ARIZONA STATE UNIVERSITY
PROPOSAL TO ESTABLISH A NEW GRADUATE DEGREE

This template is to be used only by programs that have received specific written approval from the Provost's office to proceed with internal proposal development and review. A separate proposal must be submitted for each individual new degree program.

DEGREE PROGRAM

College/School(s) offering this degree: School of Letters and Sciences

Unit(s) within college/school responsible for program: School of Letters and Sciences

If this is for an official joint degree program, list all units and colleges/schools that will be involved in offering the degree program and providing the necessary resources: N/A

Proposed Degree Name: Doctor of Behavioral Health

Doctoral Degree Type: Other

   If Degree Type is Other, provide proposed degree type: Doctor of Behavioral Health

   New professional Doctoral degree It is a practice degree, not a research degree like the Ph.D.

   and proposed abbreviation: (DBH)

Proposed title of major: Behavioral Health

Is a program fee required? Yes ☒   **No** ☐

Requested effective term: Select term and year: Fall 2009
(The first semester and year for which students may begin applying to the program.)

PROPOSAL CONTACT INFORMATION
(Person to contact regarding this proposal)

Name: Ronald R. O'Donnell, Ph.D.   **Title:** Director, Behavioral Health

Phone: 602-942-2247 ext 131   **email:** Ronald.odonnell@asu.edu

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DEAN APPROVAL

This proposal has been approved by all necessary unit and College/School levels of review, and the College/School(s) has the resources to offer this degree program. I recommend implementation of the proposed degree program. (*Note: An electronic signature, an email from the dean or dean's designee, or a PDF of the signed signature page is acceptable.*)

   College Dean name: Frederick Corey

Fred electronic
signature.tif

College Dean signature _____ **Date:** _____**1/23/09**_____

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ARIZONA STATE UNIVERSITY
PROPOSAL TO ESTABLISH A NEW GRADUATE DEGREE

This proposal template should be completed in full and submitted to the University Provost's Academic Council [mailto:curriculum@asu.edu]. It must undergo all internal university review and approval steps including those at the unit, college, and university levels. A program **may not** be implemented until the Provost's Office notifies the academic unit that the program may be offered.

DEGREE PROGRAM INFORMATION

Doctoral: Doctor of Behavioral Health (DBH in Behavioral Health)

If Degree Type is Other, provide proposed degree type: Doctor of Behavioral Health and proposed abbreviation: (DBH)

Proposed title of major: Behavioral Health

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1. **PURPOSE AND NATURE OF PROGRAM**
   A. **Brief program description** (This is a catalog type description of no more than 250 words. Include the distinctive features of the program that make it unique. Do not include program or admission requirements.)

The Doctor of Behavioral Health (DBH) is a new degree to prepare behavioral clinicians to work within an interdisciplinary primary care team. The DBH is an upgrade for master's level clinicians who are interested in working at a doctoral level in primary care. Primary care patients can have untreated behavioral conditions that can result in poor clinical outcomes and increased medical costs related to overuse of medical services. Behavioral interventions in primary care have demonstrated improved clinical outcomes and decreased medical costs. A key recommendation in health care reform is improved integration of medical and behavioral care. Traditional doctoral training does not prepare clinicians with the interdisciplinary knowledge required in integrated care. Programs continue to graduate clinicians into private practice settings not aligned with medical providers. The DBH program reflects a paradigm shift to a curriculum based on:
   - Evidence-based behavioral interventions for primary care
   - Medical literacy in order to understand and consult with the medical team
   - Healthcare economics and policy in order to respond to emerging healthcare reform
   - Business skills such as writing a business plan, marketing and return on investment

The DBH curriculum is unique in that it:
   - Is a cohort based, accelerated program that enables students already holding a clinical Master's degree to complete the DBH in 18 months
   - Replaces the dissertation with a culminating clinically focused project
   - Incorporates practicum experience in primary care settings
   - Integrates clinical and professional affiliated faculty as well as faculty associates who are experts and are directly employed in healthcare environments in the area that they are teaching

The DBH program is also unique in offering the program in a **hybrid-online format**. Approximately one-third of the curriculum in each course is delivered in a traditional classroom setting, and two-thirds is completed in a web-based format. Several different modalities are used to enhance the student's learning, including multimedia presentations, asynchronous discussion boards, and live chats. Travel to campus is required for up to a week for orientation at the beginning of your program, and after that only 2 – 3 times per semester (2 – 3 day sessions), depending on the courses being taught; students will encounter concentrated interactive case-based seminar experiences. (International students will be notified that ASU cannot provide paperwork for student visas per federal law if they are admitted to the program.) Focused clinical practicum experiences are arranged with preceptors and administrators in the

student's local healthcare setting. Rural health and experiences with disadvantaged and multi-cultural populations are encouraged. Graduates of the DBH program will contribute to a societal transformation by leading to improved access to behavioral care, integration of a behavioral provider on the medical team, improved patient outcome and satisfaction, and decreased cost of care.

    B. Total credit hours required for the program:

        84 (Actual total credit hours for post-master's student entering with 30 existing credits will be 54)

    C. Are any concentrations to be established under this degree program? ☐ Yes   ☒ No

2. PROGRAM NEED. Explain why the university needs to offer this program (include data and discussion of the target audience and market).

    1. PROGRAM NEED. Explain why the university needs to offer this program (include data and discussion of the target audience and market).

University/Educational need
There is a gap between the increasing demand for behavioral clinicians to practice in integrated care settings and professional education and training programs to prepare graduates for this profession. Graduates from professional programs in clinical disciplines rarely learn about basic principles of integrated care and even more rarely are trained in the core competencies related to integrated care (O'Donohue in press). At the macro level, behavioral health professionals are typically illiterate in healthcare economics, policy and business skills necessary to understand and proactively respond to the marketplace demand for integrated care (Cummings & O'Donohue, 2007). At the micro level, behavioral professionals do not possess the core clinical skills to work in medical settings. The emphasis in traditional programs is on delivery of specialty behavioral care in practice settings separate from medical settings. Professionals are not exposed to evidence based integrated care practices. Examples of core skills lacking among behavioral professionals include medical literacy, population screening and disease management, consultation liaison skills and working on a medical team, cost-effective interventions such as case management, stepped care, brief and group interventions and the use of e-health such as web based resources and self-help tools. The DBH program will be the first of its' kind in the nation and a leading program in training professionals for transforming primary care practice.

Target audience and market
Results of a recent survey and early marketing show that there is strong interest among practicing behavioral clinicians for a doctoral degree that address the topics listed above with a new DBH degree that incorporates these core competencies. These clinicians are interested in a professional doctorate that will offer the prestige and respect necessary to work with physicians and doctorate nurses in primary care. They are interested in a doctorate that can be completed in a timely manner.. These clinicians are interested in a professional doctorate culminating project consistent with other professional degrees. There is a strong interest in hybrid distance-learning program because many of these clinicians reside across the country with established families and relocation is not feasible. These potential students recognize both the opportunity emerging in primary care for advancing their careers and view the DBH as the only program nationwide that will meet their needs. The DBH program is designed to address each of these current areas of need for professionals who are interested in upgrading their skills to take advantage of emerging opportunities in integrated care.

Marketplace need
The crisis in healthcare cost continues unabated with surveys indicating increasing concern and acceptance of significant healthcare reform by the United States population combined with anticipated proposals for healthcare reform by the new administration of President Barack Obama. There is a clear demand in the marketplace for integrated behavioral health interventions that will both improve the quality and outcome of care but also reduce inappropriate costs related to overuse, underuse and misuse of healthcare resources. Recent policy papers by the Institute of Medicine, Agency for Healthcare Research and Quality, National Committee for Quality Assurance and many others endorse integrated behavioral care as a key component of emerging healthcare reform. Locally, this was also a key recommendation of

Proposal to Establish New Graduate Program

the Arizona Town Hall publication "Health Care in Arizona: Accessibility, Affordability and Accountability" (2007).

A foundation of the DBH program is a focus on evidence based behavioral interventions designed for integrated care settings that have demonstrated significant overall cost savings. In the mid-1950's Nicholas Cummings and associates discovered that 60% of patient visits to a physician were for patients with no known physical disease, or whose medical condition was exacerbated by behavioral conditions (Follette and Cummings, 1967) a finding now firmly established (e.g., Kathol and Gatteau, 2007). Cummings developed behavioral interventions for these patients and reported findings that were subsequently replicated in over 20 NIMH funded studies all of which produced what has been termed *medical cost offset*, in which behavioral interventions reduce medical and surgical expenditures beyond the costs required for the behavioral services (Jones and Vischi, 1979). The DBH program will train clinicians in delivering these and other proven interventions in primary care, in documenting the improved clinical outcome and associated decreases in excessive medical care utilization, and the business skills to market their value added services in negotiation for fair reimbursement. While the details of the next phases of healthcare reform are to be determined in upcoming policy development, it is clear that any provider who can demonstrate both improved health outcomes and decreased cost of care will be in high demand.

Physician need
There is a crisis in primary care related to both a shortage of primary care physicians and a combination of not identifying patients with underlying behavioral conditions, and, when they are identified, applying treatments that do not meet established practice guidelines (American College of Physicians "How is the Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care" 2008). As noted above the DBH program is designed specifically to provide the expertise to fill this role. As graduates with a DBH effectively practice in primary care this will result in a much greater percentage of physician time spent on assessment and treatment of actual physical disease as patients with physical symptoms driven by behavioral conditions are appropriately triaged to the behavioral care provider. This will in effect contribute to a transformation of primary care healthcare delivery and will be a significant factor in addressing solutions to the shortage of primary care physicians.

3. **IMPACT ON OTHER PROGRAMS.** List other academic units that might be impacted by the proposed program and describe the potential impact (e.g., how the implementation of this program might affect student headcount/enrollment, student recruitment, faculty participation, course content, etc. in other programs). Attach letters of collaboration/support from impacted programs.

   The program is not expected to have a significant impact on other academic programs. This is a unique doctoral program that is not anticipated to significantly impact students interested in other existing doctoral programs. Impact statements have been completed for two areas that also focus on delivery of behavioral interventions in primary care or medical settings: 1) College of Nursing and Healthcare Innovation, and; 2) School of Social Work.

4. **PROJECTED ENROLLMENT** How many new students do you anticipate enrolling in this program each year for the next five years? Please utilize the following tabular format.

5-YEAR PROJECTED ANNUAL ENROLLMENT					
	1st Year	**2nd Year** (Yr 1 continuing + new entering)	**3rd Year** (Yr 1 & 2 continuing + new entering)	**4th Year** (Yrs 1, 2, 3 continuing + new entering)	**5th Year** (Yrs 1, 2, 3, 4 continuing + new entering)
Number of Students Majoring (Headcount)	30	60	60	60	60

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5. **STUDENT LEARNING OUTCOMES AND ASSESMENT**
   A. **List the knowledge, competencies, and skills** students should have when they graduate from the proposed degree program. (You can find examples of program Learning Outcomes at (http://www.asu.edu/oue/assessment.html).

      Please see section 5.B. below.

   B. **Describe the plan and methods to assess** whether students have achieved the knowledge, competencies and skills identified in the Learning Outcomes. (You can find examples of assessment methods at (http://www.asu.edu/oue/assessment.html).

   Learning Outcome #1: The students must demonstrate knowledge of healthcare systems, economics, finance and policy and population-based health management as applied to integrated care settings.

Assessment:
   1. The students must complete, with a grade of B or better, a 3-credit core course (DBH 712) and the 3-credit *Capstone Clinical Project* course.
   2. The student must complete a population-based intervention that will consist of screening of a target population, outreach to the population (e.g., telephonic, e-mail or face-to-face) and engagement of at least 25% of targeted patients.
   3. The student must complete a *Capstone Clinical Project* paper that reports on the results of an intervention based work in their practicum or other applied clinical setting that shows how the patient population, intervention and process of intervention are related to current health care policy, systems and finance.

Learning Outcome #2: The students must demonstrate understanding of basic business principles and the ability to create a business case based on behavioral interventions in an integrated care setting.

Assessment:
   1. The students must complete, with a grade of B or better, a 3-credit course (DBH 710) and the 3-credit *Capstone Clinical Project* course.
   2. The students must demonstrate the ability to complete a business case as part of their *Capstone Clinical Project* that includes definition of the target population, the intervention(s), how the impact of the intervention was measured (e.g., outcome questionnaire) and the results of the intervention, including the intervention cost.

Learning Outcome #3: The students must demonstrate proficiency in the use of evidence-based behavioral care interventions for primary care/medical settings, including the Biodyne model, including methods of initial assessment and diagnosis, matching evidence-based practice to patient unique case-mix, demographic and diagnostic presentation.

Assessment:
   1. The students must complete, with a grade of B or better, the 3, 3-credit courses on Evidence-based practice, (DBH 704, DBH 706 and DBH 708) with a grade of B or better, and the sequence of 5 practicum courses (DBH 780, 9 credit hours total) with satisfactory ratings from both the ASU clinical supervisor and the practicum site supervisor(s).
   2. The students must demonstrate the ability to verbally present and discuss a case formulation in individual and/group supervision that includes results of assessment, diagnosis, psychosocial/case-mix variables and planned intervention based on demonstrated knowledge of evidence-based practice.
   3. The student must demonstrate the ability to use measures of treatment outcome, such as clinical status questionnaires, patient satisfaction surveys, treatment alliance measures, etc., with repeated measures during the course of treatment and the ability to modify intervention(s) based on course of treatment to case closure.

Learning Outcome #4: The students must demonstrate knowledge and understanding of clinical medicine and pathophysiology, neuroanatomy and neurology, physiological psychology and the ability to develop

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effective consultation liaison relationships with physicians, nurses and other allied healthcare professionals in a medical team setting.

Assessment:
1. The students must complete, with a grade of B or better, the 3, 3-credit core courses in medical literacy (DBH 604, DBH 606, and Neuroanatomy/neurology course) with a grade of B or better, and the sequence of 5 practicum courses (3, 3-credit semester and 2, 1-credit summer sessions) with satisfactory ratings from both the ASU clinical supervisor and the practicum site supervisor(s).
2. The students will demonstrate at minimum, satisfactory ratings of medical knowledge based on formal surveys of medical team members (e.g., physicians, nurses) that will be conducted at least annually in practicum sites.
3. The student must demonstrate the ability to verbally present and discuss a case formulation in individual and/group supervision that demonstrates knowledge of, attention to assessment of and treatment planning for co-morbid medical conditions and lifestyle contributors to chronic medical illness.

Learning Outcome #5: The students must demonstrate knowledge of the scientific method as it applies to behavioral research study design, methods, evaluation of results and conclusions as intelligent consumers of science. The students must demonstrate the ability to identify, implement and evaluate evidence based practice for behavioral conditions in primary care based on principles of quality improvement.

Assessment:
1. The students must complete, with a grade of B or better: the two core courses (DBH 712, DBH 714) and the 3-credit *Capstone Clinical Project* course.
2. The students must demonstrate the ability to verbally present and discuss a case formulation in individual and/group practicum supervision that demonstrates the ability to critically evaluate evidence based research as a component of treatment planning and evaluation.
3. The students must demonstrate the ability to complete a critical review of evidence based research as part of their *Capstone Clinical Project*.

6. **ACCREDITATION OR LICENSING REQUIREMENTS (if applicable).** Provide the names of the external agencies for accreditation, professional licensing, etc. that guide your curriculum for this program, if any. Describe any requirements for accreditation or licensing. There is no requirement for licensing or accreditation. The primary market for this degree is individuals who are already licensed through professional master's degrees.

7. **FACULTY, STAFF AND RESOURCE REQUIREMENTS**
   A. **Faculty**
      i. **Current Faculty.** List the name, rank, highest degree, area of specialization/expertise and estimate of the level of involvement of all current faculty who will teach in the program.

      Ronald O'Donnell, Ph.D., Psychologist, full-time. Primarily program management with responsibility teaching 1 course/semester.
      Janet Cummings, Psy.D., Psychologist, half-time. Responsible for teaching 2 courses/semester
      Michael Shafer, Ph.D., Director, Center for Applied Behavioral Health Policy
      Bernadette Melnyk, Ph.D., RN., CPNP/NPP, FAAN, FNAP, Dean, College of Nursing and Healthcare Innovation
      Pamela Swann, Ph.D., Chair of the Executive Committee of the Interdisciplinary Ph.D. Degree Program in Physical Activity, Nutrition and Wellness.
      Linda Vaughn, Ph.D., R.D., Associate Dean, School of Applied Arts and Sciences

      Additional current faculty from College of Nursing will teach selected core and restricted elective courses that are already existing courses in those departments.

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ii. **New Faculty.** Describe the new faculty hiring needed during the next three years to sustain the program. List the anticipated hiring schedule and financial sources for supporting the addition of these faculty.

- 1 open position for one full-time, clinical faculty (psychologist). Responsible for teaching 2 courses per semester, conducting research and practicum student supervision. Hiring schedule fall 2009
- Part-time, professional affiliated faculty will be hired for select courses and these faculty will be hired with the provision that they are working (i.e. making a living) doing the type of work they are teaching. Hiring schedule fall 2009, approximately one professional affiliated faculty course per semester.

Financial support for new faculty is provided through seed funding from a Foundation, tuition and fees (see 7. B. "Resource requirements" below).

iii. **Administration of the program.** Explain how the program will be administered for the purposes of admissions, advising, course offerings, etc. Discuss the available staff support.

Executive Committee:
The activities and requirements for the DBH program will be determined and overseen by the DBH Director, Associate Director, and an Executive Committee. The Executive Committee will include representatives from the School of Letters and Sciences, School of Nursing and Healthcare Innovation and Center for Applied Behavioral Health Policy that are related to the mission and objectives of the DBH program and non-ASU community representatives interested in integrated behavioral care. The role of the Executive Committee is to provide curricular oversight and review admissions recommendations.

Administrative support:
Administrative support for the program will be provided by the School of Letters and Sciences. Fifteen percentage of the program budget will be reserved for financial aid. Administration of financial aid will be overseen by the Executive Committee.

B . Resource requirements to launch and sustain the program. Describe any new resources required for this program's success such as new staff, new facilities, new library resources, new technology resources, etc

Seed funding from the Nicholas and Dorothy Cummings Foundation. The Cummings Foundation gifted a total of $307,800 to the ASU Foundation for start-up costs of the program (e.g., faculty salaries, marketing). It is anticipated that the program will be self-sufficient by the end of year two.

Program fees. Program fees totaling $15,000 per academic year have been approved by the Board of Regents and will contribute to a favorable budget variance of the program extending beyond the start-up phase to steady-state operations.

8. **CURRICULAR STRUCTURE OF THE PROPOSED PROGRAM**
   A. **Admission Requirements** The requirements listed below are Graduate College requirements. Please modify and/or expand if the proposed degree has additional admissions requirements.
       i. **Degree.** Minimum of a master's degree in behavioral health or a closely related field from a regionally accredited College or University in such areas as Social Work, Counseling, Marital and Family Counseling.

   ii. **GPA.** Minimum of a 3.00 cumulative GPA (scale is 4.0=A) in the last 60 hours of a student's first bachelor's degree program Modify or expand, if applicable:

   Minimum of 3.00 cumulative GPA (scale is 4.0 = A) in the applicable Master's degree in behavioral health or in areas such as Social Work, Counseling, Marital and Family Counseling.

iii. English Proficiency Requirement for International Applicants. If applicable list any English proficiency requirements that are higher than and/or in addition to the Graduate College requirement. (See Graduate College policy and procedures http://graduate.asu.edu/admissions/international.html#proficiency):

iv. Required Admission Examinations. ☐GRE ☐GMAT ☐Millers Analogies

☒ **None required**

v. Application Review Terms. Indicate all terms for which applications for admissions are accepted and the corresponding application deadline dates, if any:

☒ Fall Deadline (month/year): June (6/09)

☐ Spring Deadline (month/year): NA

☐ Summer Deadline (month/year): NA

B. Degree Requirements. Below provide the curricular requirements for the proposed degree program.

i. *Total credit hours (cr hrs) required for the degree program*:

84 credit hours (students may utilize 30 credit hours from a previously awarded master's degree if applicable)

ii. Core courses. List all required core courses and total credit hours for the core (required courses other than internships, thesis, dissertation, capstone course, etc)**.** Omnibus number courses can not be used as core courses. Permanent numbers must be requested by submitting course proposal to ACRES for approval.

Total cr hrs for required core courses: **33 cr hrs**

Course prefix & number	Course title	Credit hours	New course?
DBH 704	**Evidence-based Behavioral Interventions I: Psychiatric and Substance Use Disorder Treatment in Primary Care**	3	Y ☒ N ☐
DBH 706	**Evidence-based Behavioral Interventions II: Medical, Co-morbid and Specialty Behavioral Conditions**	3	Y ☒ N ☐
DBH 604	**Clinical Medicine/Pathophysiology**	3	Y ☒ N ☐
DBH 712	**Population-based Health Management**	3	Y ☒ N ☐
DBH 718	**Healthcare Systems, Organization, Delivery and Finance**	3	Y ☒ N ☐
DBH 720	**The Behavioral Health Business Entrepreneur**	3	Y ☒ N ☐
DBH 714	**Quality and Performance Measurement, Improvement and Incentives in Healthcare**	3	Y ☒ N ☐
DBH 560	**Neuroanatomy/Neurology**	3	Y ☒ N ☐
DBH 606	**Physiological Psychology**	3	Y ☒ N ☐
DBH	**Evidence-based Behavioral Interventions III:**	3	Y ☒ N ☐

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710 DBH 610	**Advanced Topics**: **Psychological and Neuropsychological Assessment for the Behavioral Care Provider in Primary Care**	3	Y ⊠ N ☐

(Please expand table as needed. Right

iii.   Elective Courses

Students must select elective courses from each of three categories of restricted electives as described below:

Total cr hrs for program electives: 9

1. At least one course (3 credit hours) selected from each of the two categories below:
   - Principles of evidence-based care
   - Psychopharmacology

Provide a sample list of elective courses:

Course prefix & number	Course title	Credit hours	New course?
Evidence Based Practice and Study Design (Choose at least one)			
DNP 704	Understanding and Applying Principles of Evidence Based Care in Advanced Practice	3	Y ☐ N ⊠
DNP 705	Generating Internal Evidence and Validating Application through Outcomes Management	3	Y ☐ N ⊠
DNP 707	Disseminating Evidence to Advance Best Practice in Healthcare and Healthcare Policy	3	Y ☐ N ⊠
DBH 702	Research Design/Scientific Method as an Educated Consumer of Science	3	Y ⊠ N ☐
DBH 612	Innovative Technologies in Behavioral Health intervention.	3	Y ⊠ N ☐
Psychopharmacology (Choose at least one)			
DBH 608	Psychopharmacology for the Behavioral Care Provider	3	Y ⊠ N ☐
DNP 672	Psychopharmacology Across the Lifespan	3	Y ☐ N ⊠
DNP 691	Applied Pharmacotherapeutics	3	Y ☐ N ⊠

(Please expand table as needed. Right click in white space of last cell. Select "Insert Rows Below")

iv.   **400-Level Courses.** No more than 6 credit hours of 400-level coursework can be included on graduate student program of study.
  1. Are 400-level ASU courses allowed on student program of study for this degree?   ☐ Yes   ⊠ No

v.   **Additional Requirements (if applicable).** Provide a brief description of any additional requirements (e.g. internships, clinicals, field study, etc.**)**

Students will complete a practicum as a key experiential feature of the program, according ongoing exposure to a functioning medical setting. The practicum will be a community based medical setting such as a primary care office, medical center or hospital. The students will participate in the practicum each semester during the program. The practicum experience will be structured to begin with exposure to relatively common behavioral conditions and tie instruction in advanced behavioral and co-morbid medical and behavioral conditions to exposure to more

complex cases. Students will be supervised in practicum courses by an ASU faculty and in their practicum setting by a practicum supervisor.

Total cr hrs for other required courses: **9 cr hrs**

List course info for any additional requirements (e.g. internships, clinicals, field study, etc.)

Course prefix & number	Course title	Credit hours	New course?
DBH 780	Practicum year 1 fall and spring semesters	5 total	Y ☒ N ☐
DBH 780	Practicum Summer 1 and 2	2 total	Y ☒ N ☐
DBH 780	Practicum year 2 fall semester	2 total	Y ☒ N ☐

(Please expand table as needed. Right click in white space of last cell. Select "Insert Rows Below")

vi. *Total cr hrs required for research (if applicable)*: NA

vii. **Culminating experience** for the proposed program (please check all that apply and provide requested information): **3 cr hrs**

	Required?	Brief description of the applied project or the capstone course, as applicable.	Course prefix and number	Credit hours
Thesis (master's only)	☐			
Applied Project (master's only)	☐			
Capstone course (master's only)	☐			
Dissertation (doctoral only)	☐			
Culminating project (doctoral only)	☒	DBH 620 Capstone Clinical Project Based on their practicum experiences, students will be required to submit a final paper that reports on the planning, implementation, results and discussion of a behavioral intervention. This report will cover topics of population definition and measurement, evidence based practice utilized, outcome measurement and estimated cost of intervention. In addition the report must provide a discussion on the relevance of the intervention to health policy, economics and trends.		3 cr hrs

(Please expand table as needed. Right click in white space of last cell. Select "Insert Rows Below")

Credits completed at ASU: **54**
Credits from a previously awarded master's degree: 30
                                        Total: **84**

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If applicable, provide the following information about any concentration(s) associated with this degree program. Please attach a sample program of study with timeline for each concentration listed below.

Not Applicable

viii.   **For Doctoral Degrees, indicate the Master's Degree Credit Allowance:** If approved by the student's supervisory committee, does the program allow up to 30 credit hours from a previously awarded master's degree to count towards the degree requirements for this doctoral program?   ☒Yes or ☐No

ix.   **Committee:** Required Number of Thesis or Dissertation Committee Members (must be at least 3 including chair or co-chairs): N/A

x.   **Foreign Language Exam.**
Foreign Language Examination(s) required? ☐Yes ☒ No

If yes, list all foreign languages required:

xi.   **Course Prefix(es)** Provide the following information for the proposed graduate program.
a.   Will a new course prefix(es) be required for this degree program?
Yes ☒ No ☐
b.   If yes, complete the [Request for establishment of a new prefix](#) for each prefix and submit with this proposal**.**

Completed, new prefix is **DBH**

xii.   **New Courses Required for Proposed Degree Program.** Provide course prefix, number, title, and credit hours and description for any new courses required for this degree program.
DBH

Course prefix & number	Course title	Credit hours
DBH 704	**Evidence-based Behavioral Interventions I: Core Skills**. The Biodyne model of brief focused psychotherapy. How to succeed as a Behavioral Care Provider in the primary care setting. The Transtheoretical Model and Motivational Enhancement in Healthcare settings. Population based case management, disease management and coaching. Stepped care. Survey of evidence based care for depression, bi-polar, anxiety and panic, substance use disorders, somatizers. Case presentations and classroom discussion.	3
DBH 706	**Evidence-based Behavioral Interventions II: Medical, Co-morbid and Specialty Behavioral Conditions.** Behavioral medicine interventions for common chronic medical conditions. Co-morbid medical and behavior conditions. Lifestyle interventions (e.g., diet, exercise, stress management).	3
DBH 710	**Evidence-based Behavioral Interventions III: Advanced Topics**. Systems-level approaches to behavioral interventions: Couples and family interventions; workplace consultations (e.g., EAP); school consultation (child/adolescent).	3
DBH 604	**Clinical Medicine/Pathophysiology**. Overview of pathophysiology and medical treatment of common	3

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	medical conditions in primary care (e.g., diabetes, coronary heart disease, hypertension, asthma, cancer, etc.). Emphasis on pathophysiology, common medical treatments and common co-morbid behavioral conditions.	
DBH 712	**Population-based Health Management**. Epidemiology and trends in medical/behavioral utilization/cost. Disease management for chronic conditions. Predictive modeling, clinical decision support and stepped care models. Screening, assessment and intervention. Outcomes management. Patient engagement and retention strategies: transtheoretical model and motivational enhancement. Measurement of medical cost, intervention, medical cost offset and return on investment. Technology (email, web tools, outcome measures) in disease management.	3
DBH 718	**Healthcare Systems: Organization, Delivery and Financing.** Hospitals, primary and ambulatory care. Mental health and substance abuse. Health care workforce. Public health and the role of government in health care. Managed care. Healthcare economics and finance. Healthcare research and performance. Market forces in healthcare. The healthcare crisis and healthcare reform.	3
DBH 720	**The Behavioral Health Business Entrepreneur.** Management principles business strategy. Writing and presenting a business plan. Basic accounting and finance. Business law and government regulation. Venture capital and investment. Small business start-up. Contracting. The healthcare business case: establishing baseline utilization/costs, intervention costs, projected savings and return on investment/medical cost offset.	3
DBH 606	**Psychopharmacology for the Behavioral Care Provider** Overview of psychopharmacology in order to provide understanding of psychotropic medications necessary to make prescription recommendations to the physician and to participate in medication management for patients being prescribed psychotropics. Basic principles of psychopharmacology, special populations and co-morbid condition medication management strategies.	3
DBH 560	**Neuroanatomy/Neurology**. Foundations of neuroscience, sensory and motor systems, brain and behavior, the changing brain.	3
DBH 608	**Physiological Psychology** (Relationship of brain and behavior; psychoneuroimmunology; endocrine system and behavior.	3
DBH 702	**Research Design/Scientific Method** Training behavioral clinicians as consumers of science with ability to critically evaluate publications on dimensions such as research design, statistical analyses, presentation and interpretation of results and conclusions reached.	2
DBH 714	**Quality and Performance Measurement, Improvement and Incentives in Healthcare.** Total Quality Management and evidence based medicine. Performance measurement. Oversight and accreditation agencies. Health Informatics. Pay for performance and value-based medicine. Current and alternative funding sources. Distribution of rewards. Design, implementation, monitoring and evaluation of pay for performance. Health	3

Proposal to Establish New Graduate Program

	care reform and performance incentives.	
DBH 612	**Innovative Technologies in Behavioral Health.** A professional online presence and web site. Phone and web assisted assessment and intervention (email, group e-chat, web self-help tools, podcasts). Electronic practice management and the electronic medical record. Electronic outcomes management and quality improvement reporting. Technical, ethical, legal and privacy standards.	3
DBH 610	**Psychological and Neuropsychological Assessment** Basics of neuropsychological evaluation and intervention including screening and brief assessment techniques in primary care and overview of referral guidelines and interpretation of full psychological and neuropsycholgical assessment batteries.	3
DBH 620	**Capstone Clinical Project** Final paper that provides an analysis and synthesis of the projects undertaken during the student's clinical practicum experiences. The paper must cover areas such as outcomes, quality improvement, pilot program to be completed, etc..	3

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MEMORANDUM

DATE: January 29, 2009

TO: Elizabeth D. Capaldi
             Executive Vice President and Provost of the University

FROM: Frederick C. Corey
             Dean, University College
             Director, School of Letters and Sciences

RE: Doctor of Behavioral Health

Please accept this letter of support for the proposed Doctor of Behavioral Health degree program in the School of Letters and Sciences. The proposed degree is consistent with ASU's strategic plan in that it will produce graduates who are transdisciplinary practitioners of behavioral health. The students will be knowledge entrepreneurs prepared to benefit society.

In consultation with the Curriculum Committee in the School of Letters and Sciences, I support the Doctor of Behavioral Health degree without reservation.

CC: I. Bloom, Chair, Curriculum Committee

From: <mark>Mary Gillmore</mark>
Sent: Monday, January 26, 2009 2:58 PM
To: Ronald O'Donnell
Subject: RE: Doctor of Behavioral Health Program and support from School of Social Work

Dr. O'Donnell:

I have reviewed the concept for developing a new graduate degree, the Doctor of Behavioral Health. It will not compete with our Ph.D. degree as our doctoral degree is a research-oriented, not a practice, degree. There may be some redundancy between your new program and our existing Master of Social Work Health/Behavioral Health specialization, and graduates of both programs may compete for some of the same jobs (social workers provide the lion's share of front-line mental health services in the U.S.), but the narrow focus of the new degree will lessen these impacts. Because of that, and because of the acute shortage of persons providing mental health services, we support the new degree program. We have a number of courses that might serve as useful electives for students in this new program including:

SWG 501: Human Behavior in the Social Environment
SWG 533 Diversity & Oppression
SWG 606 Assessment of Mental Disorders
SWG 554 Substance Abuse
SWG 660 Clinical Supervision (On-line)
SWG 598 Mental Health and Aging (On-line)
SWG 591 Introduction to Behavioral Health Services (On-line)
SWG 654 Introduction to Sexual Abuse Issues
SWG 656 Treating the Whole Person
SWG 598 Lesbian/Gay Issues (On-line)
SWG 591 Quality of Life

Descriptions of these courses are available on our web site: http://ssw.asu.edu. We hope that you will permit our students to enroll in your new courses as well.

I wish you the very best with this new program.

Mary Gillmore

From: Ronald O'Donnell
Sent: Wednesday, January 21, 2009 12:33 PM
To: Mary Gillmore
Subject: Doctor of Behavioral Health Program and support from School of Social Work

Dr. Gilmore,

I'm a new ASU faculty member and director of a new graduate degree, the Doctor of Behavioral Health, or DBH. Here is our web site for additional information: http://sls.asu.edu/dbh
Our program is designed for Master's level behavioral health clinicians who are interested in upgrading to a doctoral degree with a focus as working as a behavioral clinician on a primary care team. The program is designed to meet the need for improved integration of medical and behavioral care.

I was referred to you by Mike Shafer. He is a key member of the DBH Implementation Team. In a meeting yesterday with my Dean, Fred Corey, and Maria Allison it was recommended that I obtain an "impact statement" from the School of Social Work that documents your review and support for our

new program. This could be in the form of an e-mail, memo, etc. Unfortunately I have a very tight time frame of this being complete by next Tuesday, January 27

In addition, I am interested in seeing if any of your faculty are interested in joining the faculty of the DBH program in order to offer support and guidance. For my proposal I have a time frame of initial Faculty being named by next Monday, January 26.

Finally, I'm interested in exploring if there are courses taught in the School of Social Work that could serve as electives in our program.

I understand that these are very tight time frames and I also heard from Mike that you are in the midst of a site visit by an accreditation agency. I will be happy to make myself available to you or a designate from you area to complete the impact statement and explore potential faculty or courses for the DBH program. I apologize for this rushed introduction and look forward to meeting with you at a time that is convenient to discuss areas of collaboration in greater detail. Thanks in advance for any support you can offer on these items.

Sincerely,

Ron

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