Most course papers will not need more than 3 heading levels.

4. If you use Tables or Figures, follow APA (2001) rules to format them (pp. 147-204). Place each table or figure inside your text as close to your mentioning it as possible.

5. Rarely a course paper will need an Appendix, to present bulky material which would distract the reader if included in the main body of the paper. See APA, 2001, pp 205 ff. for guidance.

6. Although grammar, usage, and mechanics (“G/U/M”) are a “lower-order concern,” they are still very important. All grammar, usage, spelling, and punctuation should conform to good English composition as codified by the fifth edition of the American Psychological Association’s (2001) Publication Manual. Elaine Hacker’s books and handbooks are also a handy and very helpful baseline for good grammar. Follow the APA guidelines when you are uncertain of formatting, style, grammar, or usage.
The Introduction to the Paper [This is a Level 3 heading]

7. In a course paper, the Introduction section should state the question to be answered, the thesis to be argued, or the problem to be solved. If the paper is a special purpose paper (e.g., an annotated bibliography or an interview report), the introduction should make the paper’s purpose clear, and identify the types of issues that will be addressed.

8. The introduction does not have a heading, but is typed immediately below the title, which is typed as a Level 1 heading. The text begins immediately below the title. There is no heading labeled “Introduction” because all papers are assumed to begin with an Introduction.

9. The Introduction should provide a brief background of the main issues involved in the question, thesis, or problem. It should not provide a lengthy theoretical overview of the entire field of study. For example: If the question you are writing about is whether “X” is an effective method of instruction for “Y” students, it is not necessary to go into detail about the history of education or the public school system in America, or to provide detailed socio-cultural descriptions of the students in question. Nor is it needed to discuss in great detail the origin and development of the “X” treatment (or its relationship with any other form of treatment). An acceptable background passage would include a brief description of the problems which make the new treatment necessary, sufficient information for the reader to understand what the “X” treatment consists of and what the problems of “Y” student look like, and a brief outline of why “X” might be useful in addressing the problems of “Y.” These points, while limited in scope, should be supported with citations to the relevant literature. In the introduction, these citations should be given succinctly; they will be more fully elaborated and critically evaluated in the main body of the paper (see below).

10. Next, the Introduction should also state the main points that will be developed in the paper to answer the question, argue the thesis, or solve the problem. The “logic” of the argument should be apparent to the reader. In the case of a special paper (such as a report of an interview, for example), the main themes that will be addressed should be stated. This requirement makes outlining your paper an important step, because creating an outline will assist you in ensuring that your paper indeed has “main points” and that those main points indeed are lined up logically. Make the brief statement of the main points of your argument (in the introduction) follow the order in which the points are handled in the body of the paper.

11. The Introduction should also briefly state the conclusions that the paper will reach, without going into detail about them. In the case of a special paper, there should be a clear statement of what the learner took away from the experience of preparing the paper.

12. Many writers write the introduction after the main body of the paper is finished.


Main Body of the Paper [This is a Level 3 heading; use words appropriate to your topic]
Organization of the body of the paper. [This is a level 4 heading; use words appropriate to your topic, and only capitalize the first word]

14. The organization of the “main body” of the paper should follow the points stated in the introduction. The key is that the main points “line up logically” to support the objective of the paper. Again, an outline will prove helpful. In the case of special papers, the actual assignment may pre-determine the outline.

15. Keep your focus: Stick to the main points stated in the Introduction. Do no go off on tangents. Answer the question, argue the thesis, or solve the problem. Do not introduce unrelated or tangential ideas in the main body of the paper. (See the next point.)

16. Follow exactly the logic and outline you wrote in the Introduction, if you wrote that first. If you will write your introduction last, the faculty highly recommend you have and stick to an outline. If in working on the main body, you come across new information that changes your argument, be sure to revise the Introduction to include the new points.

Literature review section. [This is a level 4 heading; use words appropriate to your topic, and only capitalize the first word]

17. In the main body, you will be describing, evaluating, and drawing conclusions from the literature which you reviewed for this paper and may have mentioned briefly in the introduction. You should present it as follows:
   h. Describe the particulars of the studies (population, approach, methods, findings) or the main points of the theories (key concepts and variables). Remember that your readers did not read the study, so they need to be “brought up to speed” regarding what the study actually did and what it was designed to do.
   i. Evaluate the strength of the research you reviewed. (Example: A study that has a sample of five people is weak when it comes to generalization to an entire population. So its findings should be taken with caution, and you should state that in your analysis. Other factors to evaluate include the correctness of the methods related to the research question, the appropriateness of the instruments, and the logic of the interpretation of the conclusions.)
   j. Discuss the articles’ conclusions in terms of how they support or challenge your own position, which is the focus of the paper.

Evaluation of the literature. [This is a level 4 heading; use words appropriate to your topic, and only capitalize the first word]

18. Critical thinking is crucial in the main body of the paper. Don’t just report studies, evaluate them (see the preceding point). Don’t merely analyze or compare-and-contrast, although those are important – you do them when you report on the studies. Try to synthesize or integrate studies (bring disparate studies together to focus on the same issue) and always evaluate: are the studies you are presenting well designed and logically interpreted? Do they support your point? If they challenge your point, can you show why they fail to do so successfully?

19. Critical thinking also requires that you give your “enemies” (those who see things
differently from you) their due. Search for alternative hypotheses, opposing views, differing explanations. Report these too, and analyze/evaluate their strengths. If the opposing views are stronger and more robust, be humble enough to adopt them or acknowledge them. If you do not adopt them, in the end, explain why not.

*Alternative explanations and approaches.* [This is a level 4 heading; use words appropriate to your topic, and only capitalize the first word]

20. When you have adopted a position (based on your literature review and evaluation), mention alternative explanations, even if the original author(s) failed to do so. This shows high-level critical and creative thinking about the research you are relying on and about your own work.

21. After you finish the main body of the paper, write a brief summary of your main points and a transitional sentence or paragraph looking ahead to the Conclusion section.

22. Your theme in the main body of the paper is “Tell ‘em what you have to tell ‘em.”

*Conclusion Section of the Paper [This is a Level 3 heading; use words appropriate to your topic]*

23. In the Conclusion section, you should once again summarize the main points. This need not be more than one or two sentences (since you did so in the ending of the main body (see [14])). Most important: be sure to answer the question you raised for the paper in a very clear statement. For example, if your paper raised the question, “What approaches to teaching children with ADD are successful in raising the self-esteem of the children,” you should answer it clearly. Don’t leave it to your reader to draw his or her own conclusions. Readers may disagree with your conclusions, but they should know what they are how you came to them. Showing them the “how” is the job of the main body of the paper. Your theme in the conclusion: “Tell ‘em what you told ‘em.”

24. What do your conclusions mean? Offer your interpretation of the meaning of your conclusions about the thesis, your answer to the question, your solution to the problem.

25. Include a sub-section evaluating the strengths and weaknesses (“limitations”) of your paper. Could it be organized in a better way? Might you have explored different literatures if you’d had more time? If you had this paper to do over again, how would you improve it? In a term paper, this discussion need not be extensive, but give evidence that you have considered it. Critiquing your own work is excellent practice for your comprehensives, dissertation, or integrative project.

26. What questions has this paper raised for you that go beyond its topic? Include a sub-section about “recommendations for future study” that proposes questions that you think should be investigated further, problems remaining to be solved (related to your paper), or elements of the thesis that were not argued fully. Again, this need not be extensive, but practice it in every paper you write.

27. Finally, take your final position. Is there anything you want to say about the issues you have discussed in this paper? At the graduate level, it is appropriate to take a
position, to state your own opinion based on the research you have done. Do it here. It is also acceptable to describe any “takeaway” messages you got from doing the project.

28. Be sure to use third person writing throughout the entire paper. Constructions like “This writer found that …” are awkward, but better than the informality of the first person. You may experiment with writing from a strong third-person view – for example, describe what you think as if someone else thinks it: “The researcher found …” or “The author believes …” Some try to make their writing more formal by using “we,” but this is inappropriate and misleading – was there more than one person writing the paper and doing the lit review and evaluation? If there is only one name on the title page, there should not be a “we” writing the paper!

References [This is a Level 1 heading]
[Note: The Reference List must comply with APA 5th Edition (2001).]


Common mistakes in the reference list (per Capella University faculty experience) are:

1 Incorrect capitalization of or failure to italicize titles of books and journals. Capitalize only the first word of book titles (and first word after a colon), and capitalize all main words of Journal title.
2 Incorrect capitalization of journal article titles. Capitalize only the first word (and first word after colon).
3 Incorrect citation of web-retrieved articles.
4 Incorrect italicization of book and journal titles. Italicize only book titles and titles of journals. Edition numbers (in parentheses), chapters, and articles are not italicized.
5 Incorrect use of “&” vs “and” when referencing multiple authors. In reference lists, use ampersand before last author in list.
6 Incorrect use of commas and periods in citations and reference lists (including placing periods before rather than after the author-year citation).
7 Too frequent use of secondary or tertiary sources (textbooks, summary articles, reviews) rather than primary sources (original research or theory). Use primary sources at least 75%.
8 Use of issue number after Volume number in reference to a periodical. Only used if the pages are numbered in each issue starting at 1.
9 Using in-text citations not referenced in Reference List.
10 Using references in Ref list that are not cited in the text.
Appendix/Appendixes [This is a Level 1 heading]

In a course term paper, an Appendix is unlikely to be necessary. Use an Appendix only if the paper refers to some document, instrument, data set, or other material that the reader should be able to see, but which would distract if included in the main text.

Appendix A: Common APA Formatting Rules [Level 1 heading]

This collection does not represent all the APA requirements but these are areas which represent frequent common errors in finals, as reported by faculty instructors across Capella.

Title Page

pp. 296-298. But notice that this template includes information congruent with Capella capstone project title pages, which allows the instructor more easily to contact you about the paper.

Abstract

p. 298. But also see pp. 12-15. Note that at Capella abstracts may exceed 120 words, up to 250 words.

Table of Contents

Not usually required, but may be at the instructor’s preference. If using one, use the “Insert” menu (MS WORD), “Index and Tables…”/“Table of Contents” tab. Recommended: use two heading levels.

Text

pp. 298 – 299

References

p. 299

Appendices

(if you use them) – pp. 299 – 300

Tables and Figures

(if you use them, they must comply to APA rules) – pp. 301-302

Spelling

p. 302

Sample paper

pp. 306-320. Also a Sample Paper included in this Writing Guide (“CoursePaperEXAMPLE”). Look at your paper and review the example, your paper should look very similar. You may not utilize everything illustrated but if you do, look at
the sample.

**Citations** and **References**
Review pp. 207-214 for citations (citations are brief notes which identify sources used in the text) and Chapter Four – Reference List (pp. 215-281) for the rules for the Reference List. Note the two words are different and denote different

**Headings**
(Very important) – pp. 111-115.

**Series**
(seriation of all types – very important) – pp. 115-117

**Quotations**
pp. 117-122.
Section Three: Course Paper EXAMPLE

This section offers an example of a high-quality course paper, of the kind typically required as the final product in a course in Capella University. Some courses require different projects for their final product (such as reports of interviews, mock research proposals, a Methodology Form, and the like), but this is usually the kind of standard-format course paper, analyzing research and theory to answer a question or solve a problem, that is required in most courses. The original paper was written for a course in a psychology program, but its formatting and style can be applied in any School in Capella University.

Different papers can be adapted to this example, of course. All papers, no matter their structure, should have the title page, an abstract, and (if the instructor requires it) a table of contents. All papers should begin with an introduction and end with a conclusion. All papers should use sections and section headings to keep the reader oriented to the logic and organization of the paper. Finally, all papers must follow the APA rules for in-text citations and for the final reference list. For a general template and set of guidelines for all papers, refer to Section 1 of this Guide.

The Example Paper begins on the next page. Note the “Comments” which are attached throughout the paper. They illustrate or draw attention to common APA and usage practices that learners must master. Not everything in the paper is perfect; no paper ever is. However, this is the sort of product that would be well-received by all the faculty in the University, and that would represent high-caliber scholarly work.

Note: In the sample paper, although the topic is learned helplessness and therefore that phrase ought to appear in the manuscript header (on each page, upper right), and the pagination should begin with page 1, due to formatting issues in this Guide, the manuscript header continues to be Professional Communications and Writing Guide and the pagination continues from page 27.
Learned Helplessness and Patient Adherence
in Healthcare Treatment

Name of Learner

Capella University

Margins for the paper: Left 1.5”. Top, Right, & Left 1”

Font size: 12. Style: Times New Roman or Courier

Begin title 3 inches from top of paper

Address:
City, State, Zip:
Phone:
E-Mail:
Mentor/advisor:
Degree: (MS or PhD/PsyD)
Learned helplessness (LH) is a condition that can negatively impact patient adherence to medical treatment. Patient adherence represents a significant factor in the cost-therapeutic-effectiveness index for medical treatment. LH represents an irrational attributional style that results in a patient giving up. Through assessment, LH is readily identifiable. Once identified, LH responds to cognitive-behavioral interventions. Healthcare professionals can also initiate procedures to inhibit the development of LH in the medical setting. Effectively addressing LH in the medical setting can significantly improve the cost-therapeutic-index for medical treatment.
Not usually required, but may be at the instructor’s preference. If using one, use the “Insert” menu (MS WORD), “Index and Tables…”/“Table of Contents” tab. Recommended: use two heading levels.

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<td>Introduction</td>
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<td>Understanding LH</td>
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<td>LH Defined</td>
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<td>Prevention and Intervention</td>
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<td>Cognitive-Behavioral Treatment</td>
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<td>LH and the Medical Setting</td>
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<td>Conclusion</td>
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Learned Helplessness and Patient Adherence in Medical Treatment

Medical patients with chronic conditions can experience many failures in an attempt to control his or her condition. Repeated failures at exerting self-control measures can result in a diminished perception of self-ability to influence the course of a chronic condition. As a result, the patient may develop negative self-appraisals. Negative self-attributions can surpass the impact of the medical condition on the patient's overall level of disability (Turk, 1996). Learned helplessness (LH) in medical patients develops when a patient perceives his or her condition as uncontrollable, feels no current self-control over outcomes, and negatively assesses future events (Peterson, Maier, & Seligman, 1993).

Medical professionals can utilize psychological testing to identify patients who are prone to develop or who currently experience a condition of LH (McKean, 1993). LH is a reversible condition (Henkel, Bussfeld, Moller, & Hegerl, 2002) and most importantly, medical professionals can prevent the development of LH (Faulkner, 2001; McKean, 1993). The psychological impact of the patient's perception of self-control or a lack of self-control influences the effectiveness of pharmacological interventions and overall activity levels; therefore, intervention and prevention strategies can enhance patient adherence and treatment outcome (Turk, 1996).

The theory of LH encompasses three areas. Contingency represents the patient's perception of a lack of control between his or her responses and the outcome of their condition. Cognitively the patient personalizes his or her condition and presents a
negative expectancy for outcome. Because personal responses failed to impact his or her condition and the patient anticipates continued personal failure, behaviorally the patient displays passive behavior as the result of noncontingency (Peterson et al., 1993).

Faced with the perceived uncontrollable events of a chronic medical condition, patients experiencing LH view his or her condition as uncontrollable and see no alternatives to avoid or escape the negative effects of a progressive condition. With no sense of self-control of current and future events, the patient experiences cognitive impairment, which restricts learning adaptive behaviors (Gluck, 1997). In a stimulus-response model, faced with uncontrollable events, the patient learns there is no contingency between his or her response and the undesired outcome (Terry, 2001). Cognitive theory describes helplessness as an unrealistic and negative appraisal of personal competence (Henkel et al., 2002). Seligman (1998) defines LH as quitting or giving up because no personal action will change the current situation.

LH as described in the stimulus-response model differs from LH in the cognitive model. In the stimulus-response model, the stimulus (the uncontrollable medical condition) results in a lack of response (LH). In a cognitive model, the activating event (the medical condition) does not result in a condition of LH. Instead, the patient's belief about his or her medical condition results in LH (Ellis, 1973). Consistent with a cognitive view of LH, patients do not develop LH in response to a chronic medical condition; instead, a faulty belief system predisposes the patient to LH. The patient may experience the uncontrollable onset of a chronic condition but LH is the eventual result of the patient believing he or she has no control over the future outcome of their condition (Henkel et al. 2002).
A patient who believes he or she cannot control a chronic medical condition may begin to develop negative self-attributions of personal incompetence and begin to accept global attributions that no one can alter their condition (Barder, Slimmer, & LeSage, 1994); furthermore, if the patient's negative attributions are stable and global, he or she is more likely to experience recurrent depressive episodes. Patients with tendencies to attribute the causation of multiple life events to a similar source are more susceptible to developing LH (Yee, Pierce, Ptacek, & Modzelesky, 2003). Confronted with a chronic medical condition and failed attempts to improve his or her condition, the patient is more likely to develop global attributions of failure and incompetence.

Global attributions represent a patient's habitual manner of explaining why events occur in life (Seligman, 1998). A negative explanatory style or a generally pessimistic outlook can inflate minor setbacks into significant personal defeats. In Seligman's model of LH, the chronic medical condition is not the sole precipitator of LH. Instead, the patient perceives the medical condition from a global, pessimistic perspective. The chronic medical condition is but one of many uncontrollable life events but the impact of a chronic medical condition may serve as the final overwhelming event that results in the patient giving up.

The role of attributions in the development of LH represents the reformulated model of LH (Peterson et al., 1993). In the reformulated model, causal attributions interact with uncontrollable events that result in LH. Universal helplessness and personal helplessness represent two perceptions of uncontrollability. Universal helplessness occurs when the patient experiences a chronic condition that is terminal and has no cure. All
individuals who experience the disorder die and no one can intervene to change the course or outcome of the condition. Personal helplessness represents an event where a patient with a chronic condition does not improve in therapy but other patients with the same condition do improve. As a result, the patient becomes self-recriminating and develops a diminished self-esteem. In universal helplessness, no one, including the patient, can alter the prognosis. Although helpless, the patient is not self-recriminating and does not experience a diminished self-esteem.

In the reformulated theory of LH, the individual's beliefs or attributions are more significant in the development of LH (Peterson et al., 1993). An extreme experience can result in the development of LH, but LH is more likely to develop as the result of an individual's expectancy of uncontrollability. A patient who expresses a lack of influence or control in multiple life circumstances is likely to apply his or her negative, global attribution to their medical condition. Like all other areas in his or her life, the patient views personal effort as futile because of the expected negative outcome. The patient's expectancy of outcome is now independent of their responses. Not only is the current situation beyond his or her control but the patient now anticipates that all future situations are beyond their control. Again, LH is quitting or giving up because no personal action will change the current situation or future situations (Seligman, 1998).

Global and pessimistic expectancies represent causal factors of LH; however, a patient's causative explanations are not necessarily causal factors (Peterson et al., 1993). A careful analysis of three domains of the patient's casual explanations may indicate vulnerability for LH. The patient attributes the uncontrollability of his or her current condition to personal factors. As stated above, beliefs of personal uncontrollability
indicate low self-esteem. The patient's causal explanations are stable across time. The failure of past and current efforts to impact his or her condition is sufficient to negatively predict future effort. The patient's casual explanations generalize across multiple life areas and are not specifically limited to his or her medical condition.

**LH or Learned Dependency**

Learned dependency resembles LH but learned dependency is an outcome of a learning process. Learned dependency represents a reliance of one individual upon others (Baltes, 1995). Noncontingencies associated with LH impair the individual's ability to form associations between responses and outcomes; thus, negative expectancies of future conditions block learning (Peterson et al., 1993). In learned dependency, the individual may experience physical, social, and/or economic loss, but in return, he or she may gain attention and social contact (Baltes, 1996). Baltes contends that LH is often inappropriately identified in the elderly population. While cases of LH are found in the elderly, learned dependency often results in environments that utilize a medical model where the patient's personal responsibilities are assumed by the care-taking environment.

**Coping Style and LH**

Zhukov and Vinogradova (2002) hypothesized that a difference in genetically based coping styles may explain why some individuals develop LH and others do not. Utilizing genetically bred rats, Zhukov and Vinogradova exposed an active, high avoidance group of rats and a passive, low avoidance group of rats to inescapable shock. The active coping style group attempted to escape the shock. If allowed to escape or even to incorrectly perceive success through activity, the active coping style group did not develop LH. If the active coping style group was prevented from escaping or performing
active behaviors to escape the shock, the rats developed LH. The passive coping style group made no effort to escape and did not develop LH. The researchers concluded that active coping styles will develop LH if deprived of the opportunity to actively escape the shock. In contrast, passive coping styles do not display escape behaviors and therefore, cannot be deprived of the opportunity to escape.

Compared to the passive coping style rats, the active coping style rats had a higher mortality, more behavior problems, and a higher incidence of peptic ulcers. While the need to exert escape behaviors was unnecessary for the passive coping style rats, if the active coping style rats had the illusion their behavior was even slightly successful, they did not develop LH. Active coping styles were characterized by sympathetic activity and passive coping styles by parasympathetic activities (Zhukov & Vinogradova, 2002). Zhukov and Vinogradova identified the passive coping style as resistant to the development of LH.

A Limited Resource Model

Muraven and Baumeister (2000) propose a self-regulation and limited resource model to explain the impact of severe and/or prolonged stress. Self-control requires energy and energy can be depleted. Volition associated with an active coping style requires strength and energy. Strength and energy are limited resources. All efforts of self-control draw upon the same reserves of strength and energy. Situations that require more self-control are subject to a more rapid depletion of resources and ultimately, a breakdown in self-control. Acts of self-control utilize strength and thus, diminish the available reserves of strength available for subsequent acts of self-control. If conditions are favorable, strength and energy reserves are not depleted and with rest, the reserves are
A limited resource model predicts that, confronted with a difficult task, the exertion of self-control diminishes reserves and decreases the potential for success in successive attempts (Muraven & Baumeister, 2000). In the classic model of LH, if efforts of self-control have no impact on outcome, the individual learns a noncontingency between effort and outcome. In the limited resource model, the presence of stress requires multiple acts of self-control. Attention, vigilance, and other behaviors associated with sympathetic arousal require multiple acts of self-control. Each act of self-control draws upon the same sources of strength and energy. When faced with a significant stressor, the individual has less capacity to respond. In the limited resource model, an active coping style, as described by Zhukov and Vinogradova (2002), would require multiple simultaneous acts of self-control. A passive coping style requires less self-control and, therefore, consumes less strength and energy. In an attempt to explain the impact of overwhelming stress, Muraven and Baumeister (2000) propose an exhaustion theory as opposed to LH.

*The General Adaptation Syndrome*

The limited resource hypothesis of Muraven and Baumeister (2000) proposes an exhaustion theory that correlates with Selye's (1984) general adaptation syndrome (GAS). The GAS maintains that stress initiates an alarm reaction in organisms. The alarm reaction represents the mobilization of the organism's resources to cope with the stressor. Organisms are unable to sustain a prolonged alarm reaction. In order to prevent the depletion of resources and death, the organism must shift into an adaptive phase or a resistance phase. The alarm reaction represents a biological "all out" frontal attack. The
resistance phase represents a siege strategy to conserve resources and wear down the enemy. Although an adaptive action to conserve resources, an extended resistance phase eventually depletes the organism's resources (the exhaustion phase). The exhaustion phase is similar to the end of the alarm phase. Resources are exhausted and the organism is unable to sustain action against the stressor. The alarm phase, resistance phase, and exhaustion phase represent a course consistent with evolution.

Selye (1984) explains that the GAS represents two domains. The three phases of alarm, resistance, and exhaustion represent time. Adrenal, thymic lymphatic, and intestinal changes represent space. On exposure, the stress or stressors responsible for the development of LH would initiate the alarm phase of the GAS. If the power of the stressor is sufficient to result in LH, remaining in the alarm phase would quickly deplete resources and result in death. The adaptive strategy is to enter a phase of lower intensity but sustained action.

The stress response represents a physiological mechanism consisting of three components (Selye, 1984). The first component is the direct impact of the stressor. The second component is the mobilization of resources for attack and defense. The third component is the inhibition of unnecessary responses to conserve resources. Reactions to stress consist of attack and retreat or "passive tolerance". The resistance phase represents the organisms attempt to cope with a prolonged stressor. The resistance phase and LH are both characterized by increased adrenal activity (Henkel et al., 2002).

LH and GAS

In LH, the overwhelming event or events would initiate the alarm phase of the
GAS (Selye, 1984). In response, a sustained alarm action would quickly deplete resources and result in exhaustion. In order to maintain a defense, heightened activity of the alarm phase shifts into a resistance phase. Resistance represents a lower intensity reaction to stress that conserves resources and, thus, sustains the defense against the stressor and inhibits the onset of exhaustion and breakdown.

Ellis (1973) maintains that the perceived overwhelming stimulus does not result in LH. Instead, the individual's personal belief about themselves in relation to the overwhelming stimulus results in LH. According to Gluck (1997), LH causes cognitive impairment that restricts learning adaptive behaviors. Seligman (1998) defines LH as giving up as a result of the failure of personal action to change current circumstances.

In LH, failure to change the situation leads to beliefs related to personal ineptness (Peterson et al., 1993). In the GAS model, to prevent exhaustion and death, failure to change the overwhelming stimulus would necessitate shifting from the alarm phase to the resistance phase (Selye, 1984). Failure to change the current circumstances leads to the belief that all future attempts at change are predictably futile (Peterson et al., 1993). Beliefs of personal ineptness may represent adaptive behavior occurring in the resistance phase.

In the resistance phase, activity is decreased to maintain a prolonged defense that reduces the draw upon personal energy and resources (Selye, 1984). Increased adrenal activity characterizes LH and the resistance phase of the GAS (Henkel et al., 2002; Selye, 1984). An increase in adrenal activity indicates an increase in sympathetic nervous system activity and a heightened state of physiological arousal (Tortora, 1994). Faced with an actual or perceived overwhelming stimulus, a high level of activity would rapidly
deplete energy and resources, leading to a state of exhaustion, breakdown, and death (Selye, 1984).

An individual experiencing LH is cognitively passive (Peterson et al., 1993) but maintains physiological arousal indicative of resistance (Henkel et al., 2002). The resistance phase prolongs defensive behavior but eventually energy and resources are depleted and the individual enters the exhaustion phase (Selye, 1984). Cognitive passivity may represent an adaptive response in the resistance phase of the GAS. Cognitively, passivity represents the individual's belief of uncontrollability in response to the overwhelming circumstances (Ellis, 1973). The individual's belief and not the event result in the emotional consequence of LH. The perception of failure and adoption of passivity may represent an adaptive response to conserve energy and resources. In the limited resource model, the presence of stress requires multiple acts of self-control (Muraven & Baumeister, 2000). Active coping necessitates multiple simultaneous acts of self-control and increases the consumption of energy and resources (Zhukov & Vinogradova, 2002). The increased consumption of energy and resources associated with active coping would expedite the transition from the resistance phase to the exhaustion phase. Adaptively, a passive style of coping would consume less energy and resources and prolong the transition from resistance to exhaustion.

**Passive Volition**

Confronted with an overwhelming stressor, volition requires strength and energy, which deplete resources (Muraven & Baumeister, 2000). Volition represents active striving to control the process. In contrast, passive volition represents allowing the process to occur (Peper, 1979a). Zhukov and Vinogradova (2002) demonstrated how
coping styles respond differently to uncontrollable stimuli. Active coping styles attempt to escape. Active coping styles do not develop LH as long as they believe their efforts obtain some success. The effort may have no actual impact on the stressor but accurate or inaccurate, the belief of success prevents the development of LH. Confronted with failure, active coping styles are susceptible to LH.

The passive coping style is not motivated to escape and therefore, makes no effort to escape an overwhelming stimulus (Zhukov & Vinogradova, 2002). Active coping is associated with sympathetic arousal and passive coping with parasympathetic arousal. Active coping compared to passive coping resulted in higher mortality, more behavior problems, and an increase in the incidence of peptic ulcers. Overall, a passive coping style appears resistant to LH.

Zhukove's and Viogradova's (2002) experiment utilized genetically bred rats to produce active and passive coping styles. Developing a general passive coping style in humans may not be acceptable or necessary; however, humans can learn to cope via passive volition (Peper, 1979a). Active coping strives for a successful future outcome (Peper, 1979b). Passive volition maintains a focus on the present and an awareness of the process. Rather than striving to reach the end, learning passive volition is becoming a part of the means that eventually reaches the end.

Passive volition is a necessary process to learn the self-regulation of autonomic functions (Peper, 1979b). Passive volition can be learned and, therefore, does not require a generalized coping style as demonstrated by Zhukove and Viogradova (2002); however, their research indicates that a passive coping style is resistant to LH. Passive volition represents a learned coping strategy that, similar to a passive coping style, increases
parasympathetic activity and may serve to selectively prevent LH (Peper, 1979b).

*Locus of Control and LH*

Peterson et al. (1993) view both locus of control and causal attributions as cognitive constructs that influence and explain individual behavior. Locus of control and causal attributions relate to individual behavior and outcome and may influence individual motivation. Peterson et al. define locus of control as a belief in the type of reinforcement the individual experiences. Reinforcement includes the rewards and punishments of the environment. In contrast, causal attributions refer to the individual's appraisal of life events. Internal in LH refers to how the individual explains the cause of the uncontrollable event.

Accepting an internal causation defines the circumstance as unique to the individual and decreases self-esteem (Peterson et al., 1993). Accepting an external causation defines the circumstance as a condition that could happen to all other people and, therefore, does not affect the individual's self-esteem. An internal locus of control indicates self-responsibility and independence (Grunfeld, Jahanshahi, Gresty, & Bronstein, 2003). An external locus of control indicates abdicating personal responsibility to others and dependence. An internal locus of control is associated with personal passivity and an external locus of control is associated with personal activity. Within this description of causal beliefs and locus of control, an individual with an external locus of control and an internal causal belief views the rewards and punishments in life as something done to them and attaches causation as unique to themselves. An individual with an internal locus of control and an external belief views the rewards and punishments of life as something generated from within and attaches causation as
universal.

Locus of control and LH are not necessarily general in scope or constant in time (Grunfeld et al., 2003; Peterson et al., 1993). An uncontrollable event can alter an individual's locus of control. An individual with an internal locus of control experiences a serious accident resulting in a permanent injury and a chronic pain condition. The patient perceives his or her condition as "why did this happen to me and what did I do to deserve this?" The uncontrollable event is the accident. The accident results in a change in the individual's locus of control from internal to external ("What did I do to deserve this?"). The individual now views the life event as an external punishment applied to them. In addition, the individual internalizes the cause of his or her condition ("why did this happen to me?"). The individual now assumes a personal causal belief. In reverse, the passage of time and/or a change in circumstance can alter the individual's locus of control and causal belief, therefore, resulting in a waning of LH.

The Biological Aspects of LH

In animal studies, rats exposed to inescapable shock experienced a reduction in norepinephrine (NE) levels in the brain (Peterson et al., 1993). A depletion of NE can result in mood alterations and motor deficits (Peterson et al., 1993; Tortora, 1994). The administration of drugs to deplete or block NE resulted in a failure to learn escape behavior as seen in LH. Drugs administered to prevent the depletion of NE as a result of inescapable shock blocked the learning deficit observed in LH (Peterson et al., 1993).

Rats exposed to inescapable shock experience lower levels of gamma-aminobutyric acid (GAMA) as compared to rats that experience escapable shock (Peterson et al., 1993). Lowered levels of GAMA result in anxiety (Peterson et al., 1993;
Tortora, 1994). Similar to NE, drugs that deplete GAMA result in anxiety. Drugs administered to prevent the depletion of GAMA offset the presence of anxiety following inescapable shock and while inescapable shock results in lower levels of GAMA, escapable shock does not. Henkel et al. (2002) report deficits in serotonergic mechanisms in LH. Furthermore, uncontrollable stress appears to increase the activity of the hypothalamo-pituitary-adrenal (HPA) system resulting in an increase in sympathetic activity (Henkel et al., 2002; Tortora, 1994).

Assessing LH

To appropriately assess the risk for developing LH, McKean (1994) emphasizes the need to assess across the three domains of LH. Passivity, giving up, and procrastination are risk factors for LH in the behavioral domain. Low self-esteem, high levels of frustration, and a deficit in problem solving skills are risk factors for LH in the cognitive domain. Dysphoria and a depressed mood following the occurrence of negative experiences are risk factors for LH in the affective domain.

McKean (1994) concludes that preventing and treating LH require a global assessment of LH to understand the interrelationships between the behavioral, cognitive, and affective domains. McKean utilized four tests to assess the risk factors for LH. The Learned Helplessness Scale is a 20-item scale to assess expectations of uncontrollability. The Explanatory Style Questionnaire identifies explanatory styles regarding negative outcomes. The Procrastination Assessment Scale for Students identifies tendencies to procrastinate on tasks related to academic performance. The Beck Depression Inventory identifies depression and specific emotional factors related to LH.

In a study to identify the role of LH in fibromyalgia, Nicassio, Schuman,
Radojevic, and Weisman (1999) utilized a two-hour psychosocial interview; administered the Pain Rating Index of the McGill Questionnaire to measure the sensory, cognitive, and affective components of the patient's response to pain; administered the Fibromyalgia Impact and Assessment Questionnaire to assess the impact of pain during the patient's previous week; and administered the QWB Scale to assess the patient's level of disability as a result of pain over the previous week.

Seligman (1998) focuses on the individual's explanatory style following negative life events. Seligman identifies self-attributions as a reason that strict behavioral principles of stimulus-response better represent animal behavior than human behavior. A continuous reinforcement schedule in animal studies results in a rapid extinction of behavior following the withholding of the reward; in comparison, partial reinforcement sustains behavior much longer before extinction occurs. In contrast, a person who explains the withholding of reward negatively (they have decided not to give me any more rewards) will give up. A person who perceives the withholding of reward with a positive explanatory style (the equipment is broken) will view the absence of reward as temporary and expect the circumstances to change. Human behavior is not simply determined by a schedule of reinforcement in the environment. Humans attach attributions to explain why the environment schedules reinforcement in a particular manner.

The assessment of attributions to identify the risks for developing or the presence of LH necessitates identifying an explanatory style (Seligman, 1998). The assessment of LH in real-world conditions includes assessing across three dimensions: permanence, personalization, and pervasiveness. Permanence represents giving up because of the
belief that the results of bad events are enduring. In contrast, transience represents perseverance because of the belief that the results of bad events are temporary. Personalization represents giving up because the cause of bad events are internalized and characterized by a belief of self-blame. People who externalize the cause of negative events and believe good things result from life circumstances maintain a positive self-esteem. A positive self-esteem promotes a belief of generating positive outcomes.

Pervasiveness represents an individual's propensity to catastrophize. Permanence concerns time and pervasiveness concerns space. A universal negative explanatory style represents a belief that failure in one situation results in failure in many or all situations. A feeling of helplessness can generalize across multiple life events or it can be localized and attributed to a specific event. Generalization contributes to LH and localization inhibits LH. Personalization controls feelings to negative events. Pervasiveness and permanence control the responses to negative events. Pervasiveness indicates the depth of LH and permanence indicates the duration of LH.

Assessing LH to improve patient adherence to treatment requires an effective and efficient assessment procedure. Measuring across the three domains of LH as suggested by McKean (1994) required four tests and only three of the tests are appropriate for the medical setting. Nicassio et al. (1999) utilized three tests and a two hour psycho-social interview to assess LH; furthermore, the tests are limited to use in a pain population. Seligman (1999) utilizes a single instrument devised by Seligman and Teasdale to assess the patient's attributional style.

Assessing across the three domains as prescribed by McKean (1994) represents an effective approach to assessing LH but utilizing three tests in a medical setting is time
consuming for the patient and the medical staff. Also, completing three tests may exceed the endurance capacity of many patients. Utilizing three tests to assess LH increases cost by requiring more materials and staff time to score/interpret the results. Nicassio et al. (1999) also used three tests that are appropriate for the medical setting but their method of assessment represents similar problems with resources and cost found in McKeans (1994) approach. While appropriate for a medical setting, the tests are limited to a pain population and one test is limited to a population with fibromyalgia.

Seligman (1998) utilizes one test to focus on three domains of the patient's attributional style to assess LH. He only focuses on one of the three domains of LH but he considers the cognitive domain as the most important of the three. He utilizes a test with 48 questions. The patient selects one of two responses provided for each question. The test requires approximately 15 minutes to complete and a brief period for scoring/interpretation. Utilizing Seligman's method of assessment offers an efficient and cost-effective approach to identifying risk factors for LH or LH. If Seligman's and Teasdale's test results in a positive finding that identifies a patient's attributional style as consistent with LH, testing the other two domains as suggested by McKeans (1994) may be warranted. Initially assessing the cognitive domain could improve the cost-effectiveness ratio for assessing LH in a general medical population across multiple medical settings.

Prevention and Intervention

Faulkner (2001) identifies the need to assess hospital environments that treat older individuals for patient empowerment and disempowerment. Empowerment is a social process to promote the individual's ability to service personal needs, resolve personal

Numbers in the text 10 and over are numerical; numbers below 10 are written out unless they enumerate something (e.g., Item 3, Test 9). See previous sentence for examples “one” and “three.”

Note parallel structure in the three items: “to service, resolve, and facilitate . . .”
problems, and facilitate a feeling of self-control. Empowerment oriented environments promote activity and renew an interest in life. In contrast, disempowering environments are controlled, do not encourage patient participation in the treatment process, increase dependency, and may contribute to the development of LH. The regular assessment of hospital environments could identify factors contributing to patient empowerment and disempowerment. Results of the assessment process could then be used to adjust program environments to promote patient empowerment. Henkel et al. (2002) state that patients need to internalize a belief of self-efficacy. In addition, patients need to feel a sense of personal control and personal influence over their lives.

Successfully coping and managing difficult circumstances early in life develop personal resilience. Resilience improves an individual's ability to cope with future negative events (Overmier, 2002; Peterson et al., 1993). Treating patients with LH includes teaching the patient beliefs related to personal control in situations initially perceived as uncontrollable (Peterson et al., 1993). Treatment needs to incorporate elevating the patient's mood. Patients need to learn to analyze past failures to identify ineffective strategies and to suggest alternative strategies that enhance a feeling of self-control.

Pessimism versus optimism represents a central personal belief structure that significantly impacts health (Seligman, 1999). Research indicates that LH negatively impacts immune functioning. As previously stated, elevated sympathetic activity is associated with LH (Henkel et al., 2002; Tortora, 1994). A long-term elevation in sympathetic activity negatively impacts and reduces immune system functioning (Irwin & Friedman, 1999). In addition to negatively impacting immune functioning, LH impacts
the time of survival following a diagnosis of cancer and recovery from a heart attack (Peterson et al., 1993).

LH contributes to patient apathy and giving up (Seligman, 1999). A pessimistic attitude inhibits an individual seeking medical intervention and decreases the probability of the patient adhering to medical treatment. The frequency of bad life events is associated with an increase in illness. Individuals with pessimistic attitudes are less likely to initiate preventative strategies to avoid negative life events; therefore, individuals with pessimistic attitudes experience a higher frequency of negative life events. Individuals with pessimistic attitudes are less likely to develop social support which correlates with an increase in illness.

Cognitive-Behavioral Treatment

The theory of LH includes motivation, cognitions, and behavior (Peterson, Maier, & Seligman, 1993). Henkel, et al. (2002) explain that a patient may experience an uncontrollable event but the patient's belief of having no control over the outcome of the situation leads to LH. Seligman (1998) defines LH as the patient believing he or she cannot change their current situation and gives up. The primary intervention to address motivation, cognitions, behavior, and emotion is cognitive therapy. Cognitive-behavioral therapy can serve to treat LH and prevent the development of LH in at risk patients. The goal of therapy is to change the patient's explanatory style.

Changing the patient's explanatory style necessitates identifying the causal explanations. Seligman (1998) underscores the need for the therapist not to automatically accept the most frequent negative explanations but to carefully work with the client to identify the exact negative explanations that contribute to LH. Once identified, the
therapist challenges the patient's explanations to initiate the change process.

In the A-B-C theory of personality in rational emotive behavioral therapy, a patient subject to or experiencing LH maintains irrational beliefs that compose a negative self-explanatory style (Corey, 1996). The patient experiences an uncontrollable event, which serves as the activating event. As a result of the negative beliefs making up the self-explanatory style, the patient suffers the emotional and behavioral consequences of LH. In treatment, the therapist utilizes the scientific method to help patients to detect irrational beliefs, to debate or challenge irrational beliefs, and to facilitate the patient's learning to discriminate between irrational and rational beliefs.

A tenet of rational emotive behavior explains a negative explanatory style results in emotional anguish because the patient places change externally and beyond self-control (Ellis, 1973). Thus, change begins with the patient accepting responsibility as a primary agent in the development and maintenance of LH (Corey, 1996). Next, the patient accepts the belief that the emotional and behavioral consequences of LH can be altered. Once the potential for change is accepted, the patient learns that his or her irrational beliefs are largely responsible for LH. The therapist and patient then work to specifically identify the irrational beliefs that makeup the patient's negative explanatory style. The therapist then works with the patient to challenge and dispute the identified irrational beliefs. The patient is encouraged to understand that hard work can alter his or her irrational beliefs and improve the emotional and behavioral consequences of LH. Finally, the patient learns that utilizing the steps of rational emotive behavioral therapy is a life-long process for altering irrational beliefs, which promotes emotional and behavioral well-being.
LH is often associated with a depressive disorder (Peterson et al., 1993). A comparison of pharmacological intervention and cognitive therapy indicates that both interventions relieve depression; however, participants' negative self-explanatory styles only changed as a result of cognitive therapy. A long-term follow up of patients who participated in cognitive therapy for depression indicated that relapse occurred in patients who demonstrated the least amount of improvement in explanatory styles. Changing explanatory style through cognitive behavior demonstrates a significant improvement in depressive symptoms. Alterations in explanatory style are stable and durable.

Grzesiak, Ury, and Dworkin (1996) highlight the feelings of helplessness associated with depression in patients experiencing chronic pain; furthermore, treating chronic pain patients with tricyclic antidepressants is successful in addressing the patient's depression and chronic pain condition. The researchers note the importance of identifying the temporal relationship between the onset of pain and the onset of depression. Understanding the temporal relationship is an important factor; however, if a chronic pain patient develops LH, the temporal relationship is not as significant as the self-explanatory style of the patient (Seligman, 1998). The chronic pain condition is the activating event but the negative self-explanatory style and not the chronic pain condition results in LH (Corey, 1996). A perception of lack of control and feelings of uncontrollability are frequently associated with chronic pain (Turk, 1996). Turk states that pain severity and feeling of uncontrollability are more highly associated with levels of pain and disability than a disease-related process.

LH and the Medical Setting

Because a patient's efforts fail to impact his or her medical condition, the patient
can begin to anticipate failure as a natural consequence (Peterson et al., 1993). With no alternatives for changing the course of his or her medical condition, the patient may become susceptible to developing LH (Gluck, 1997). A sense of uncontrollability can lead to cognitive impairment and restrict the patient's ability to learn adaptive behaviors. When a patient accepts the belief that personal effort will not facilitate change, he or she may develop LH and give up (Seligman, 1998).

In the cognitive model of LH, an irrational belief system and not the medical condition results in a patient developing LH (Henkel et al., 2002). The belief of uncontrollability is the precipitant of LH. Beliefs of uncontrollability and personal incompetence may lead to the development of a global expectation that no one can or will alter the patient's medical condition (Brader et al., 1994). Negative global expectations can contribute to a patient developing a sense of personal helplessness (Peterson et al., 1993). Patients who should respond to treatment but do not may be experiencing a sense of personal helplessness. Identification of the belief that personal effort will not change conditions across multiple life circumstances is indicative of personal helplessness.

A condition of learned dependency is similar to LH (Baltes, 1995). LH represents a deficit in learning (Peterson et al., 1993) and learned dependency is a learning process that sacrifices personal independence for attention and social contact (Baltes, 1995). Learned dependency is most often seen in the elderly and in treatment conditions where the treatment staff unnecessarily takeover the patient's personal responsibility. While different from LH, learned dependency can facilitate the development of LH.

Patients with active coping styles are likely to develop LH and experience significant health problems when faced with an inability to take action when faced with
an uncontrollable event (Zhukov & Vinogradova, 2002). Patients with active coping styles who can take action and experience some sense of personal influence upon his or her condition are less likely to develop LH. Even if the patient's efforts do not actually impact the course of his or her condition, the belief that personal action does have an impact prevents the onset of LH.

Patients with passive coping styles may be resistant to the onset of LH (Zhukov & Vinogradova, 2002). Patients with passive coping styles focus on the present and focus on allowing the process of treatment to occur (Peper, 1979a). In contrast, patients with active coping styles look to future outcomes and need to feel control of the process. Teaching patients with active coping styles passive volition serves to decrease sympathetic arousal and to increase parasympathetic activity. In Selye's (1984) GAS, a passive coping style consumes less personal energy. The conservation of personal resources prolongs a patient's ability to sustain a resistance to a medical condition (Zhukov & Vinogradova, 2002).

Patients with an internal locus of control and an external causal belief style assume personal responsibility for the gains/losses in life and view causation as something that can happen to all people. In contrast, patients with an external locus of control and an internal causal belief style assign responsibility to others and view causation as something done to just them (Grunfeld et al., 2003). Locus of control is the patient's belief of the origin of life's rewards and punishments (Peterson et al., 1993). LH is the patient's negative causal beliefs regarding an uncontrollable circumstance. Both locus of control and LH are fluid and effectively treating patients necessitates an awareness of the potential for change (Grunfeld et al., 2003; Peterson et al., 1993).
LH is a cognitive condition with physiological consequences. LH reduces NE levels in the brain. A significant reduction in NE can result in mood alterations, motor deficits, and learning deficits. Significant reductions in the levels of GAMA associated with LH can lead to the onset of anxiety (Peterson, et al., 1993). LH increases the activity of the HPA system and results in an increase in sympathetic arousal (Henkel et al., 2002; Tortora, 1994).

Assessing LH in the medical setting requires an efficient and cost-effective approach. Assessing the patient's attributional style is a means to identify the cognitive and most important factor in identifying the risk for developing or the presence of LH. Assessment seeks to identify a negative personal attributional style that is enduring, attributes causation as personal, and predicts failure across multiple life areas (Seligman, 1998). Initially assessing attributional styles as a screening measure could provide a cost-effective manner for assessing LH in the general medical population and across multiple medical practice settings.

Specific strategies can prevent and treat LH. Medical personnel and facilities that work with older individuals and residential populations need to assess for practices and environments that disempower patients and adapt them to empower patients (Faulkner, 2001). Disempowerment removes control from the patient and does not encourage the patient's participation in the treatment process. Empowerment encourages patient participation and personal responsibility in the treatment process. Identifying a patient's negative beliefs related to personal control and then teaching the patient how to alter irrational beliefs into positive beliefs of personal control improves the patient's ability to cope with future negative events (Overmier, 2002; Peterson et al., 1993). In general,
identifying a patient's generalized pessimistic belief style and working with the patient to
develop an optimistic belief style can positively influence the patient's health (Seligman,
1998). LH is associated with increased sympathetic arousal (Henkel et al., 2002; Tortora,
1994), immune system impairment (Irwin & Friedman, 1999), survival time following a
diagnosis of cancer, and recovery from heart attack (Peterson et al., 1993).

Because of the emphasis to address a negative explanatory style in the treatment
of LH, cognitive-behavior therapy can address the cognitive, motivation, behavior, and
emotions related to LH (Seligman, 1998). Cognitive-behavior therapy can serve to treat
LH and to prevent the onset of LH. Rational emotive behavior therapy seeks to identify
the patient's irrational beliefs, to actively challenge the identified irrational beliefs, and to
help the patient learn to discriminate between irrational and rational beliefs (Corey,
1996). Cognitive therapy demonstrates effectiveness in treating depression, which is
significantly associated with LH and produces enduring alterations in attributional style.
In contrast, pharmacological treatment demonstrates similar results in the treatment of
depression but it has no effect on altering a negative attributional style (Peterson et al.,
1993).

Conclusion

Screening for LH is simple and requires minimal patient/staff time (Seligman,
1998). Treatment with cognitive therapy is effective and durable. Preventing,
identifying, and treating LH can have a positive influence on patient adherence to
medical treatment. Physicians can initiate prevention strategies to inoculate patients
against LH. Treating LH improves the probability that a patient will seek needed medical
interventions. Effectively addressing LH can improve a patients' adherence to medical
treatment regimens and improve the patients' efforts to establish and maintain a social support system. Identifying and treating LH could significantly improve the cost-therapeutic-effectiveness index for medical care.


The Literature Review in Course Papers

All scholarly works, including course papers, contain reviews of the literature about their topics. A literature review appears in dissertations as a separate chapter or part (usually Chapter Two). It is integrated into the main body of comprehensive examinations, course papers, and integrative projects (MS programs). A successful literature review will accomplish the following objectives:

- It will identify how the question which the paper will answer (or the thesis it will argue or the problem it will solve) has been studied previously in the relevant literature.
- It will identify, describe, and evaluate each of the studies from which the information is derived to answer the course paper’s question, to argue its thesis, or to solve its problem.
- It will provide support for conclusions drawn about the question answered, thesis argued, or problem solved.

A literature review should adopt the following generic outline, although many variations are acceptable. For course papers, consult with the course instructor if questions arise. Use this Form to help you learn the basics of the literature review, so that you can practice developing strong literature reviews in your course papers, preparing you for success when you get to the comprehensive examination, integrative project, or dissertation.

Please complete your personal information on the next page of the Form, then complete the answers on the subsequent pages. This Form is for your use and practice through all your courses leading up to the Comprehensive Examination (for doctoral learners) and the Integrative Project (for Master’s learners).
Learner and Instructor Information

Type the information in the respective fields; ‘tab’ from field to field.

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Instructions:

1. Insert the cursor within the text box to type in your answers. The boxes expand to any size.
2. Answer each question.
In this Form, each section of a standard Literature Review is described, and then followed by questions to be answered in the text boxes. There are eleven (11) questions to answer. For course papers, you may follow any outline you prefer, but this generic outline will give good practice.

1. The Introduction to the Literature Review Section of the Paper (ordinarily the Main Body of the paper)

The introduction to the literature review states the overall topic of the paper and provides an orienting paragraph so the reader knows what the literature review is going to do. Say how the paper's literature review (main body) section will be organized (what are the main points and in what order do they appear?). Next, describe (briefly) how the literature was surveyed (what specific search methods, such as keywords, were used); provide enough information about search criteria (keywords used, databases searched, libraries accessed and journals investigated, for example) that the reader or evaluator (e.g., the course instructor) can evaluate the thoroughness and accuracy of the review. This should not be more than a page, and will often be shorter, in a course paper.

Before going on, a few words about the "main points" of the paper. Each course paper should answer a single question, argue a single thesis, or solve a particular problem. One identifies the challenge of the paper (What is the question to be answered? What is the thesis to be defended? What is the problem to be solved?) in the introduction to the paper, and works out the answer (or thesis-defense or problem-solution) in the body of the paper. The main body of the paper will typically then have a structure comprising a literature review and a discussion section (in which that literature review is applied to answering the question):

1. It will discuss and show the relevance of a particular theoretical perspective or framework for answering the paper's question, defending its thesis, or solving its problem. This is part of the literature review, and is discussed below in Section 2.

2. It will take sub-parts of the question (or the thesis or the problem) one by one and address the literature that was reviewed for them. These "sub-parts" are the main points of the answer. This is part of the literature review and is addressed in detail in Section 3, below.

3. It will synthesize and critique the literature in order to draw a few substantive conclusions on which to base the final answer, defense, or solution. This also is part of the literature review, discussed in Sections 4 and 5 below.

4. It will discuss the final answer, defense, or solution in detail, including its shortcomings and weaknesses. This is after the literature review, in what is commonly called the "Discussion" section of the paper.

This document addresses the literature review section of a course paper.

When you have completed your search of the relevant research and theory to approach your paper's topic, please complete the following items:
1.A. What are the main points to be addressed in the literature review (review Section 3, below, for more on this topic)? List them in order. *Insert cursor in box; box will expand to accommodate text.* Writing this section should allow you to examine the logic of your main points: Do they "add up" to the argument you want to make? What challenges might someone raise to your logic? What are you missing?

1.B. Describe briefly how the literature was surveyed and accessed - what were the specific search strategies, keywords used, databases searched, libraries accessed, and journals investigated? *Insert cursor in box; box will expand to accommodate text.*

2. *Theoretical Orientation for the Study or Paper*

In this section of the literature review, one cites the major references to support and describe one's theoretical orientation or perspective on the problem. Essentially, the "theoretical orientation" or perspective is one's "point of view" from which one writes the paper. This is very important in all papers. For example, in a course paper on problems in infant cognitive development, one might select Piaget's or Vygotsky's theory to organize the description and analysis; alternatively, one might use attachment theory, nonlinear systems dynamics theory, or a combination of both (as in Siegel, 1999) to organize the discussion. It is usually best to select the most salient or useful theoretical framework to answer the paper's purposes. Do not blur or blend theoretical frameworks unless they can be authentically integrated and unless the objective of the paper is best served by their integration. In that case, include a careful description of all the relevant theories in terms of their major references..

After preparing, please complete the following two items:

2.A. What is (are) the main theoretical framework supporting your research project or course paper? State briefly the main theory(s) you will use to focus your inquiry into your paper's question or thesis. *Insert cursor in box; box will expand to accommodate text.*

2.B. List here, using proper APA form and style, the references you consulted in developing the statement of the theoretical framework. *Insert cursor in box; box will expand to accommodate text.*
3. **Review of Research and Theory Specific to the Topic of the Paper**

Items 3 (review of research and theory), 4 (synthesis of findings in those studies reviewed), and 5 (critique of the methods used in those studies reviewed) may be combined. Here we present them separately to emphasize their individual differences and importance. Learners should decide for themselves whether to present the three elements of the review in separate sections, or integrated. But all three elements are very important to consider in the competent literature review.

**Review of research on the topic.**

How this is organized is important, especially in the dissertation. It can be organized by variables, by factors to be addressed, by elements of the theoretical framework or the research design, or by another principle that makes sense for the argument of the paper. All papers' literature review sections follow some "logic," namely a method of organizing the main points so that they flow logically and support one another (see the answer to Item 1.A, above). The objective of this section is twofold:

1. To provide an overview of the research and theory one has found in the literature searches and which one believes is relevant to the topic;
2. To show the reader the writer's logic in applying the conclusions drawn from the literature to answering the paper's question (or arguing its thesis or solving its problem).

When actually writing the literature review, do not simply string one study after another in a random fashion, even if they are well summarized and evaluated; instead, follow an organizing principle. For instance, in a course paper, the topical question or thesis will suggest the main ideas for which research studies to review. One should be judicious. It is seldom necessary, in a course paper, to completely survey all the background literature on a topic. Instead, one focuses attention on the research and theory articles which specifically and closely address the topic of the paper. In any case, organize the presentation of the background literature according to the logic or main points of your chosen principle of organization.

To gain an understanding of how research should be presented, read the "literature review" sections of a number of research articles. One's reader needs to know the particulars of the studies being presented, which should be selected precisely because they are the ones which offer key support for the main points and variables.

Typically, each study selected should be presented in more or less the same format: First, identify the research question and briefly describe what was being investigated (the "research problem"), who were the participants, what methods were used to collect and analyze the data, what the results and conclusions were, and how they bear on this paper's topic or question. Secondary studies can be presented succinctly, but make sure their inclusion in the literature review makes clear, logical, and obvious sense.

Whatever the organizing principle chosen, follow it strictly and use section sub-
headings to keep the reader oriented. Each section or sub-section should support a conclusion or theme bearing on the overall answer, solution, or argument. The following section is where all these themes or conclusions will be synthesized.

An example of the organizing principle or logic of the literature review.

The paper raises the question whether there is any relationship between childhood traumatic experience and later psychopathology, with particular attention to attachment dynamics. The primary theoretical framework, obviously, will be attachment theory, and so the main literatures to be reviewed and reported will be in attachment theory and in childhood trauma.

In order to answer the question, it is clear that a few sub-questions must be answered:

1. Is there any relationship between childhood attachment styles and trauma?
2. Is there any evidence linking childhood attachment styles and adult attachment styles?
3. Is there any evidence linking attachment styles and adult psychopathology?

The literature being reviewed should answer those sub-questions, and that order of presentation could constitute the "logic" of the paper. A brief statement of that logic might be written as: "First, the relationship between attachment styles and trauma will be shown, followed by a discussion of evidence linking childhood attachment styles with adult attachment styles. Finally, adult psychopathology will be shown to have links, by means of attachment theory, to childhood trauma."

When you are prepared, please answer the following question:

3.A. What is the organizing principle or "logic" you are using in your literature review? Insert cursor in box; box will expand to accommodate text.

4. Synthesis of Research Findings

This is where you pull together the findings and discuss the larger themes, inconsistencies, or relevant patterns based on the research studies you evaluated. Making this section a synthesis of the conclusions (rather than an overall review of the entire articles) allows one to focus only on the conclusions, showing how a number of studies may draw similar conclusions, and analyzing how strongly those conclusions support or do not support one's principle arguments. Look at Bloom’s (1956) work to get a better understanding of this level of critical analysis. In general, here is where your reader will see what the literature leads you to conclude about your own question, problem, or thesis.

For example, in a course paper solving the problem of how to apply a particular educational theory to a problem in instructional design, the synthesis section would lay
out clearly all the conclusions that the reviewed literature reached, and would synthesize
them into a summary conclusion or set of conclusions which could be applied to solve the
problem.

When you are prepared, answer the following questions:

4.A. Write a brief (3-5 sentences) summary of the main argument about your
topic that you have fashioned out of your review of the literature. (You should be
prepared to show how each point in your key arguments is supported by relevant research
and theory reported above.) Insert cursor in box; box will expand to accommodate text.

4.B. List here, using proper APA form and style, the references you consulted to
develop your synthesis of the relevant theory and research on your topic. Insert cursor in
box; box will expand to accommodate text.

5. Critique of research methods

Most writers integrate this section with Section 4, above, because critiquing the
value of the studies' conclusions leads to retaining some and abandoning others in one's
argument. This process of critical evaluation is treated separately for clarity, but writers
are free to combine this process the earlier sections.

The purpose of this section is to examine the quality of the research conclusions
being used in one's argument. It examines the methodological strengths and limitations of
the works reviewed and how those weaknesses, in particular, affect the argument (see
section 4). The section addresses things such the rigor of the studies designs, sampling
errors, size of samples, quality or research instruments, appropriateness of statistical
procedures, and any other issues related to the quality of research.

In a course paper, this section will most likely blend with the presentation of the
previous literature rather than being a separate section. However, it would be good
practice to separate them for clarity, so that readers will understand when one is reporting
and summarizing the relevant research and theory and when one actually is evaluating
and analyzing it.

For example, suppose in the above study of childhood attachment, trauma, and
adult psychopathology, one discovered a string of studies which concluded quite strongly
that there was indeed a clear link between the factors. However, suppose a careful
examination showed that while the designs of the studies were appropriate, each had a
very small sample, limiting the external validity (generalization). However, suppose that
in reflecting on the studies in the aggregate, it became clear to the learner that all the
methods and conceptualizations of the studies were quite similar, that they shared a
common perspective, that in the aggregate the results were very strongly replicated each time, and that no studies contradicted those results. The learner might write, in this section of the literature review, "Although samples were small in all these studies, the regularity of the findings across all the studies and the consistency of the designs and perspectives of the researchers suggest to this writer that the findings should be accepted, at least tentatively. Further studies with larger samples must be awaited before drawing firm conclusions, but for purposes of this paper, these findings will be accepted."

When you are prepared to discuss the strength and relevance of the findings from the studies you reviewed for your paper, please answer this question:

5.A. Identify the strongest and the weakest studies or theory articles in your literature review, from the point of view of supporting your main arguments? For each, make a one-sentence summary of why you believe that particular finding/study supports or does not support your own argument. Insert cursor in box; box will expand to accommodate text. Use proper APA in-text citation form.

5.B. List here the references in proper APA form and style, to the articles cited in the answer above. Insert cursor in box; box will expand to accommodate text.

6. Summary of the Literature Review

This should not be more than a page. It should summarize the conclusions drawn from the literature reviewed, and should give the outlines of the answer to the paper's question, of the main points of the argument supporting the paper's thesis, or the main points of the solution to the paper's problem. Returning to the organizing principle or logic of the literature review, each main point should be reviewed and the synthesized conclusions linked to those main points. This transition section sets up the part of a course paper where the question's answer is fully stated and discussed, the thesis is fully supported with a carefully woven argument, or the problem's solution is spelled out in careful detail.

References
