

All Standards

University of Colorado at Colorado Springs Department of
Psychology

Produced on 04/23/2021

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
2. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.A.1

Description

Health Service Psychology.

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Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

- [Provide a very brief orienting statement of the program's mission and aims. More specific detail regarding your program's aims and required competencies will be requested in Standard II.
- [Briefly describe the means by which the doctoral training achieves an integration of science and practice.
- [Briefly describe how training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training. Training refers to all aspects of the curriculum, including coursework, practicum, research and any other major program requirements.

Provide a very brief orienting statement of the program's mission and aims. The Ph.D. program in clinical psychology at the University of Colorado at Colorado Springs (UCCS) offers doctoral training and education in health service psychology. A central goal of the program is to prepare students for the practice of health service psychology.

Briefly describe the means by which the doctoral training achieves an integration of science and practice. The clinical program at UCCS follows the scientist-practitioner model of training in clinical psychology, commonly referred to as the Boulder model (Belar & Perry, 1992). Under this model, health service psychologists are trained to be both scientists and practitioners with the goal of enhancing the reciprocal influence of science and practice. Indeed, two core guiding philosophies shape our training program: (1) the scientist-practitioner model's emphasis on the integration of science and practice, and (2) the value of focusing on underserved populations (e.g., aging individuals and their families, and trauma survivors) within the context of broad and general training. The scientist-practitioner model is an invaluable foundation because it lays the groundwork for competent practice by immersing students in the linkage between science (e.g., generating understanding of human behavior, psychopathology, effective assessment and interventions) and practice. The scientist-practitioner model is endorsed and modeled by the clinical faculty in their practice, scholarship, and classroom instruction. Notably, each clinical faculty member is actively involved in both research and professional activities. The integration of science and practice requires solid knowledge and skills sufficient to perform professional functions successfully in science and practice, an appreciation of their interdependence, and the capability of bridging what is often perceived as a gap between practitioners and scientists. All faculty in the department, whether they are psychological science psychologists or clinical psychologists, support the model by serving as research mentors to our students. Collaborations between clinical faculty members and psychological science faculty members facilitate the modeling of the strong linkages between basic and applied research, as needed by both scientific and practice professions.

We believe that the optimal preparation of health service psychologists follows a model in which training is undertaken in both clinical services and scientific inquiry. Our aim is to teach students how to practice within the profession in ways that are informed by, and contribute to, scientific knowledge. We also aim to teach students how to conduct research that is informed by, and contributes to, clinical practices. In our program, science and practice are viewed as complementary and interdependent. We implement these aims in many specific ways including 1) teaching students empirically-derived strategies for interviewing, assessing, and intervening to treat individuals with mental disorders and foster human well-being, 2) integrating clinical services with research on processes and outcomes of those services as well as the basic science questions about behavior at the UCCS Aging Center (AC) or the Veterans Health and Trauma Clinic (VHTC), 3) integrating training by clinical and experimental

scientists in collaborative projects, and 4) placing students and faculty in community-based services settings to integrate mental health services within health, housing, veteran's administration, and social services settings, and studying the process of integration as well as outcomes.

The guidelines for breadth of knowledge are of particular importance in our program and are considered a critical foundation for trainees who determine early in graduate school that they want to develop specialty expertise with 1) the midlife and aging populations or with 2) trauma. In regard to midlife and aging, our goal of building the workforce of health service geropsychologists inherently draws applicants who are clear about this career path along with those with less certainty but interest in exploring a specialization in geropsychology. We believe that students who arrive in graduate school with a clear focus on aging must be required to learn general models for assessment and intervention that relate to other adult populations as well. Although some of our alumnae may not remain in geropsychology as a sole focus, our explicit program goal is to expand the workforce of clinical geropsychologists who conduct research, provide clinical services, and provide training that positively influences the well-being of older adults in our society. Similarly, breadth of training is important for students focused on trauma as well, since those students will likely work with many other adult populations during their career paths (see below).

Our expectation is that career paths will lead students into new areas of work and thus, breadth and foundational skills are critical. On the other hand, students need to understand the linkages between basic science and population-based patterns that require specialty knowledge. We attempt to provide the breadth and depth of general adult training needed to succeed as psychologists and foundational knowledge needed for emerging geropsychologists and emerging trauma psychologists.

The focus on foundational preparation of future geropsychologists is especially informed by the *American Psychological Association's Guidelines for Psychological Practice with Older Adults (2014)* and the principles and competencies delineated in the *Pikes Peak Model for Training in Professional Geropsychology* (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009). Notably, the Pikes Peak model was derived from the 2006 National Conference on Training in Professional Geropsychology, which was held in Colorado Springs and attended by two of our faculty (Drs. Qualls and Segal). The APA Guidelines and the Pikes Peak Model provide aspirational guidance about the skills and knowledge needed by specialists (both documents are provided in Appendix A). The Guidelines document provides the standards of knowledge and practice, whereas the Pikes Peak Model describes the full range of competencies needed by professional geropsychologists. The slow rate of development of new training programs to expand the workforce in geropsychology is a long-standing crisis that extends to all health disciplines. Currently, a limited number of health service psychology programs offer sufficient curriculum, practicum, and research training opportunities to begin to meet the need (Qualls, Scogin, Zweig, & Whitbourne, 2010). The emergence of our program has been hailed as an important point of growth in our field (Hinrichsen & Zweig, 2005) and our core faculty members were invited to describe the program model and structure as part of a special issue of *Gerontology and Geriatrics Education* that highlighted models of training in geropsychology (Qualls, Segal, Benight, & Kenny, 2005; Appendix A).

Similarly, the foundation of the trauma psychology track is based on the New Haven Competencies for Trauma Psychology (Cook & Newman, 2014). The model provides guidance about the skills and knowledge needed by trauma psychologists (see Appendix B). The guidelines provide standards for scientific knowledge about trauma, psychological trauma-focused assessment, trauma-focused psychological intervention, trauma-informed professionalism, and trauma-informed systems. There are

few graduate psychology programs that offer concentrated curriculum, clinical training, and research training opportunities in trauma psychology, despite a growing need for specialists in this area.

Another core aspect of our program philosophy is our belief that our students should be competent to function as psychologists in settings outside of the traditional mental health practice. That is, with a core foundation of clinical and research competencies, and an orientation that science and practice inform each other, students should be prepared to engage their skills in varied settings and activities as a health service psychologist. Specifically, our program includes practicum training in several integrated and inter-disciplinary settings (described further below). This focus on integrated care has been strengthened by our series of multi-year training grants from the HRSA Graduate Psychology Education (GPE) program (Previous PI: Segal; current PI: Feliciano), which provides students with enhanced clinical and research training in diverse integrated care settings that serve older adults or veterans and trauma survivors, including primary care, Veterans Administration (VA), and others.

Another cornerstone of our program philosophy is that our program faculty have defined four themes as core to our training model. We introduce these themes at the student orientation and integrate them into all domains, settings, and levels of training. These themes are as follows: Integration of science and practice; Human development as context of practice and science; Social and cultural contexts of practice and science; and Ethical standards as foundational to the profession. Overall, our program is designed to teach students the necessary skills to prepare them for successful completion of a pre-doctoral internship. After students graduate from our program, we expect them to be ready for post-doctoral training and then licensure as a psychologist.

Briefly describe how training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training. Training refers to all aspects of the curriculum, including coursework, practicum, research and any other major program requirements. Training for both the Geropsychology and Trauma psychology Major Areas are sequential, cumulative, and graded in complexity. Training begins with basic coursework in psychopathology, therapeutic micro-skills, models of psychotherapy, assessment, intervention, ethics, and cultural and individual differences. In these courses, students learn the latest empirically-supported assessment and treatment techniques as well as other vital knowledge and skills for practice. This early clinical training is designed to meet the goals of broad and general training to later allow the students to develop more specialized knowledge, skills, and competencies in health service geropsychology or trauma psychology, including focused courses (see Appendix C for model curriculum).

Geropsychology Major Area of Study. A pre-practicum experience at the Gallogly Recreation and Wellness Center Mental Health Services (MHS) in Spring semester of year 1 offers students a chance to gently adjust to the role of the psychotherapist with 1-2 clients only. Students then begin their practicum training in year 2 at the AC where their caseload is increased over time in number and complexity based on the student's current level of knowledge, skill, and experience. Likewise, students are first grounded in the professional work of psychologists in traditional mental health outpatient settings (MHS and AC), which supports later clinical development in integrated and multidisciplinary care settings such as primary care (years 3 and 4 in program).

Year	Coursework	Clinical Training
1	Clinical Skills Laboratory	
	Psychotherapy	MHS
	Psychology of Aging I	
	Psychology of Aging II	
2	Clinical Neuropsychology	UCCS Aging Center
3	Clinical Geropsychology I	Integrated Care Setting: Peak Vista, Rocky Mountain PACE, Hospice
	Clinical Geropsychology II	
4		Integrated Care Setting: Peak Vista, Rocky Mountain PACE, Hospice
5		Optional training site

From a research perspective, the students' training is also sequenced in greater complexity with important benchmarks evaluated for competencies. The initial training includes a one-year sequence of graduate level methodology and statistics courses, which are integrated. Students are then required in their 2nd or 3rd year to take 1 additional course in advanced statistics (multivariate). As a benchmark the students are required to complete an empirical MA research thesis that includes an extensive literature review, appropriate research methodology, statistical analyses, and in-depth discussion. Students are encouraged to publish their work. Completion of the thesis project usually takes place end of the 2nd or beginning of the student's 3rd year. Another developmental milestone is the comprehensive exam. For the Geropsychology Major Area of Study, the comprehensive exam includes a research section where the student is required to submit a professional research product (e.g., a published paper or a submitted grant proposal), and a scientific presentation to a lay audience (Appendix D). Lastly, the students are required to conduct original research for their dissertation project.

Trauma Major Area of Study. During their first year, trauma students take a two-semester sequence in Trauma Psychology, which are seminar courses focused on research in trauma psychology. During their second year, students take a one-semester course in Clinical Trauma Psychology focused on the clinical science related to interventions for trauma as well as important assessment challenges specific to trauma survivors. During their 3rd and 4th years, they have the opportunity to take a number of advanced clinical trauma courses with training in evidence-based therapies for PTSD (Prolonged Exposure Therapy; Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing Therapy) as well as a course in Clinical Trauma Assessment.

The practicum sequence aligns with students' classroom experiences. Trauma Psychology students complete their first practicum (2nd year in the program) at our university counseling center (MHS).

This provides a broad exposure to a variety of mental health challenges across a range of ages and ethnicities. In their 3rd year of the program, the Trauma Psychology doctoral students complete a year-long practicum at our Veteran Health & Trauma Clinic (a University based clinic established February 2014). Supervised by doctoral level psychologists, the students are exposed to a variety of mental health difficulties related to trauma including but not limited to: PTSD, Major Depressive Disorder, Generalized Anxiety Disorder, Adjustment Disorder(s), Eating Disorders, Marital Family Discord, and a variety of Personality Disorders. Students conduct evidence-based therapies for

trauma, group therapy, as well as psychodiagnostic and neuropsychological assessments under doctoral level supervision. Similar to the geropsychology students' practicum year at the AC, the VHTC practicum allows for initial development of competencies in trauma psychotherapy and assessment, which supports later clinical development in integrated care settings and other trauma-focused training sites.

During Year 4, students are placed in an integrated care setting. These include Fort Carson, the Colorado Springs VA Integrated Care Clinic, or the newly added rotation at the Peak Vista Community Health Center. Year 5 allows for other clinical training opportunities in community-based settings with trauma patients.

Year	Coursework	Clinical Training
1	Clinical Skills Laboratory	
	Psychotherapy	
	Trauma Psychology I	
	Trauma Psychology II	
2	Clinical Trauma Psychology I	MHS
	Clinical Trauma Psychology II (1st Trauma EBT)	
3	Clinical Trauma Psychology II (2nd Trauma EBT)	VHTC
4	Clinical Trauma Assessment	Integrated Care Setting: Fort Carson, VA, or Peak Vista
	Clinical Trauma Psychology II (3rd Trauma EBT)	
5		Optional training site

From a research perspective, the students' training is also sequenced in greater complexity with important benchmarks evaluated for competencies. The initial training includes a one-year sequence of graduate level methodology and statistics courses, which are integrated. Students are then required in their 2nd and 3rd years to take 2 more courses in advanced statistics (multivariate and analysis of change). As a benchmark the students are required to complete an empirical MA research thesis that includes an extensive literature review, appropriate research methodology, statistical analyses, and in-depth discussion. Students are encouraged to publish their work. Completion of the thesis usually takes place end of the 2nd or beginning of the student's 3rd year. Another developmental milestone is the comprehensive exam. For the Trauma Major Area of Study includes a research section where the student is required to write an initial NIMH New Innovator grant, have a professional research product (e.g., a published paper or a submitted grant proposal), and a scientific presentation to a lay audience. Lastly, the students are required to conduct original research for their dissertation.

Other Shared Program Requirements. The other program requirements remain identical for the two major areas of study. Students must complete the Comprehensive Examination which has a robust clinical component that requires students to write about a successful psychotherapy case and demonstrate their clinical acumen in written and oral form. The *Comprehensive Examination Portfolio Guidelines and Policy* manuals are provided in Appendix D. We are the only program within our university that provides doctoral training in clinical psychology.

Status**Progress Status:** Ready for Submission**Admin Review****Review Status:** No Additional Info Needed**Site Visit Review****Site Visit Review Status:** Ready for CoA Review**Site Visit Comment (Last updated on: 2019-05-15):**

The clinical program is dedicated to an integration of empirical evidence and practice with a strong focus on community relationships and serving the mental health needs of Colorado. This was displayed in discussions with faculty, students, and outside supervisors of the program.

The training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.

The University, Department of Psychology, and the Clinical Program are committed to a respect for and understanding of cultural and individual diversity.

Program Response**Status:** Read/No Comment

I. Institutional and Program Context

Overview

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Standard I.A.2

Description

Practice Area.

Health service psychology includes several practice areas in which an accredited program may focus, including the areas of clinical psychology, counseling psychology, school psychology, combinations of these areas, and other developed practice areas.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment**Focused Questions**

[Identify the area of practice in which the program prepares students.

Identify the area of practice in which the program prepares students. The program has a practice area of clinical psychology and adheres to the scientist-practitioner model of training. The program prepares students as entry-level psychologists who have a solid background in general knowledge and methods of psychological science and the evidence-based practice of psychology. The program also provides significant preparation in the specialties in either geropsychology or trauma psychology.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program focuses on research and training in geropsychology and trauma psychology.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

The program has a practice area of clinical psychology, as well as providing focused research and training in geropsychology and trauma psychology.

I. Institutional and Program Context

Overview

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Standard I.B.1

Description

Administrative Structure.

The program’s purpose must be pursued in an institutional setting appropriate for doctoral education and training in health service psychology. The institution must have a clear administrative structure and commitment to the doctoral program.

1. The sponsoring institution of higher education must be authorized under applicable law or other acceptable authority to provide a program of postsecondary education and have appropriate graduate degree-granting authority. This includes state authorization and accreditation of the institution by a nationally recognized regional accrediting body in the United States.
2. The program is an integral part of the mission of the academic department, college, school, or institution in which it resides. It is represented in the institution’s operating budget and plans in a manner that supports the training mission of the program. Funding and resources are stable and enable the program to achieve its aims.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

- [Identify the regional accrediting body that recognizes the sponsoring institution and the institution’s current accreditation status with this body.
- [Discuss how the program is integral to the department, college, school, or institution.
- [Briefly describe the mission(s) of the agency or institution which sponsors/hosts the doctoral training program and explain how the training program fits within this mission. How is it viewed/valued by the sponsor institution and its administration?
- [Discuss the adequacy and stability of the doctoral program’s budget, including how the program receives its budget

Identify the regional accrediting body that recognizes the sponsoring institution and the institution’s current accreditation status with this body. The program is sponsored by the University of Colorado Colorado Springs, which is accredited by the Higher Learning Commission; Member of the North Central Association of Colleges and Schools. Our most recent accreditation renewal took place in 2016, with our next planned for 2026.

Discuss how the program is integral to the department, college, school, or institution. The program is viewed as integral not only to the department, college, and university but also to the community, as well. The Department of Psychology is one of the largest generators of undergraduate majors in the university. The doctoral program houses two specialty training tracks (one in geropsychology and one in trauma psychology) which draw applicants from both within and outside of the country. The department also runs a terminal master’s program in Clinical Psychology with a range of between 6-15 new students each year.

The clinical psychology program is an integral focus of the Department of Psychology and is staffed by 8 full-time faculty members dedicated to its mission. Many of the program faculty are nationally or internationally recognized for their scholarship. The program has two on-campus training clinics, the UCCS Aging Center (AC) and the Veterans Health and Trauma Clinic (VHTC). The AC and VHTC are two major providers of psychological services to the Colorado Springs community, offering specialty care for older adults, veterans, and survivors of trauma. The AC continues to be the only community mental health center focused on older adults and is the recognized statewide leader in mental health services for older adults. As such, the AC has been honored with several awards including:

2012	Joe Henjum Senior Accolade in the Caregiver Services category for integrated care partnerships in the community
2012	Joe Henjum Senior Accolade in the Non-Profit Business of the Year category - finalist
2011	El Pomar Award of Excellence in the Health Care category – finalist
2011	Advancing Care Together – chosen as 1 of 11 integrated care sites in Colorado for our partnership with Peak Vista Community Health

	Centers to learn more about successful models of integrated care.
2007	EI Pomar Award of Excellence in the Seniors category - finalist

The Pikes Peak region has the highest concentration of Veterans in the state of Colorado with great need for mental health services. The VHTC provides unique trauma informed care training opportunities utilizing evidence-based therapies. The VHTC also offers important clinical assessment training opportunities for students identifying unique psychological and neuropsychological challenges of trauma survivors. The clinic has provided over 11,000 clinical hours to community trauma survivors since opening in 2014.

Briefly describe the mission(s) of the agency or institution which sponsors/hosts the doctoral training program and explain how the training program fits within this mission. How is it viewed/valued by the sponsor institution and its administration?

Campus and College Mission. The University of Colorado Colorado Springs, located on Austin Bluffs Parkway in Colorado Springs, is one of the fastest-growing universities in Colorado. The UCCS campus mission statement is as follows: “The Colorado Springs campus of the University of Colorado shall be a comprehensive baccalaureate and specialized graduate research university with selective admission standards. The Colorado Springs campus shall offer liberal arts and sciences, business, engineering, health sciences, and teacher preparation undergraduate degree programs, and a selected number of masters and doctoral degree programs.”

The vision statement of UCCS is that UCCS “… provides students with academically rigorous and life-enriching experiences in a vibrant university community. We advance knowledge, integrate student learning with the spirit of discovery, and broaden access to higher education for the benefit of southern Colorado, the state, nation and world.” The campus mission statement, vision statement, and core values (student focus, integration, innovation, and collaboration) are found at <https://www.uccs.edu/about/>. The 2015 strategic plan for the campus directly committed to enhancing the graduate education of the institution. The Clinical Ph.D. program is considered a driving force in high quality graduate education on the UCCS campus.

In 2018, UCCS served approximately 12,500 undergraduate, graduate and online students who chose from a wide variety of 46 bachelor’s, 22 Master’s and five Doctoral degrees. The Ph.D. program in clinical psychology, launched in 2004, was the first doctoral program offered in LAS and clearly fits within our institutional mission.

The Psychology Department defines itself as a community of teaching scholars whose mission is to advance an understanding of psychological principles and their application to the human condition. The Psychology Department has a commitment to communicate this understanding to the people of Colorado and the world at large. The College of LAS affirms and accepts the ideal purposes and traditional goals of all great universities: the creation, interpretation, dissemination, and application of knowledge. The College strives to maintain these goals while formulating and delivering innovative and creative programs. Graduate programs at UCCS are overseen by the Graduate School (<https://www.uccs.edu/graduateschool/>) which provides resources and support, creates opportunities, and promotes excellence in graduate education at UCCS. The Graduate School has the responsibility for oversight and coordination of graduate programs, ensuring compatibility among programs, and compliance with Graduate School policies.

At present, the Department has an APA-accredited doctoral program in clinical psychology, a terminal MA program in psychology (with a Clinical Psychology track and a Psychological Science track), two departmental training clinics (the UCCS Aging Center [AC]; and the Veterans Health and Trauma Clinic [VHTC]), and a large undergraduate program. As of Spring 2018, the Department has 698 undergraduate majors (including double majors), 103 minors, and about 69 graduate students at various levels of training. The Fall 2018 class adds 24 additional graduate students enrolled in the Department of which 12 are in the clinical MA program and 5 are in the PhD program.

Discuss the adequacy and stability of the doctoral program's budget, including how the program receives its budget. The College funds salaries for Psychology Department faculty and 2 of 3 full-time staff (the 3rd staff member is not fully base funded, instead her salary is primarily paid through Department funds). The Ph.D. program is fully integrated into the Psychology Department's budget. The university provides all program faculty laboratory space and also provides space in the Lane Center Academic Building on the 3rd floor for both the AC and the VHTC. The campus provides 100% of the salary for the Aging Center Director (Dr. Magdalene Lim). The AC support staff (2 administrative staff positions, 1 grants manager) are funded by AC grants, gifts, and fee for services. The Department covers AC operating costs, PhD student funding, and travel costs. Additional revenue is generated from income from clinical services and grants, which pays for four Aging Center staff, salaries and benefits, operating costs and travel.

The Department has requested a base infusion to the AC to increase campus support of integral staff and reduce the fund-raising burden since several community partners have decided that annual funding may not match their Foundation goals.

The VHTC, which is part of the Trauma, Health, & Hazards Center, was funded through a generous philanthropic gift of over 5 million dollars. This includes a 1 million dollar Ph.D. graduate student (emphasis in trauma) gift. The clinic was developed with the expectation that it would train Ph.D. clinical students focused in trauma, although unlike the AC, it is a separate unit from the psychology department. Significant staff commitment has been provided to develop a joint orientation program with the AC and for on-going clinical supervision and didactic training.

The college also provides teaching reductions for the DCT (Dr. Feliciano) and the Associate DCT (Dr. Samuelson). The college and department also fund faculty travel (\$1000 per faculty per year) and director travel. The department provides annual funding for the program to be accredited by the APA Commission on Accreditation (CoA), a member of APPIC, and a member of the Council of University Directors in Clinical Psychology (CUDCP).

The Department funds the costs of sending the DCT to the CUDCP annual meeting, as well. The DCT has attended the CUDCP annual meeting every year since our program's inception, demonstrating the Department's commitment to staying current with clinical training standards and practices. In addition, the department provides funding for the AC to belong to the Association of Psychology Training Clinics (APTCL).

Lastly, the college has expressed clear support for research at UCCS through investing in our undergraduate and graduate students. For example, in recent years, the college has provided a research fellowship mechanism to support summer research for both undergraduate and graduate students (LAS Student Summer Research / Creative Activity Program) and by creating an undergraduate research training pipeline. This pipeline provides a mechanism by which faculty and undergraduate students can receive a stipend to support faculty-undergraduate research, thereby

providing a training mechanism that allows for students to get additional research training that increases their knowledge and skills and likely makes them more competitive for graduate positions (in our program or in external programs).

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The University of Colorado Colorado Springs is accredited by the Higher Learning Commission. The most recent accreditation took place in 2016. Overall, the Department of Psychology and Clinical Ph.D. program are an integral part of the academic unit and are represented in the core operating budget of the College of Letters, Arts, and Sciences (e.g., faculty and staff salaries and benefits, physical plant expenses, graduate student teaching assistantships and graduate fellowships, and other operating expenses). As described in detail later, the program at this point has sufficient students and necessary facilities to ensure meaningful interaction, support, and socialization. There are currently 27 students on the campus who are directed by 8 core faculty members and several affiliated faculty members. Clinical students have available a variety of outside practicum sites. Separate conversations with the Dean of the College of Letters, Arts, and Sciences suggest that the Department and the Clinical Program are highly regarded within the university and receive his support. The Clinical Ph.D. program is seen by this Dean as a very important program at the University.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

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3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.B.2

Description

Administrative Responsibilities Related to Cultural and Individual Differences and Diversity.

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The program has made systematic, coherent, and long-term efforts to attract and retain students and faculty from diverse backgrounds into the program. Consistent with such efforts, it acts to ensure a supportive and encouraging learning environment appropriate for the training of individuals who are diverse and the provision of training opportunities for a broad spectrum of individuals. Further, the program avoids any actions that would restrict program access on grounds that are irrelevant to success in graduate training, either directly or by imposing significant and disproportionate burdens on the basis of the personal and demographic characteristics set forth in the definition of cultural diversity. Because of the United States' rich diverse higher education landscape, training can take place in both secular and faith-based settings. Thus this requirement does not exclude programs from having a religious affiliation or purpose and adopting and applying admission and employment policies that directly relate to this affiliation or purpose, so long as public notice of these policies has been made to applicants, students, faculty, and staff before their application or affiliation with the program. These policies may provide a preference for persons adhering to the religious purpose or affiliation of the program, but they shall not be used to preclude the admission, hiring, or retention of individuals because of the personal and demographic characteristics set forth under the definition of cultural diversity. This provision is intended to permit religious policies as to admission, retention, and employment only to the extent that they are protected by the U.S. Constitution. This provision will be administered as if the U.S. Constitution governed its application. Notwithstanding the above, and regardless of a program's setting, the program may not constrain academic freedom or otherwise alter the requirements of these standards. Finally, compelling pedagogical interests require that each program prepare graduates to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

Supporting Material		
1. Upload optional		
Appendix	Title	Uploaded By

Self Assessment**Focused Questions**

[Does this program adhere to a religious affiliation or purpose that informs its admission and/or employment policies? If so, describe how these policies are made known to applicants, students, faculty, and staff before their application to or affiliation with the program.

N/A. The program does not adhere to a religious affiliation or other purpose that informs its admission and/or employment policies.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

As will be described later, the site visit team experienced at all levels of the university concern for cultural and individual differences and diversity. This included special programs for the recruitment of students and faculty related to diversity.

Program Response

Status: Read/No Comment

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1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
2. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.C.1

Description

Program Administration and Structure

1. **Program Leadership.** The program has consistent and stable leadership with a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader’s credentials and expertise must be in an area covered by HSP accreditation and must be consistent with the program’s aims. This leadership position may be held by more than one individual.
2. **Program Administration.** The program has designated procedures and personnel responsible for making decisions about the program, including curriculum, student selection and evaluation, and program maintenance and improvement. The program’s decision-making procedures, including who is involved in decision making, must be consistent with the missions of the institution and department, and with the program’s aims. The program ensures a stable educational environment through its personnel and faculty leadership.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe the administrative structure of the program, including the leadership structure and the leader's credentials, along with any personnel involved in program administration.,

Describe the administrative structure of the program, including the leadership structure and the leader's credentials, along with any personnel involved in program administration.

Program Leadership. The clinical psychology PhD program has two designated leaders: a Director of Clinical Training (DCT: Dr. Leilani Feliciano) and an Associate Director of Clinical Training (Associate DCT: Dr. Kristin Samuelson), who were appointed to these roles in 2017. Dr. Feliciano is a licensed psychologist, a clinical geropsychology faculty member, member of the Graduate Executive Committee at UCCS, and member of Council of University Directors of Clinical Psychology (CUDCP).

Dr. Samuelson is a licensed psychologist and a trauma psychology faculty member. These two leadership roles are designed to be held by one member of the geropsychology and one member of the trauma track, and the directors lead their respective tracks in addition to directing the overall clinical training. The DCT and Associate DCT roles are supported by the college with a teaching reduction from 5.0 courses to 4.0 courses per year (1 course reduction per role) and a paid part-time assistantship for a graduate student to serve as assistant to the DCT (5 hours per week).

The clinical psychology PhD program has another leader, Dr. Magdalene Lim, licensed psychologist, and Director of our in-house psychology training clinic for the geropsychology doctoral students, the UCCS Aging Center (AC).

Lastly, Dr. Charles Benight, licensed psychologist and trauma psychology faculty member, also leads the Trauma, Health, & Hazards Center (THHC) which houses the Veteran Health and Trauma Clinic (VHTC).

The clinical psychology program also has an identifiable **core faculty** responsible for leadership and decision making. Criteria for membership are discussed in section IV.B.1. At present, the clinical faculty consists of 8 core members with 6 being tenured as of May 2018.

The VHTC has a weekly leadership meeting to discuss clinical and training issues and the Trauma, Health & Hazards Center has a biweekly research/clinical meeting to discuss the intersection of clinical services with research. The VHTC and AC are both located on the same floor of the Lane Center. As such, informal communication among leadership is common.

Program Administrative Structure. The University of Colorado system comprises four campuses (CU-Boulder, UCCS, CU-Denver, and CU Anschutz Medical Campus). The CU system is under the direction of the University President Bruce Benson, who answers to an elected Board of Regents. The Chancellor, Venkat Reddy, functions as the CEO of the UCCS campus. The academic chain continues with the Provost Thomas Christensen who is responsible for planning and implementing all academic and research activities. Peter Braza is the Dean of the College of Letters, Arts, and Sciences (LAS) in which the Psychology Department is located. The Psychology Department graduate programs are also overseen by the Graduate School of UCCS and its Dean (Dr. Kelli Klebe).

Department and Program Organization. The program ensures a stable educational environment through its personnel and faculty leadership. The Department Chair is Dr. Mary Coussons-Read (Professor of Psychology), a psychoneuroimmunologist with a health psychology emphasis.

The Psychology Department faculty members include 19 tenured and tenure-track FTEs. The clinical psychology doctoral program presently has 8 full-time core faculty, the Director of the AC, 2 instructors (1 full and 1 part-time), 3 lecturers, and 21 graduate students at various levels of training. The clinical program graduated its first doctoral student in 2007. As of 5/2018, we have graduated 26 people from our program and 3 additional students are scheduled to graduate upon completion of internship in the summer of 2018.

The department’s academic and administrative offices, along with graduate student offices and large conference room, are on the 4th floor of Columbine Hall at 1420 Austin Bluffs Parkway in Colorado Springs. The Lane Center, on the west side of campus on N. Nevada, houses both the Aging Center and Veterans Health and Trauma Clinic. Both clinics contain spacious offices for staff and graduate students on the 3rd floor. Departmental labs are used by students in the clinical psychology program, and departmental meetings can be held, when necessary, in conference rooms on the 3rd floor.

The Veteran’s Health and Trauma Center organizationally is located under the Provost’s office. The VHTC is a university-based community clinic that serves the regional needs for evidence-based trauma interventions. The clinic specializes in Veteran and military trauma, but also sees a variety of community trauma clients including: complex trauma, disaster related trauma, sexual assault, motor vehicle trauma, and first responder trauma. Dr. Charles Benight serves as the faculty supervisor within the clinic in conjunction with Erin Fowler, L.P.C. Students in the Clinical Ph.D. program who are focusing in trauma psychology will spend a year, sometimes more, seeing cases at the VHTC.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The clinical program has been thoughtful in its leadership. It is clear that the program has procedures for tracking students as well as making changes to the program. The student files were among the best this site visit team has seen. The program meets frequently along with student representatives for administering the program.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

Health Service Psychology.

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Standard I.C.2

Description

Length of Degree and Residency.

The program has policies regarding program length and residency that permit faculty, training staff, supervisors, and administrators to execute their professional, ethical, and potentially legal obligations to promote student development, socialization and peer interaction, faculty role modeling and the development and assessment of student competencies. Residency provides students with mentoring and supervision regarding their development and socialization into the profession, as well as continuous monitoring and assessment of student development through live face-to-face, in-person interaction with faculty and students. These obligations cannot be met in programs that are substantially or completely online. At a minimum, the program must require that each student successfully complete:

1. a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) plus an internship prior to receiving the doctoral degree;
2. at least 2 of the 3 academic training years (or the equivalent thereof) within the program from which the doctoral degree is granted;
3. at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same program. Programs seeking to satisfy the requirement of one year of full-time residency based on "the equivalent thereof" must demonstrate how the proposed equivalence achieves all the purposes of the residency requirement.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Review: IR C-2: IR C-5 D: Academic residency for doctoral programs; and IR C-15 D: Awarding the doctoral degree prior to completion of the internship.

[Outline the length and residency requirements of the program. In doing so, the program needs to specifically address how it meets the following criteria a) requires a minimum of 3 full-time academic years of graduate study (or the equivalent) plus internship prior to receiving the doctoral degree; b) at least 2 of the 3 academic training years (or the equivalent) must be at the program from which the doctoral degree is granted; and c) at least 1 year must be in full-time residence at the program.

[Provide the location (e.g., web address or link) of the description of these requirements in the program’s public materials.

Length of Degree and Residency. For students enrolled in the program, a total of 120 semester hours are required for the Ph.D. degree (including practicum, thesis, and dissertation credits). The program requires a minimum of five years of post-baccalaureate work to accomplish requirements of the doctoral degree, including one year devoted to a full-time APA-accredited pre-doctoral internship placement. In practice, the majority of our students spend 5 years in residence and one year on internship, for a total of 6 years in the program. Students who enter the program with a B.A. or B.S. degree will earn an MA en route to the doctoral degree through the mechanism of the existing MA program. Because our terminal MA program in clinical psychology largely functions as the first two years of our doctoral program (with an almost identical curriculum), students entering our doctoral program from our MA program have accomplished two years in residence toward the curriculum and requirements for the doctoral program. Students entering our doctoral program with courses or degrees from other institutions will need to complete at least three full-time academic years of study on site prior to internship. The program requires students to propose their dissertation project successfully prior to ranking sites in the internship match process. Furthermore, we strongly recommend that the dissertation be completed during the student’s time on campus before leaving for internship. The faculty make every effort to bring students to successful completion of the doctorate, as long as the students commit their full energies to the academic and professional objectives. All academic training occurs while the student is in residence at UCCS.

Provide the location (e.g., web address or link) of the description of these requirements in the program's public materials. The program adheres to and makes available to interested parties formal and written policies concerning academic standards and requirements. An overview of the Psychology Department is available on our website at <https://www.uccs.edu/psych/>. Descriptions of the program for the general public and potential applicants are available at <https://www.uccs.edu/psych/graduate>.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program requires that students spend at least 3 years in-residence on campus. Completion of a pre-doctoral APA-accredited internship is required to receive the PhD. Recently, the program has experienced a 100% match rate for internships.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

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Standard I.C.3

Description

Partnerships/Consortia.

A graduate program may consist of, or be located under, a single administrative entity (e.g., institution, agency, school, or department) or in a partnership or consortium among separate administrative entities. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program.

Supporting Material

1. Upload copy of [consortial agreement](#), signed by ALL members.

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Upload copy of consortial agreement, signed by ALL members, that includes a) the nature and characteristics of the participating entities; b) the rationale for the consortial partnership; c) each partner's commitment to the training/ education program, its aims and competencies; d) each partner's obligations regarding contributions and access to resources; e) each partner's adherence to central control and coordination of the training program; and f) each partner's commitment to uniform administration and implementation of the program's training principles, policies, and procedures addressing trainee/student admission, financial support, training recourse access, potential performance expectations, and evaluations. Label this upload Consortium Agreement

Fill out and upload the Consortium Partners/Sign-Off template.

Is this program a consortium? If no, write "N/A" in text box. If yes, please address the following:

Provide a list of all member entities of the consortium.

Describe the relationship and responsibilities of each of the consortial partners.

Discuss how resources are pooled in order to administer the program.

N/A. The program is not part of a consortium.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

NA

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

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Standard I.C.4

Description

Resources.

The program has, and appropriately utilizes, the resources it needs to achieve its training aims, including student acquisition and demonstration of competencies. The program works with its academic unit and/or the administration of the sponsor institution to develop a plan for the acquisition of additional resources that may be necessary for program maintenance and development. The resources should include the following:

1. financial support for training and educational activities;
2. clerical, technical, and electronic support;
3. training materials and equipment;
4. physical facilities;
5. services to support students with academic, financial, health, and personal issues;
6. sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Provide a narrative describing each of the resources identified in Standard I.C.4 including the sufficiency of each. Include a comprehensive listing of all student support services (available through the program or institution) designed to facilitate students' progress through the program.

- financial support for training and educational activities;
- clerical, technical, and electronic support;
- training materials and equipment;
- physical facilities;
- services to support students with academic, financial, health, and personal issues;
- sufficient and appropriate practicum experiences to allow a program to effectively achieve the program's training aims.

[Describe how students are made aware of the availability of these services.

Narrative describing each of the resources identified in Standard I.C.4. including the sufficiency of each. Include a comprehensive listing of all student support services (available through the program or institution) designed to facilitate students' progress through the program.

a. Financial Support for Training and Educational Activities. The clinical program has been supported administratively at all levels of the university with political, fiscal, and academic leadership support. Throughout the late 1990s, the Psychology department added 5 new faculty lines to build infrastructure support for the program and more recently in 2015 with a new Trauma Psychology faculty member. In 2002, the program's approval was supported by an additional campus-wide budget initiative that brought approximately \$300,000 to the department to fund additional faculty and staff, clinic space, and related operations dollars. The budget buildup was phased in over a five-year period during which higher education in Colorado experienced significant budget cuts. Clearly, administrative commitment to the program was substantial enough to allocate new dollars to this program during this period. The final commitments to this initial initiative were realized in the 2006-2007 base budget for the campus. The Lane Center for Academic Health Sciences, which opened in 2014, includes space for the AC and Psychology laboratories, along with integrated care partner facilities (nutrition, fitness, and primary care). New initiatives are under consideration by campus administration to strengthen the multidisciplinary focus on aging across campus, adding to the strength of what exists within psychology in ways that will enrich the training of doctoral students in our program. One recently established example of this includes the interprofessional education program (IPE); team training provided to doctoral students who are being trained alongside students from nursing, health promotion, and nutrition programs. External funding in 2017-18 supported program development, and the College of Nursing and Health Sciences is preparing to sustain it. In 2014, the Veteran Health and Trauma Clinic (VHTC) was established at the Lane Center with a generous philanthropic 2 million dollar gift.

This clinic provides direct trauma treatment for the community and is a site for practicum training for our students who are focused on trauma. This was extended in 2015 with a 3.1 million dollar gift to extend our treatments to include neuropsychological services and research related to traumatic brain injury. This has allowed us to include training for our students in neuropsychological assessments with trauma clients, particularly with military combat clients. Part of this latest gift included a 1 million dollar student stipend endowment to support clinical Ph.D. students who are focused in trauma.

Student Stipends. All students matriculating into the program are funded with support of at least \$27,000 to \$42,000 per year. We have increased student funding every year since 2013. Variability of funding is determined by non-resident status and funding sources. Additionally, students who qualify for work-study financial aid earn additional income (up to approximately \$6000). Overall, the student stipends are available from a variety of sources, including Psychology Department graduate assistantships (\$90,000); Graduate School fellowships; Graduate School tuition matching grants; Graduate School out-of-state Merit awards; Graduate School Advanced mentored Research awards (all described below); clinical assistantships at community partner agencies such as Peak Vista, PACE, Pikes Peak Hospice and Palliative Care; UCCS AC (caregiving services funded by Area Agency on Aging contract); and clinical and/or research assistantships at the UCCS AC (funds from regional and statewide foundations for mental health services at the AC and in the community).

Starting in 2017, the AC joined a community non-profit fundraising campaign strategy that supports sustainability. In 2018, a first endowment was created for the AC by the InAsMuch Foundation in honor of a local community leader, Barbara Yalich. The department has sustained HRSA Graduate Psychology Education training grant (2014-2019) to train students in both areas of emphasis in models of integrated care. Additional funding for clinical/research assistantships in the overlapping area of disabilities/aging has been provided by Coleman Institute for Cognitive Disabilities (CU affiliated) in many years. Faculty research grants also provide significant funding for both Aging and Trauma research assistantships. Part of the initial 2 million VHTC start-up funding included \$120,000 for student stipends. As stated above, a philanthropic gift of 1 million was utilized to establish an endowment for clinical student stipends who are focused in trauma. Plans for future funding patterns include faculty research grants, ongoing and new community contracts with services agencies, philanthropy, and training grants.

Graduate School funding for Tuition Support. Through an annual application process the department is given matching tuition grants to be used for recruitment of new students. In AY17-18 and 18-19 the Graduate School gave the department \$56,000 to use as matching funds. Each year, nine program students are nominated by the Directors of the graduate programs with input from faculty mentors for tuition fellowships awarded by the UCCS Graduate School at \$5000. Most recently (May 2018), 3 doctoral student applicants received an award of \$5000 each and one received an additional \$2000 as the top-ranking nominated student across all disciplines. The Graduate School gives the department seven Out-of-State Merit awards of \$4000 to use as additional recruitment funding for new students. First year graduate students from out of state are charged a higher non-resident rate (Colorado does not allow tuition remission by state law). Advanced PhD students (5th year) apply for a Mentored Research Fellowship usually funded at \$20,000 to \$25,000. Every year since the award was created in academic year 2015, multiple Psychology students who applied, received funding (2 in 2014, 2 in 2015, 3 in 2016, 1 in 2017 and 2 in 2018).

Travel and Research Funds. The Department offers \$6000 total in travel awards each year to students to attend conferences and present research. Small research stipends are also available from the Psychology Department and the multidisciplinary Gerontology Center. Policies governing the allocation of travel and research funds are maintained by each unit. The Department Chair disburses departmental funds in support of research and travel. The Gerontology Center Director and the Trauma Health and Hazards Center Director disburses funds to students (and faculty) in support of research and travel. In addition, the Graduate Student Association has competitive travel funds for which graduate students may apply to use towards travel or professional development activities.

Grant Funds. Between 50-75% of Psychology Department faculty have external funding for their research at any given point in time (e.g., 50-66% within the last two years). These grant funds support research assistantships for several doctoral students.

UCCS Aging Center. Campus and departmental funding also support the facilities, programs, and equipment at the UCCS AC where students receive extensive clinical training. Base budget funding is discussed in an earlier section. Student fees support training materials and equipment (e.g., video). Client fees, Medicare, and supplemental insurance payments support staff and operations budgets, with significant assistance from private donations and foundation grants.

The Trauma, Health, & Hazards Center (THHC) is a center directed by Dr. Charles Benight, a Professor in the Psychology Department. The THHC consistently provides funding for clinical Ph.D. students since the start of this area of study in 2015 through federal external funding. In addition, philanthropic gifts have provided a solid training infrastructure for the clinic including computer equipment, psychological and neuropsychological assessment materials, and staff support time for training.

b. Clerical and Technical Support. The department has 3 FTE support staff (not including UCCS AC staff). A Program Specialist (Andrea Williams) manages all financial accounts for the department and UCCS AC, personnel funding functions, pre and post grant awards, Academic year course scheduling, PhD and MA student funding planning, graduate student curriculum planning, department staff, department operation, grant and report writing. One Administrative Assistant (Laura Chandler) provides faculty and departmental support for communication, class operations, personnel appointment liaison for department and UCCS AC, student employment administration, research software liaison, academic support and other administrative support. Another Program Assistant (David Dubois) is responsible for requisitions, purchasing, clinical training program record keeping, meetings, reporting, thesis and dissertation adherence to CU guidelines, graduate admissions support, graduation support, travel management, and other administrative support.

The AC and VHTC both have assistants who assist with clinic activities, including the scheduling of clients, billing, and paperwork. Additionally, both clinics have project managers who oversee training projects, track outcomes, and identify and apply for various grants.

c. Training Materials and Equipment.

Observation Rooms. Rooms equipped with one-way mirrors and sound transmission are available both in Columbine Hall (2 rooms support the clinical skills classes) and the AC (1 observation and 3 video rooms). Digital video equipment allows for recording or real-time monitoring of sessions within the AC offices. The VHTC has 3 shared clinical offices that include video capabilities for student training.

There is also a room for neuropsychological assessment that also includes video capabilities for student training. The THHC has a trauma research registry that includes over 800 participants.

Adult Research Participant Registry. The Registry is overseen and maintained by the Gerontology Center staff but historically has been used primarily by Psychology faculty and graduate trainees to identify potential research participants. Researchers regularly recruit adults aged 20 to 100 to sign onto the Registry in order to hear about research participation opportunities. The Registry continues to build the pool of adult participants, and currently includes approximately 1180 participants.

Assessment Instruments. Students are trained in the standardized administration of neuropsychological and psychological assessment instruments in both classroom instruction and in practicum training at the AC and VHTC. In support of classroom instruction, many current assessment instruments are available to students, including the WAIS-IV, WMS-IV, MMPI-2, MMPI-2RF, MCMI-III, PAI, and MBTI. Computerized scoring programs for the MMPI-2, MMPI-2RF, MCMI-III, and PAI are available on computers in the Psychology department and at the AC. In addition, AC and VHTC resources include neuropsychological and personality tests for both screening and comprehensive evaluations, with access to extensive normative data for appropriate cohorts (e.g., younger and older adults). The Neuropsychology clinic at the AC has a large majority of the most common neuropsychological tests used in contemporary practice (e.g., WAIS-IV, WMS-IV, NAB). The GPE grant provides additional funding for supplies and has contributed to our collection of assessment measures and protocols, with over \$6000 contributed to date. The VHTC works very closely with Operation TBI freedom and has received generous gifts for purchasing neuropsychological assessments totaling approximately \$4,560.

Professional Resource Library. A professional resource library at the AC offers current books, articles, and select journals for student use. Recently, GPE grant funding was used to purchase additional textbooks related to clinical and geriatric neuropsychology, as well as suicide risk assessment to add to this library. Extensive norms on various cognitive and neuropsychological tests are available for diverse populations. A vertical file contains evidence-based practice protocols for a several mental disorders.

Computer Hardware and Software. Faculty and graduate student offices contain computers that are linked with the campus network and/or wi-fi. Computers are also available in labs throughout the campus, and in most faculty research laboratories. Faculty computers and lab computers are outfitted with core office software as well as IBM SPSS statistical software, as needed, and Office 365 is available to all students. Campus-wide Qualtrics account access grants students and faculty opportunity to conduct survey-based research. The department pays for Time2Track licenses for software to assist students and supervisors at the AC and VHTC to easily track clinical hours for practicum, internship, and licensure requirements.

Online Experiment Participant Management System. The department maintains a computerized signup and crediting system, called SONA, to support research participation by undergraduate volunteers and members of the community.

Training Clinic Management Software. The AC uses Titanium software which is specifically designed to support training clinic functions with sophisticated scheduling, health records, supervisory notes/signature system, and tracking/reporting functions. The VHTC utilizes TherapyNotes, a similar software program.

d. Physical Facilities.

Psychology Offices and Labs. In 1997, the department moved into Columbine Hall with classrooms and research labs designed specifically for Psychology. All faculty and doctoral students have assigned office space on the 4th floor of Columbine Hall, which helps to facilitate student/faculty interaction. Each faculty member has his/her own research laboratory space in the same building or at the AC. Lab spaces are outfitted with equipment appropriate to the research (e.g., wet labs, computer, video equipment). Students conduct research in space assigned to their mentor or in shared spaces

designated by the space committee on an ad-hoc basis. An observation deck provides one-way mirror access to several interview rooms, one of which is outfitted with digital recording capability.

UCCS Aging Center. Founded in January 1999, the AC is now located in the Lane Center for Academic Health Services. Opened in 2014, the Lane Center is situated on the UCCS campus and provides a state-of-the-art center for health services research and training. The building includes psychology-specific units, including the AC (3113 sf), which functions as the training clinic for the Psychology Department and 730 sf of dedicated research laboratory space. The related UCCS Gerontology Center (1790 sf) connects to the AC, allowing for opportunities for clinical and research collaboration. Dr. Sara Qualls, a Psychology Faculty Member, serves as Director of the Gerontology Center and helps to connect faculty members across campus with research interests in aging, paving the way for cross-college and interdisciplinary collaborations.

The Veterans' Health and Trauma Clinic. The VHTC (5000 sf) also located in the Lane Center was founded in 2014 and provides treatment and neuropsychological assessment for trauma survivors age 16 and older. Treatment addresses a wide variety of mental disorders but focuses on human adaptation to extreme events (e.g., natural and human-made disasters, terrorist attacks, interpersonal violence, combat trauma).

Other Clinics at the Lane Center. In addition to these facilities, the Lane Center also houses a Family Medicine Clinic operated by Peak Vista Health Services, a primary care clinic operated by Beth-El College of Nursing and Health Sciences, a nutrition kitchen, a nutrition counseling clinic, and health promotions facility, and offices and classrooms to support a new cohort of medical students from the CU medical school. The co-location of medical and psychological clinics allows for collaborations.

Information Technology Resources. Information technology support has made computing easily accessible to students on and off campus. Site licenses make statistical and productivity software (e.g., SPSS, Microsoft Office) available to university-owned computers, including those at AC. Several computer labs are accessible across campus, including one in Columbine Hall (open 80 hours/week). All offices and laboratories have network connectivity and the majority of classrooms are "smart" classrooms. A modern library offers over 200 networked workstations and extensive access to scholarly journals is available through common databases (e.g., PsycINFO). An IT Helpdesk is available to troubleshoot hardware and software problems, assist with loading software and smart phone connectivity, support cyber security, and provide long-term archival storage.

e. Services to support students with academic, financial, health, and personal issues. Student health and wellness are highly valued by our program. The theme of wellness and self-care is a point of emphasis in several courses (e.g., PSY 5710, 6720). UCCS is located close to beautiful outdoor environs, and students are encouraged to take advantage of activities to maintain balance with the rigors of the program. Descriptions of student services are listed on the UCCS website. Students are informed about these services at the orientation meeting. Some key services are:

Library. The Kraemer Family Library is open 101.5 hours a week with reference assistance available 74.5 hours a week during regular semesters. The library offers 436,874 book and serial volumes; 446,968 microforms; 9,114 audio/visual items; 149 current journals in print; 154 databases; and 105,000 full-text online journals. The library also hosts a computer lab with over 200 personal computers, a multimedia development lab, and an assistive technology lab for students with disabilities. The library participates in Prospector, a unified online catalog of over 40 academic, public, and special libraries in Colorado and Wyoming. Through Prospector, students and faculty

have access to over 30 million books, journals, and non-print materials held in these libraries with the ability to submit online requests for books and videos to be delivered to KFL for their use. The library also provides a Psychology department liaison, whose job is to serve faculty and students. A library endowment supports the addition of new materials for the doctoral program because of one of its foci is in aging.

Recreation. Student recreation facilities are abundant at the Gallogly Recreation and Wellness Center, which is an on-campus state-of-the-art recreational facility including a pool, gymnasium, strength and conditioning equipment, and regular exercise classes. The University Center houses student organization offices, the campus bookstore, activity spaces, several dining options, and a renovated pub. A newly renovated Gallogly Events Center and Berger Hall offer venues for larger campus recreational events. Over 200 student clubs and organizations, Student Activities, Student Government Association, Fraternity and Sorority Life, the Center for Civic Engagement and Service, UCCS Radio, and the Scribe student newspaper are available at UCCS under the Student Life and Leadership Office of the campus.

Health and Wellness. Within the Gallogly Recreation and Wellness Center, are the Health Services and Mental Health Services clinics (MHS). These low-fee clinics provide health and mental health services and accept student health insurance. Neuropsychological testing is also offered at the Mental Health Services clinic, providing low-fee disability testing for students.

Insurance. A student health insurance program offers options for full-time students.

Public Safety. The campus public safety office oversees all aspects of public safety including crime prevention and response, traffic, parking, and emergency preparedness.

Academic Advising/Student Success Center. A centralized wing in Main Hall contains financial aid, student advising, and career advising.

Residence Halls and Food Services. The campus offers modern graduate student dormitory apartments that are outfitted with access to campus computer networks and are within a short walking distance of the Psychology Department. Full-service dining areas are spread across the campus and are available to residential or non-residential students. These dining areas (i.e., Food Next Door) often feature food grown on the campus for the campus as part of its Sustainability, Wellness & Learning (SWELL) initiative run through the UCCS Farmhouse.

Financial Aid and Student Employment. Student stipends are offered through departmental and grant-funded assistantships. The office of Financial Aid assists students with obtaining aid. Although the department is committed to student financial support, doctoral students are discouraged from outside employment; however, the Student Employment office is available for those who wish to access employment information or support services.

f. Sufficient and Appropriate Practicum Experiences. Student trainees, early in their training sequence are placed in practicum sites associated with the relevant training clinic operated by the Psychology Department (AC) or by the Veterans Health and Trauma Clinic (VHTC; Director Charles

Benight). Thus, the faculty maintain direct control over the selection of supervisors, case load type and intensity, and sequencing of training experiences (see specifics in II.B.3).

How students are made aware of the availability of these services. As a highly-respected doctoral program in a public university, we offer program students a wide range of substantial support services. Students are informed of these services at their orientations (through the graduate school and the department) when they begin the program, and the university, department, and program websites also describe them.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-16):

The program is supported throughout the university and has financial support for training and educational activities. All students are supported for at least four years. The clinical program is currently housed in a building with adequate space for the clinical faculty and research labs. There is a separate modern building for the gerontology and trauma centers. The Lane Center, on the west side of campus houses both the Aging Center and Veterans Health and Trauma Clinic. It should be noted that The Veteran’s Health and Trauma Center organizationally is located under the Provost’s office.

The VHTC is a university-based community clinic that serves the regional needs for evidence-based trauma interventions. The clinic specializes in Veteran and military trauma, but also sees a variety of community trauma clients including: complex trauma, disaster related trauma, sexual assault, motor vehicle trauma, and first responder trauma.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
2. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.D.1

Description

Areas of Coverage.

The program has and adheres to formal written policies and procedures that govern students as they enter, progress through, and matriculate from the program. These must include policies relevant to:

1. academic recruitment and admissions, including general recruitment/admissions and recruitment of students who are diverse.
2. degree requirements;
3. administrative and financial assistance;
4. student performance evaluation, feedback, advisement, retention, and termination decisions;
5. due process and grievance procedures;
6. student rights, responsibilities, and professional development;
7. nondiscrimination policies. The program must document nondiscriminatory policies and operating conditions and avoidance of any actions that would restrict program access or completion on grounds that are irrelevant to success in graduate training or the profession.

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 1 Program Policies and Procedures](#) template. Use this template to provide Attachment Names/Page #'s for program policies that have been uploaded as appendices. Please label upload as - **TABLE 1 Program Policies and Procedures**

Appendix	Title	Uploaded By
appendix I.D.1.1.1	Table 1 Program Policies and Procedures	Leilani Feliciano 2018-08-28 21:17
appendix I.D.1.1.2	UCCS Academic Catalog - Financial Aid, Student Employment & Scholarships	Leilani Feliciano 2019-04-03 09:54
appendix I.D.1.1.3	UCCS Graduate School Policies and Procedures	Leilani Feliciano 2019-04-03 10:05
appendix I.D.1.1.4	UCCS Academic Catalog - Nondiscrimination Policies	Leilani Feliciano 2019-04-03 10:24

appendix I.D.1.1.5	UCCS Academic Catalog - Diversity & Inclusion	Leilani Feliciano 2019-04-03 10:29
appendix I.D.1.1.6	UCCS Academic Catalog - Student Rights & Responsibilities	Leilani Feliciano 2019-04-03 10:34
appendix I.D.1.1.7	UCCS Academic Catalog - The Graduate School	Leilani Feliciano 2019-04-03 10:41

2. Upload all public materials on the program and other program-related material (brochures, letters, program manuals, handbooks, formal institutional policy and procedure memoranda, etc.) discussing the policies requested.

Appendix	Title	Uploaded By
appendix I.D.1.2.1	Table of Appendices	Leilani Feliciano 2018-08-29 00:52
appendix I.D.1.2.2	UCCS Geropsychology PhD Program Promotional Flyer	Leilani Feliciano 2018-08-28 21:27
appendix I.D.1.2.3	Appendix A: Geropsychology Documents Related to Training; Guidelines	Leilani Feliciano 2018-08-28 21:37
appendix I.D.1.2.4	Appendix A: Geropsychology Documents Related to Training; Pikes Peak Model	Leilani Feliciano 2018-08-28 21:39
appendix I.D.1.2.5	Appendix A: Geropsychology Documents Related to Training; Qualls et al. 2005	Leilani Feliciano 2018-08-28 21:44
appendix I.D.1.2.6	Appendix A: Geropsychology Documents Related to Training; Pikes Peak Tool	Leilani Feliciano 2018-08-28 21:47
appendix I.D.1.2.7	Appendix B: Trauma Psychology Documents Related to Training; New Haven Competencies	Leilani Feliciano 2018-08-28 21:52
appendix I.D.1.2.8	Appendix B: Trauma Psychology Documents Related to Training; Trauma Psychology Knowledge and Skill Assessment Tool	Leilani Feliciano 2018-08-28 21:54
appendix I.D.1.2.9	Appendix C: PhD Curriculum; Model Curriculum	Leilani Feliciano 2018-08-28 22:06
appendix I.D.1.2.10	Appendix D: Clinical Comprehensive Exam Manuals; Geropsychology	Leilani Feliciano 2018-08-28 22:28
appendix I.D.1.2.11	Appendix D: Clinical Comprehensive Exam Manuals; Trauma Psychology	Leilani Feliciano 2018-08-28 22:27
appendix I.D.1.2.12	Appendix E: Diversity; Diversity/Multicultural Coverage in the Graduate Curriculum	Leilani Feliciano 2018-08-28 22:32
appendix I.D.1.2.13	Appendix F: Clinical Psychology Graduate Student Handbook	Leilani Feliciano 2018-08-28 22:50
appendix I.D.1.2.14	Appendix G: Policies and Procedures Manuals; Gallogly Recreation & Wellness Center Mental Health Services	Leilani Feliciano 2018-08-28 22:52

appendix I.D.1.2.15	Appendix G: Policies and Procedures Manuals; UCCS Aging Center	Leilani Feliciano 2018-08-28 22:54
appendix I.D.1.2.16	Appendix G: Policies and Procedures Manuals; UCCS Aging Center Clinicians Handbook	Leilani Feliciano 2018-08-28 22:56
appendix I.D.1.2.17	Appendix G: Policies and Procedures Manuals; Peak Vista Integrated Care Rotation Student Manual	Leilani Feliciano 2018-08-28 23:09
appendix I.D.1.2.18	Appendix H: Trauma Psychology I - Exam	Leilani Feliciano 2018-08-28 23:13
appendix I.D.1.2.19	Appendix I: Supervision Evaluations; Supervisor Evaluation of Practicum Student	Leilani Feliciano 2018-08-28 23:55
appendix I.D.1.2.20	Appendix I: Supervision Evaluations; Student Self-Evaluation Form	Leilani Feliciano 2018-08-28 23:56
appendix I.D.1.2.21	Appendix I: Supervision Evaluations; Trainee Evaluation of Supervisor Form	Leilani Feliciano 2018-08-28 23:57
appendix I.D.1.2.22	Appendix I: Supervision Evaluations; Trainee Evaluation of Site	Leilani Feliciano 2018-08-28 23:58
appendix I.D.1.2.23	Appendix J: Evaluation Rating Forms; Dissertation Accountability Evaluation Form	Leilani Feliciano 2018-08-29 00:18
appendix I.D.1.2.24	Appendix K: Psychology Student Surveys; MA Graduate Survey	Leilani Feliciano 2018-08-29 00:26
appendix I.D.1.2.25	Appendix K: Psychology Student Surveys; PhD Graduate Survey	Leilani Feliciano 2018-08-29 00:21
appendix I.D.1.2.26	Appendix K: Psychology Student Surveys; Alumni Survey	Leilani Feliciano 2018-08-29 00:28
appendix I.D.1.2.27	Appendix K: Psychology Student Surveys; Alumni Survey Report	Leilani Feliciano 2018-08-29 00:30
appendix I.D.1.2.28	Appendix L; Report on Strategic Planning Workgroup	Leilani Feliciano 2018-08-29 00:33
appendix I.D.1.2.29	Appendix M: Examples of Feedback to Students; Mid-Year	Leilani Feliciano 2018-08-29 00:49
appendix I.D.1.2.30	Appendix M: Examples of Feedback to Students; End of Year	Leilani Feliciano 2018-08-29 00:57
appendix I.D.1.2.31	Appendix N: Community Presentation Feedback Form	Leilani Feliciano 2018-08-29 00:37
appendix I.D.1.2.32	Table 1 Program Policies and Procedures revised	Leilani Feliciano 2019-04-03 18:18

Self Assessment

Focused Questions

[Complete Table 1 Program Policies and Procedures and provide all public materials on the program and other program-related material (brochures, letters, program manual, handbooks, formal institutional policy and procedure memoranda, etc.) discussing the policies requested.

The uploaded Table 1 details where these policies are found, and the program and department documents are also uploaded.

Our program, training clinics (AC and VHTC), department, and university have an extensive set of documented policies and procedures applicable to our students as they enter, progress through, and graduate from our program. In particular, all students receive the *Handbook for Graduate Students in Clinical Psychology*, which is publicly available on the program website as well as distributed to each student at orientation. Our students also receive extensive clinic manuals, which document a host of other policies and procedures. The department also publishes a set of policies on its website. Finally, there are multiple policies and resources at our growing, public university, including a Student Code of Conduct, Office of Financial Aid, Office of Sponsored Programs, etc. These are all uploaded as attachments. Please see the Table of Appendices for the list of appendices contained within.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

1. The program did not provide appendix numbers for any of the policies in Table 1 (Appendix I.D.1.1.1). The program is asked to provide a revised Table 1 with appendix numbers that specify where all required policies can be found. When referencing appendix numbers, the program is asked to use those that are automatically generated by the CoA Portal when documents are uploaded.
2. For ease of review, in the revised Table 1, the program is asked to provide direct links to department/institution-level policies, rather than a general link (e.g., 2018-2019 academic catalog).

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

Thank you. We have revised Table 1 with appendix numbers that specify where the required policies can be found. In addition, we have uploaded copies of these documents, which are included as Appendix I.D.1.1.2 - I.D.1.1.7. Since we cannot edit the tables directly in the portal, the revised table has been uploaded above as Appendix I.D.1.2.32.

For ease of review, we have included direct links to the department/institution level policies, as well.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The university, the program, and the clinic have formal written procedures which are available on the appropriate websites and submitted with their self-study (<https://www.uccs.edu/psych/>). These include

admissions, degree requirements, financial assistances, student performance, grievance procedures, student requirements, and nondiscrimination policies. Discussions with students demonstrate they have an understanding of these materials.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
2. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.D.2

Description

Implementation.

All policies and procedures used by the program must be consistent with the profession’s current ethics code and must adhere to their sponsor institution’s regulations and local, state, and federal statutes regarding due process and fair treatment. If the program utilizes policies developed at another level (e.g., department or institution), it must demonstrate how it implements these policies at the program level.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe how the program ensures that it reflects psychology's ethical principles, legal codes, and professional conduct standards.

Describe how the program ensures that it reflects psychology's ethical principles, legal codes, and professional conduct standards. The program engages in a number of activities to ensure that its procedures, policies, and practices are consistent with the ethics of APA, professional practice standards, and legal codes. Our program is administered by core faculty who are licensed (seven as psychologists); each of us therefore has a commitment to the *APA Ethical Principles of Psychologists and Code of Conduct*. All clinical faculty participate in CE experiences and other activities to keep apprised of changes in the ethical, legal, and professional standards that underlie our profession.

Thus, we systematically follow the various guidelines for psychologists that are put forth by APA, such as those for working with diverse populations, and we share these guidelines among faculty and students. Since program inception, the DCT has been active in CUDCP, attending all annual meetings, and participating on the listserv, reflecting a long-term commitment of the program to participate nationally and stay current with issues and opportunities in the field. The DCT informs the program faculty during the monthly faculty meetings and annual summer retreat of any changes to ongoing professional and legal standards.

As part of the curriculum and in accordance with our program objectives (i.e., Objective 1-C), our Ph.D. students are introduced to the APA ethical guidelines in the Clinical Skills Laboratory course (didactics and discussion) and are required to take a 3-credit hour course on ethics (Ethics and Practice Standards: Professional Development I (PSY 6720)). This course covers the APA ethical guidelines in depth. The students are asked to take a life-long learner approach to ethics where they are continually looking inward to evaluate their ethical and moral development as they function as a professional psychologist. In the 6720 class, students write an ethical autobiography that helps them begin this process to help elucidate the foundation for their ethical and moral compass. Clinical case vignettes are also utilized in the class requiring the students to link the cases with APA guidelines, diversity considerations, as well as state and federal law.

In addition, all students complete a *CITI Training, Human Subjects Protection* course required by our IRB. This course contains several modules that are directly related to ethical standards in research and quizzes to test student understanding and retention of material. In 2017, a campus wide ethics module was required for all staff and students involved with personal health information (HIPAA module).

Lastly, students are also evaluated by clinical faculty and clinical supervisors twice every year during their supervisory evaluations in terms of their competence in adhering to ethical and professional standards.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The clinical psychology program adheres to psychology's ethical principles, relevant local, state, and federal codes, and professional conduct standards that come from psychology's ethics codes and other sources.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
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3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.D.3

Description

Availability of Policies and Procedures.

The program makes the formal written policies and procedures available to all interested parties. By the time of matriculation, the program provides students with written policies and procedures regarding program and institution requirements and expectations regarding students' performance and continuance in the program and procedures for the termination of students.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Briefly discuss how the program communicates its written policies and procedures to current students and potential applicants.

Briefly discuss how the program communicates its written policies and procedures to current students and potential applicants. Our program website provides extensive information about our accreditation status, goals and objectives, and course of study during the program. The majority of our policies are contained in the *Clinical Psychology Graduate Student Handbook*, which is updated regularly by the DCT, Associate DCT, and department staff and then posted on the program website for potential applicants as well as current students and faculty to access. Additional inquiries for clarification about program information go directly to the DCT, Associate DCT, or departmental staff through email links on the program homepage. The *Handbook* is printed and also sent electronically to all new students at the start of their first year. Students are asked to sign and return a form, verifying that they have read the *Handbook* and agree to abide by its policies, including its professional ethics statements. The *Handbook* is attached as Appendix F.

Other written policies include the *Policies and Procedures Manuals* of MHS and for the two training clinics, the AC and VHTC. These manuals, which are also updated regularly, are distributed to all students during the orientation to the AC and VHTC (during the summer at the beginning of their second year in program), our clinical psychology department training program for students in the Geropsychology and Trauma areas of study. Students are required to read the relevant manual and abide by the policies noted when they are engaged in clinic-related activities. These documents are attached (under Appendix G).

Students participating in external practicum are required to read the policies and procedures manual for their assigned sites. For example, at the Peak Vista Community Health Clinics, we utilize a policies and procedures manual for the behavioral health rotations located in two clinics (*Peak Vista Integrated Care Rotation Student Manual*). This manual is updated annually and students are sent a copy electronically at the start of their training year (See Appendix G).

Finally, our program has frequent communication with our graduate student body, through email and through regular meetings with the DCT or Associate DCT, reminding them of upcoming dates and informing them about any changes to policies or procedures.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):
Information concerning the program is available on the department’s web site <https://www.uccs.edu/psych/graduate>. This includes the course catalog, applicant information, graduate handbook, rule and

regulations, and graduate awards. Information including accreditation status and CUDCP admission data are also available.

Program Response

Status: Read/No Comment

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

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3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.D.4

Description

Record Keeping.

The program is responsible for keeping information and records related to student training and complaints/grievances against the program. Records must be maintained in accord with federal, state, and institution policies regarding record keeping and privacy. The Commission on Accreditation will examine student records and programs' records of student complaints as part of its periodic review of programs.

1. **Student Records.** The program must document and maintain accurate records of each student's education and training experiences and evaluations for evidence of the student's progression through the program, as well as for future reference and credentialing purposes. The program should inform students of its records retention policies.
2. **Complaints/Grievances.** The program must keep records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. The Commission on Accreditation will examine a program's records of student complaints as part of its periodic review of the program.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-6 D: Record of student complaints in CoA periodic review](#)

[Provide a summary record of formal student complaints or grievances received by, or known to, the program against the program and/or against individuals associated with the program since the program's last accreditation site visit. Do not include any identifying information on students. Site visitors will review the full records during the site visit.

[Describe the program's system for maintaining student records and complaints, including whether there is a confidential location for storing this information. Site visitors will review this information as a part of the site visit.

Provide a summary record of formal student complaints or grievances received by, or known to, the program against the program and/or against individuals associated with the program since the program's last accreditation site visit.

There have been no formal student complaints received by the current and previous department chairs and DCT's since the last site visit in 2013.

Describe the program's system for maintaining student records and complaints, including whether there is a confidential location for storing this information. Site visitors will review this information as a part of the site visit.

Student records are compiled and maintained in the locked office of our Administrative Assistant, David Dubois. Admissions records, annual reviews, practicum and internship evaluations, and any notices of concern (e.g., written notices of inadequate progress and remediation requirements) are all kept in those files. We are currently using paper files, but we are in the process of transitioning to electronic records. For example, our admissions, annual clinical student evaluations, and supervisor evaluations are all electronic. These documents are maintained indefinitely after graduation, given that we often have alumni seeking confirmation of training years in the future.

The DCT and Department Chair have a policy of keeping a record of formal complaints or grievances raised by program students, alumni, or others. We have had no formal complaints or grievances since our last site visit in 2013 (and there were none in the prior accreditation period, from 2007 to 2013). If a complaint or grievance were to be received, all correspondence regarding such complaints would be kept separately from the student (or alumnus's) file, in the department chair's locked file cabinet, locked within the chair's office.

The program has both formal and informal mechanisms for receiving and handling concerns voiced by students. We encourage students to raise concerns with their faculty advisors, the DCT, Associate DCT, the Chair, or at higher levels of the university, as specified in the *Clinical Psychology Graduate Student Handbook* (Appendix F). Students also provide feedback on their clinical supervisions through semester evaluations and can note any concerns on these forms.

Information about complaints and grievances is provided in the Graduate Student Handbook, a copy of which is provided to each student and is available on the department website. The DCT and Associate DCT maintain open door policies in which students can come with any questions or share concerns about the clinical program. They also meet periodically with students from each clinical cohort to review procedures, discuss progress in the program, and hear students' concerns so as to address them expeditiously. These concerns are then addressed either immediately or as part of ongoing program discussions and evaluations. More frequent meetings are held as students move toward milestone events such as the Comprehensive Examination or application for internship.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The site visit team examined the records of the students in the program. Students receive a form concerning their progress at the end of every year. The clinical faculty also formally discusses student progress in the program.

Since the last site visit, the program has had no complaint filed with the COA.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

In addition to the end of the year review letter discussed in the site visit comment above, this Spring (May of 2019), our students filled out a new Graduate Student Activity Report (GSAR) form. The GSAR is a self-report form where students report their professional activities (e.g., thesis/dissertation proposal/defense, publications, professional conference presentations, etc.) and develop goals for the next training year. We believe that this feedback form (which students are required to submit to the DCT and also provide a copy to their research mentors) not only provides the students with an opportunity to self-reflect on their engagement and accomplishments over the past academic year, but also provides them with goal setting opportunities. The discussion with their mentors allows for opportunity to shape and discuss these goals and to support students with goal attainment in the coming year.

The GSAR is administered via Qualtrics and responses are stored on a secure server. The GSAR further assists with the tracking of student progress in the program.

I. Institutional and Program Context

Overview

Health Service Psychology.

The program offers broad and general doctoral education and training that includes preparation in health service psychology (HSP). Although HSP encompasses a range of practice areas, degree types, and career paths, certain elements are common to training in the profession. A program that is accredited in health service psychology must demonstrate that it contains the following elements:

1. Integration of empirical evidence and practice: Practice is evidence-based, and evidence is practice-informed.
2. Training is sequential, cumulative, graded in complexity, and designed to prepare students for practice or further organized training.
3. The program engages in actions that indicate respect for and understanding of cultural and individual differences and diversity.

Standard I.(AI)

Description

Additional Information relevant to Section I

Supporting Material

1. Upload optional Please upload any additional documents that pertain to this standard (if applicable).

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[(IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any Section I issues to specifically address "in the next self-study"? If so, provide the response here.

[(IF CURRENTLY ACCREDITED): In the program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section I issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined that the issue was satisfactorily addressed or required additional information. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

In the program's last decision letter and/or other correspondence since the last review, did the CoA note any Section I issues to specifically address "in the next self-study"? If so, provide the response here.

There were no Section I issues noted by CoA in the last decision letter and/or correspondence to be addressed by our program.

In the program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section I issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined that the issue was satisfactorily addressed or required additional information. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

There were no Section I issues noted by CoA in the last decision letter and/or correspondence to be addressed by our program.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

NA

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.A.1-2

Description

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe the program's overarching aim(s) and how they reflect the approach to training and outcomes (including career paths) that the program targets for graduates. Briefly explain how the aim(s) are consistent with health service psychology, the program's substantive area of psychology, and the degree type conferred (i.e. Ph.D. or Psy.D.).

Describe the program's overarching aim(s) and how they reflect the approach to training and outcomes (including career paths) that the program targets for graduates. Briefly explain how the aim(s) are consistent with health service psychology, the program's substantive area of psychology, and the degree type conferred (i.e. Ph.D. or Psy.D.).

Consistent with our scientist-practitioner training model and the program philosophy described previously, the three broad goals of our program (including relevant objectives and competencies) are as follows:

Program Goals and Aims are listed below:

Goal 1: Students will acquire the requisite knowledge and skills for entry into the professional practice of clinical psychology

- Objective 1-A: Demonstrate knowledge and skill in clinical assessment
- Objective 1-B: Demonstrate knowledge and skill in psychological and psychotherapeutic interventions
- Objective 1-C: Demonstrate knowledge of the ethics of clinical practice, including ethical practice with diverse populations
- Objective 1-D: Demonstrate knowledge of clinical supervision and consultation that is commensurate with level of training

Competencies Expected for Goal 1 Objectives:

- Knowledge of empirically-based clinical assessment techniques
- Competence in application and use of empirically-based assessment techniques with diverse adult populations
- Knowledge of empirically-based psychological interventions and therapeutic techniques, and their theoretical base
- Competence and practical skills in the delivery of empirically-based psychological interventions and therapeutic techniques
- Competence at adapting interventions as needed, to be sensitive to culturally diverse ways of seeking assistance (Aim)
- Understand and use appropriate ethical behavior in the application of clinical work
- Understand and use appropriate professional standards for behavior in clinical work

- Knowledge of supervisory role and consultation processes

Goal 2: Students will be capable of conducting, evaluating, and disseminating research

- Objective 2-A: Develop attitudes and skills essential for lifelong learning, scholarly inquiry (Aim)
- Objective 2-B: Develop knowledge and skills to conduct empirical psychological research
- Objective 2-C: Develop knowledge and skills to disseminate research effectively to professional and lay audiences

Competencies Expected for Goal 2 Objectives:

- Demonstrate intellectual curiosity (Aim) and skills in acquiring information
- Demonstrate ability to review, integrate, and critically evaluate the literature in the field of scientific study
- Demonstrate knowledge and skill in designing research, and collecting and analyzing data
- Demonstrate ability to disseminate research to professional audiences
- Demonstrate ability to disseminate scientific and professional knowledge to lay public

Goal 3: Students will demonstrate competence in knowledge and skills of Geropsychology or Trauma Psychology depending on the students' Major Area of Study

- Objective 3-A Demonstrate knowledge and skills in professional practice consistent with competencies associated with graduate training within the Pikes Peak Model of Training in Geropsychology or the New Have Competencies for Trauma Psychology
- Objective 4-3: Demonstrate knowledge and skills needed to conduct empirical research in Geropsychology or Trauma Psychology

Competencies Expected for Goal 3 Objectives:

- Recognize and explore attitudes and beliefs about aging that influence clinical work with culturally diverse older adults
- Knowledge and awareness of values and skills of other professions and service delivery systems (Aim)
- Knowledge of theory and research in social/psychological, biological, and health-related aspects of aging (e.g., normative and positive aging, cognitive changes and neuroscience, problems in daily living, and psychopathology in diverse populations of older adults)
- Knowledge of theory and skills in applying assessment instruments to diverse populations of older adults, including aging-specific instruments and application of general adult instruments to older adults
- Knowledge of culturally sensitive assessment of trauma exposure and PTSD; assessment and consideration in treatment of strengths, resilience, and growth; the use of trauma-focused structured interviews; and current research-supported interventions (psychosocial, pharmacological, and somatic) for trauma-related disorders.
- Knowledge of theory and skill in using empirically supported clinical interventions appropriate for older adults or trauma related disorders in at least two practice settings
- Knowledge of theory and knowledge of effects of systems and environments on clinical work with diverse populations of older adults or survivors of trauma, and consultation strategies appropriate to them
- Successful completion of independent research in geropsychology or trauma psychology

These Goals and Aims are consistent with training in health service psychology; we aim to provide foundational knowledge to students seeking scientist-practitioner careers and specialty training in Geropsychology or Trauma Psychology.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-16):

Besides the tradition broad and general preparation, the program trains both researchers and clinicians in two specialty tracks: Geropsychology and Trauma. These aims appear to be embodied throughout the curriculum through a well delineated two track program of coursework and practica. Faculty are all active researchers and all clinical faculty are involved in clinical training and supervision. Alumni of the program tend to pursue careers in a number of different venues, occupying clinical, academic and administrative positions. Students are able to achieve significant clinical training in their respective clinical tracts. All aspects of the program appear to be consistent with its model of training and it is evident in students' perceptions of desired outcomes, as well as the actual outcomes achieved by the students. The clinical training appears to be systematic, organized, graded in complexity, and individualized to the student and specialization tract.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.B.1.a

Description

Discipline-Specific Knowledge, Profession-Wide Competencies, and Learning/Curriculum Elements Required by the Profession

1. Discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health services psychology. Thus, all students in accredited programs should acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

1. Discipline-specific knowledge represents the requisite core knowledge of psychology an individual must have to attain the profession-wide competencies. Programs may elect to demonstrate discipline-specific knowledge of students by:
 1. Using student selection criteria that involve standardized assessments of a foundational knowledge base (e.g., GRE subject tests). In this case, the program must describe how the curriculum builds upon this foundational knowledge to enable students to demonstrate graduate level discipline-specific knowledge.
 2. Providing students with broad exposure to discipline-specific knowledge. In this case, the program is not required to demonstrate that students have specific foundational knowledge at entry but must describe how the program's curriculum enables students to demonstrate graduate-level discipline-specific knowledge.

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 2 Discipline-Specific Knowledge](#) template. Complete the table for each knowledge area. Please label upload as TABLE 2 Discipline-Specific Knowledge

Appendix	Title	Uploaded By
appendix II.B.1.a.1.1	Table 2 Discipline-Specific Knowledge	Leilani Feliciano 2018-08-29 02:07
appendix II.B.1.a.1.2	Table 2 Discipline-Specific Knowledge revised	Leilani Feliciano 2019-04-08 11:47

Self Assessment

Focused Questions

Review: [IR C-7 D: Discipline-Specific Knowledge](#)

[Complete Table 2 Discipline-Specific Knowledge

[Demonstrate in a narrative how the program ensures that all students acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology.

[If the program permits students to attain foundational knowledge of Category 1 or 2 areas outside of doctoral training, the program must describe its systematic process to evaluate each individual student's foundational knowledge and how those processes are:

1. Relevant to the required discipline-specific knowledge areas.
2. Sufficiently rigorous to demonstrate students' substantial understanding of discipline-specific knowledge.
3. Appropriate for the program's intended use.
4. Free from discrimination on bases irrelevant to success in the doctoral program.
5. Based on a substantial educational experience that included evaluation of knowledge contemporaneous with the experience (e.g., a course for which the instructor assigned a grade at course completion, rather than an activity completed in the remote past that was evaluated post hoc by a member of the doctoral faculty).

Demonstrate in a narrative how the program ensures that all students acquire a general knowledge base in the field of psychology, broadly construed, to serve as a foundation for further training in the practice of health service psychology. Students typically enter the program with demonstration of some general knowledge base in the field of psychology as demonstrated by a BA or BS from an adequate undergraduate program in psychology including college-level mathematics, statistics, experimental psychology, and some background in the biological, physical, and social sciences. Our program does not specify required courses for applicants to have taken at the Bachelor's level, nor do we evaluate educational experiences attained at this level, apart from the expectation that students have an overall average of 3.0 ("A" is equivalent to 4.0) or above in all undergraduate courses. Consequently, for both Category 1 and Category 2 Discipline-Specific Knowledge (DSK), we have a curriculum plan for students to acquire this knowledge while enrolled in our program. This includes curricular and experiential components further described herein.

Further breadth in the foundational underpinnings of psychology is achieved through demonstrated competency in several courses that span History of Psychology, the basic content areas in scientific psychology, advanced integrative knowledge of these basic discipline-specific content areas and research statistics and research design.

Discipline-Specific Knowledge Category 1: History and Systems of Psychology and the Basic Content Areas in Scientific Psychology. Consistent with DSK Category 1, all students are required to take course work and demonstrate competency in: History and Systems of Psychology. Students are additionally expected to demonstrate an ability to integrate psychological schools of thought through completion of the Comprehensive Exam, which requires that they conceptualize a clinical case and treatment plan through a primary theoretical orientation. This task bridges classroom acquisition of knowledge related to major systems of theory to evidence-based clinical practice and the implementation of core theoretical concepts in the field.

Affective Aspects of Behavior: Affect, mood, emotion, and emotion regulation are infused through primary courses that are required of all students (see Table 2). For the Geropsychology Major Area of Study, two additional required courses cover affective aspects of behavior. Psychology of Aging II (PSY 5220) covers normal emotional development from adulthood through later life. Clinical Neuropsychology (PSY 6870) examines in-depth the effects of neuropsychological disorders on cognition, affect, and behavior.

For the Trauma Psychology Major Area of Study, two additional required courses cover affective aspects of behavior. Trauma Psychology I (PSY 6160) covers emotional development in trauma survivors throughout the lifespan. Clinical Trauma Psychology (PSY 6630) focuses on psychotherapies to treat trauma-related disorders in which the role of affect, behavior, and cognition in explaining behavior and in creating behavior change is emphasized.

Biological Aspects of Behavior: Multiple biological underpinnings of behavior are covered primarily in two required courses: PSY 6120 Neuroscience, which focuses on biological bases of behavior and brain/behavior relationships and PSY 6790 Psychopharmacology, which covers the biological basis of mental disorders and the reciprocal interaction of psychological and biological factors associated with medications used to treat mental disorders.

Cognitive Aspects of Behavior: This basic content area is covered primarily in two required courses: PSY 6110 Cognition, a broad survey course of cognitive aspects of behavior and PSY 6860 Cognitive Assessment, which includes basic concepts about cognitive processes relevant to cognitive assessment across the lifespan.

Developmental Aspects of Behavior: PSY 6110 Developmental Psychology is a required survey course in which developmental issues across the life-span (from infancy to older adulthood) are covered extensively.

Given geropsychology's developmental ties, students in the Geropsychology Major Area of Study also take two additional required courses that cover developmental aspects of behavior. Psychology of Aging I (PSY 5210) and Psychology of Aging II (PSY 5220) cover diverse core components of developmental underpinnings of behavior from adulthood through later life. For the Trauma Psychology Major Area of Focus, Trauma Psychology I (PSY 6160) covers developmental factors related to trauma recovery and trauma experiences across the lifespan. Clinical Trauma Psychology (PSY 6630) covers the tailoring of assessments and interventions to account for developmental lifespan factors.

Social Aspects of Behavior: PSY 6130 Social Psychology, a required course covers the social aspects of behavior.

DSK Category 2: Research and Quantitative Methods and Advanced Integrative Knowledge:

Consistent with DSK2, all students are required to take 2-3 semesters of Research Statistics and Research Design courses. In addition, all master's theses and dissertations are required to be empirical in nature, involving the collection, analyses, and interpretation of data. (Please see [Discipline Specific Knowledge Acquisition Table](#)).

The advanced integrative knowledge of Basic Discipline-Specific Content Areas is measured in several ways:

- 1) The comprehensive exam for students in our program requires that students evaluate a clinical case and provide a conceptualization that integrates multiple basic content areas (e.g., biological, cognitive, social, developmental) in their understanding of the client's behavior (see Appendix D for rubrics).
- 2) In the Geropsychology Major Area of Study, students in the Clinical Geropsychology I course are assigned a project in which they consult with a community organization. The project requires them to review, synthesize, summarize, and apply research literatures on biological, cognitive, affective, and social functioning of older adults to the consultation project. Specific details of the assignment are found the syllabus for PSY 6610.

In the Trauma Major Area of Study, students cover the advanced integration of the content cores in Trauma Psychology I. Their take-home essay exam requires them to respond to questions from the field of trauma psychology that requires them to integrate knowledge of affective, biological, cognitive, social, and developmental aspects of behavior as they relate to trauma psychology (exam attached as Appendix

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

The program did not provide appendix numbers (automatically generated by the Portal) for any of the evaluation tools in the discipline-specific knowledge (DSK) table (Appendix II.B.1.a.1.1). The program is asked to provide a revised table with appendix numbers that specify where all evaluation tools can be found. When referencing appendix numbers, the program is asked to use those that are automatically generated by the CoA Portal when documents are uploaded.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

We have revised the DSK Table (Appendix II.B.1.a.1.1.) with appendix numbers that specify where the evaluation tools can be found. We have uploaded this revised document as Appendix II.B.1.a.1.2.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

General Approach to DSK: The Clinical Psychology Program has two central foci: Trauma and Geropsychology. Both share core academic coursework that is developed by individual faculty, then vetted by the DCT and Chair. The DSK's are addressed through a combination of graded academic coursework and clinical foundational skills early on, bifurcating to content specific coursework and practica as student progress through the program. The program is based on the Boulder Model of training, and explicitly incorporates foundational skills, track-specific coursework, and specialty training in both internal and external practica.

Category 1: The Clinical Psychology program with specialty areas in Geropsychology and Trauma. They cover foundational issues and skills within the program, with academic coursework appropriate to Health Service Psychology. Initial coursework focuses on the basic scientific foundations, such as Methods, Statistics, Psychopathology, as well as clinical foundations such as a Clinical Skills Lab, Care Seminar, Clinical Interviewing and Assessment.

The courses that have been taught consistently clearly appear to satisfy Category 2 and Category 1 requirements. That is, there are several integrative courses which provide broad-based knowledge in multiple areas as well as their integration. Specialty training can start as early as the first semester with a specialty course in Trauma.

The Geropsychology tract, despite having a small faculty, has written many of the national standards in Health Services Psychology in caring for the Elderly. Notably, the program follows The American Psychological Association's principles and competencies delineated in the Pikes Peak Model for Training in Professional Geropsychology, which was developed at Colorado Springs involving a number of its faculty.

Similarly, the program's trauma faculty follow an empirically supported training regimen, the New Haven Competencies for Trauma Psychology, and faculty in the program have similarly contributed to the empirical foundations on a national scale.

Category 2: The sequence of courses listed in the self-study appear to reflect the aims of the program, and the sequence of clinical experiences appear to reflect the program's stated aims as well. The program begins training with foundational courses for student coming in with both Bachelor and Master's level training, and both didactics and practical experience are in line with the programs stated aims and outcomes.

Superordinate to the two specialty tracks, the program incorporates four themes: Integration of science and practice; Human development as context of practice and science; Social and cultural contexts of practice and science; and Ethical standards as foundational to the profession.

The program addresses both the tracks and themes in its graduated approach to content, as seen in the coursework for developmental and aging psychology in the first year, as well as a full year of trauma psychology in the first year as well. Specific coursework incorporates ethics and diversity. The clearly delineated practica experience (addressed below) addresses the integration of science and practice.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.B.1.b

Description

Profession-wide competencies include certain competencies required for all students who graduate from programs accredited in health service psychology. Programs must provide opportunities for all of their students to achieve and demonstrate each required profession-wide competency. Although in general, the competencies appearing at or near the top of the following list serve as foundations upon which later competencies are built, each competency is considered critical for graduates in programs accredited in health service psychology. The specific requirements for each competency are articulated in Implementing Regulations. Because science is at the core of health service psychology, programs must demonstrate that they rely on the current evidence-base when training students in the following competency areas. Students must demonstrate competence in:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 3 Profession-Wide Competencies](#) template. Complete the table for each of the curriculum areas identified in Standard II.B.1.b. Please label upload as - **TABLE 3 Profession-Wide Competencies**

Appendix	Title	Uploaded By
appendix II.B.1.b.1.1	Table 3 Profession-Wide Competencies	Leilani Feliciano 2018-08-29 02:23
appendix II.B.1.b.1.2	Table 3 Profession-Wide Competencies revised	Leilani Feliciano 2019-04-08 11:43

2. Upload samples of program and supervisor evaluation forms or instruments, student performance evaluations, surveys conducted, and any other methods or tools used to assess attainment of student and program training aims and competencies.

Appendix	Title	Uploaded By
appendix II.B.1.b.2.1	Supervisor Evaluation of Practicum Student	Leilani Feliciano 2018-08-30 00:13
appendix II.B.1.b.2.2	Student Evaluation of Practicum Site	Leilani Feliciano 2018-08-30 00:13
appendix II.B.1.b.2.3	Student Self-Evaluation	Leilani Feliciano 2018-08-30 00:14
appendix II.B.1.b.2.4	Student Evaluation of Practicum Supervisor	Leilani Feliciano 2018-08-30 00:15
appendix II.B.1.b.2.5	Supervision Contract	Leilani Feliciano 2018-08-30 00:16
appendix II.B.1.b.2.6	Dissertation Defense Accountability Evaluation Form	Leilani Feliciano 2018-08-30 00:19
appendix II.B.1.b.2.7	Dissertation Defense Student Survey	Leilani Feliciano 2018-08-30 00:20
appendix II.B.1.b.2.8	Comprehensive Examination Evaluation and Rubric; Gero	Leilani Feliciano 2018-08-30 00:26
appendix II.B.1.b.2.9	Comprehensive Examination Evaluation and Rubric; Trauma	Leilani Feliciano 2018-08-30 00:27

Self Assessment

Focused Questions

Review: [IR C-8 D: Profession-Wide Competency](#)

- [Complete Table 3 Profession-Wide Competencies
- [Describe how the program demonstrates that it relies on the current evidence base when training students in the profession-wide competency areas.
- [Demonstrate how the program ensures that it prepares students to navigate cultural and individual differences in research and practice, including those that may produce value conflicts or other tensions arising from the intersection of different areas of diversity.

Describe how the program demonstrates that it relies on the current evidence base when training students in the profession-wide competency areas. As a scientist-practitioner program, our faculty are committed to both contributing to the knowledge base of the field and having such knowledge guide our education and training of students. All core faculty regularly track the literature in their fields, and many of the faculty are on journal editorial boards and/or serve as associate editors. Thus, faculty stay current in their respective fields, attending conferences and obtaining CEUs. When teaching, faculty update their syllabi regularly with recent literature, and faculty commonly share with each other articles that they have encountered, for consideration in each other's courses. Faculty commitment is reflected in coursework in terms of use of empirical readings and evidence-based practices (see syllabi). We note that we also respect theoretical diversity, given that the current state of the empirical literature provides support for multiple perspectives (e.g., research on empirically-supported treatments is complemented by research on client and relational factors.)

Efforts to Prepare Students to Think About and Navigate Diversity Issues. Education about cultural and individual differences and diversity is woven into the core curriculum and is the focus of one course. Beginning with the doctoral program orientation meeting, cultural diversity is emphasized as 1 of 4 core themes of the program. The most formal and in-depth instruction about culture and diversity issues occurs within a 3-credit course (6730 Diversity of Culture and Family: Professional Development II). In addition, several other courses address culture and diversity issues in substantial ways, with strong emphasis from the very earliest courses students take. The Advanced Psychopathology course (6780) requires students to read and process articles on such issues as the social construction of mental illness, the influence of gender and culture on the expression of psychopathology, and the epidemiology of mental disorders stratified by gender, age, ethnicity, and other aspects of diversity. The Clinical Skills Laboratory course (5710) presents multicultural issues and topics as a consistent theme throughout the course. This beginning course specifically focuses on helping students think about how their own background may influence the way they perceive and interact with people who are different from them. The Clinical Interviewing and Personality Assessment course (6850) emphasizes sensitivity to cultural differences in relational styles and presents information about the strengths and weaknesses of objective personality tests with respect to cultural diversity. The Cognitive Assessment course (6860) exposes students to cross-cultural aspects of cognitive assessment in terms of test theory, test development, test construction, item bias analyses, confirmatory factor analysis, and exploratory factor analysis. Validity studies conducted with various major batteries are examined for confounding variables relating to culture (e.g., SES, ethnicity). The Psychotherapy course (6920) includes a module on cross-cultural psychotherapy and multicultural competence. In this class, the majority of cases used as part of the problem-based learning approach have a diversity component. The Psychology of Aging courses (5210; 5220) assign

articles that examine the effects of cultural diversity on the sub-topics. There is specific content that addresses women's health, sexuality, and ethnically diverse older adults. The Social Psychology course (6130) covers issues of prejudice, diversity, and the consequences of racial, ethnic, and gender stereotypes, including work on stereotype threat, objectification theory, and the implications of diverse social psychological theories for understanding the psychology of prejudice. The Neuropsychology course (6120) discusses individual differences that derive from brain functioning, including topics such as gender, sexual orientation, and the biological basis of religious behaviors. In clinical practicum settings, students are expected to be able to critically analyze the ecological validity of tests that they use in clinical practice and expected to aspire and work toward cultural competence in assessment guided by APA ethical standards and the Standards for Fair Practice in Testing that address test developers as well as test users. The Clinical Trauma Psychology course (6680) discusses culturally sensitive assessment and treatment of trauma, and cross-cultural trauma psychology is a major focus of the Trauma Psychology I (6160) course. Lastly, the Clinical Supervision and Consultation course (6930) covers topics related to developing competencies in addressing diversity issues clinical supervision. In this class, the case studies used as part of the problem-based learning approach have a diversity component. See Appendix E for further details and sample readings from these courses.

Several clinical placements affiliated with the program offer exposure to minority populations. For example, the AC consistently has provided students with experience working with African American and Hispanic older adults in the Psychotherapy program and in the Neuropsychological Assessment program (about 20% of clients are ethnic minorities). At the VHTC, approximately 25% of clients are ethnic minorities. The Directors of the AC and VHTC, along with faculty supervisors, work to ensure that caseload diversity is maintained throughout the student's enrollment in practicum. The neuropsychological assessment program at the AC specifically extends the targeted (55+) age range for clients to provide experiences with traumatic brain injury, substance-induced brain dysfunction, and developmental disabilities. At the Peak Vista Community Health Center (Lane and Wahsatch clinics), the majority of individuals seen by our students are 50 years or older, almost all of whom are low in socio-economic status. About 39% of the patients seen in the behavioral health collaborative are ethnic minorities: 6% are Hispanic, 10% are African-American, 6% are Asian, and 1% are Native American, 5% indicate "other", and 11% are unknown race/ethnicity. The Silver Key In-Home Treatment Program serves very low-income clients, some of whom are ethnic minority clients.

In addition, the Clinical Competence Examination (CCE; part of the Comprehensive Examination; Appendix D, pp. 6-13) requires that students demonstrate competence regarding diversity issues. Specifically, in the Clinical Case Presentation segment, the "Clinical Formulation" section requires the students to integrate information about the client's cultural context into their case conceptualization (p.11, #2). Additionally, students are expected to summarize the impact of cultural diversity on the development of the presenting problem and the psychotherapeutic treatment process (p.12, #8). As part of the skills assessment, each student is rated by faculty members on two areas regarding diversity issues: 1) Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case, and 2) Student discusses knowledge of diversity issues with sensitivity and respect for differences (see scoring rubric in Appendix D, pp. 20-29). These ratings partially determine whether the student passes the CCE.

Status**Progress Status:** Ready for Submission**Admin Review****Review Status:** Additional Info Required**Admin Review Comments** (Last updated on 2018-12-21):

1. The program did not provide appendix numbers (automatically generated by the Portal) for any of the evaluation tools in Table 3 (Appendix II.D.1.b.1.1). The program is asked to provide a revised table with appendix numbers that specify where all evaluation tools can be found. When referencing appendix numbers, the program is asked to use those that are automatically generated by the CoA Portal when documents are uploaded.
2. In Table 3 (Appendix II.B.1.b.1.1), under the research profession-wide competency (PWC), the program listed minimum levels of achievement (MLAs) as “faculty committee approval (Pass)” on the Master’s thesis, dissertation, and Comprehensive Exam research portfolio. However, it is unclear what constitutes a passing grade. The program is asked to provide a revised table that clearly outlines the MLAs for these outcome measures.

Additional Information**Reopen Status:** Ready for Submission**Program Response to Reopened Standard**

1. Thank you for this feedback. We have revised Table 3 (formerly Appendix II.D.1.b.1.1) to include appendix numbers for any of the evaluation tools referenced.

2. In Table 3, we have also clarified the language in this section on research profession-wide competency on the MLA's. The language added is below:

- Faculty committee approval (Pass) of master’s thesis. A pass means a unanimous vote of the formal assigned committee members that this student’s work successfully passed the faculty committee’s standards and defined as being of publishable quality.
- Faculty committee approval (Pass) of doctoral dissertation. A pass means a unanimous vote of the formal assigned committee members that this student’s work successfully passed the faculty committee’s standards and defined as being of publishable quality.
- Faculty committee approval of Comprehensive Exam research portfolio (Pass). A pass means approval by the Chair of the Comprehensive Exam committee that the exam has successfully passed the faculty committee’s standards.

The Table 3 has been uploaded above as Appendix II.B.1.b.1.2

Site Visit Review**Site Visit Review Status:** Ready for CoA Review**Site Visit Comment (Last updated on: 2019-05-16):**

i. **Research.** The Clinical Psychology department has a substantial contingent of faculty who focus on quantitative methods and issues. The students take a graduated sequence of courses beginning with a combined Research Methods and Statistics I class, then Research and Methods II, followed by a multivariate course. The quantitative faculty also offer more advanced classes, such as a recent course in Meta-analysis. Students are expected to demonstrate research proficiency in Master’s theses, comprehensive examination, and dissertations. The department utilizes a developmental model for this training, and the faculty are research productive.

ii. **Ethical and legal standards.** The students enroll in a specific ethics course (PSY 6720), Students expressed satisfaction with this course. Research ethics are addressed through CITI training, and all post-mater's students have interacted with the institutions IRB. Additionally, they receive ethics training through in-house clinical practica, and practicum supervisors focused on these issues with new clinical students during the site visit interview. Ethical behavior is monitored by faculty and supervisors, with feedback provided to students on an ongoing and formal basis.

iii. **Individual and cultural diversity.** Diversity was a topic of ongoing focus during the site interview. The students and faculty spoke about a deep commitment to diversity, while at the same time expressing frustration that recruitment efforts for diverse students and faculty. The program addresses diversity in a dedicated course (PSY 6730), with specific diversity issues infused in several different (primarily clinical) courses. Some elements of diversity, such as age and socioeconomic background, are dealt with extensively in clinical practica because of the focus on gerontology and deep interactions with veteran's groups. There was only one male student who did express some challenges facing the program with no similar cohort, but he did report feeling supported by peers and faculty.

iv. and v. **Professional values, attitudes, and behaviors and Communication and interpersonal skills.** In the self-study, the program noted that graduate students have professional issues infused in several different courses (e.g. Clinical Skills Lab, Ethics and Practice Standards: Professional Development I, and Diversity of Culture and Family). These courses are designed to set the foundation for professional conduct and empathy. Practical training on professional skills and values are further provided by an extensive observational based series of practica that have faculty as practica advisors and vice-versa. The self-study may under-represent the degree to which professional values are shaped by practicum supervisors: in the beginning practica venues students are recorded for every session, with a clear mechanism of review by the supervisors, and weekly, biannual, and annual feedback given to the students.

The program is based on a faculty mentor system, and the students report that both faculty and supervisors interact with the students on an ongoing basis, helping foster professional socialization and identity. When students are struggling, there is a clear sequence for remediation, which is clearly and thoroughly documented. The program has counseled out at least one student before matriculation when professional concerns became too high a barrier to success.

vi. **Assessment.** Students appear to be take a comprehensive assessment sequence including cognitive assessment and assessment of personality. They further take a general course in psychodiagnostics (PSY 6780). Given the student's specialty track, they then take courses in Geropsychology or trauma which contain specialized assessment materials and approaches. The assessment sequence appears graduated in complexity, as well as the cases assigned to the students on practica. Students reported assessment as an area of strength in the department for both tracks, and felt like the number of

integrative assessment reports conducted under supervision made them very competitive for internship placements.

vii. **Intervention.** Students receive graded exposure to interventions for both the Geropsychology and Trauma tracks. Beginning with a Clinical Skills Lab, a dedicated course (PSY 6920) on psychotherapy, they receive track specific knowledge in coursework (Gero and Trauma) the first year. Students and faculty were able to explicate the interface between assessment and intervention as well.

The practicum placements appear to be a particularly strong vehicle for intervention training for this program. They have dedicated sites that work hand-in-hand with the department for clinical skills development. They record all sessions for beginning therapists, have both group and individual supervision, written and verbal feedback for individual sessions, and include further didactic training for case formulation and in vivo skills training.

The program states in its self-study that it focuses on empirically supported treatments, and this was confirmed in the site visit. As stated above, they have been instrumental for writing national standards on intervention in both Geropsychology and trauma, and the students were able to speak clearly about EST's, identifying which situations might call for prolonged exposure, EMDR, DBT, or transdiagnostic protocols.

The students and faculty expressed a clear understanding of the role of case conceptualization in intervention, and the students were clear on the aims of the program, how the coursework and practica worked together to promote clinical skills, and how the clinical experiences were graded, logical, and increasing in complexity as a function of progress in the program.

viii. **Supervision.** The clinical students participate in coursework dedicated to supervision (PSY 6930: Clinical Supervision and Consultation). They also have consultation projects in both the Geropsychology or Trauma tracts. They did not report any other major experiences with supervision directly. Some students expressed that given the career trajectories of most graduates (Clinical, administrative, and academic) will involve supervision, the level of preparation may not be as thorough as they would like.

viii. **Consultation.** The self-study does not address the substantial amount of interaction with allied professions the students have during the practicum placements. Beginning with their first experience, they work with psychiatry, social work, and nursing. In later, more advanced experiences (such as VA's, and hospice environments) they work with a large array of professionals and work settings. These are not specifically tracked or quantified, so did not appear in the outcomes measures, but was noted as a particular strength both by students and by supervising faculty.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-06-03):

A note on **viii Supervision**. Geropsychology track trainees have opportunities to build fundamental supervision and training skills in the Aging Center, as peer trainers in the orientation to the site, supervisory assistants in the assessment rotations (Neuropsychological Assessment, Memory Clinic) and as co-therapists in the caregiver groups. There is not currently a parallel opportunity available in the Trauma Track. We will plan to discuss the student concerns regarding supervision preparation in our upcoming summer retreat for 2019.

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.B.2

Description

Learning/Curriculum Elements Related to the Program's Aims.

The program must describe the process by which students attain discipline-specific knowledge and each profession-wide competency (i.e., the program's curriculum) and provide a description of how the curriculum is consistent with professional standards and the program's aims.

Supporting Material

1. Upload syllabi for ALL required courses in addition to any elective courses that may be used to meet any of the requirements of Standard II. Important Reminders for providing syllabi:

[Show More](#) on page

Syllabi should be ordered by course number and should be clearly labeled by both course number and title. Course number and course title should be clearly marked on the first page of the syllabus. Though not required, the preferred method for syllabi uploads is to provide them all in one document (e.g. PDF) with bookmarks for ease of navigation.

The minimum information required for CoA's review of each syllabus includes:

- a listing of all topics covered,
- the nature of the assignments students are required to complete,
- name of instructor,
- date the course was last offered.
- specific bibliographies of required readings (including primary sources, as appropriate). If the program or a course in the program uses electronic methods for listing or storing required readings (e.g., the list of readings is available on Blackboard), the reading list must be uploaded with the syllabus.

This must be presented in a way that can be understood by outside reviewers (including, for example, chapter names and paper titles, rather than just author and date). All syllabi will be evaluated solely on the basis of what is submitted with the self-study; as a result, a syllabus that is missing the required readings may be judged to be inadequate on that basis alone.

[Show Less](#) on page

Appendix	Title	Uploaded By
appendix II.B.2.1.1	UCCS Course Syllabi	Leilani Feliciano 2018-08-30 00:31
appendix II.B.2.1.2	UCCS Course Syllabi revised	Leilani Feliciano 2019-04-10 13:24

2. OPTIONAL Curriculum plan/map - if coverage of discipline specific knowledge, profession-wide competencies, or program-specific competencies is distributed across multiple learning experiences, provide a curriculum map that clearly demonstrates how/where coverage is distributed and assessed.

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[If multiple sections of a course are offered or multiple syllabi are provided for one course, describe the procedure to ensure that each section of the course provides sufficient coverage of the identified knowledge area.

[

Does the program use distance/online/electronically mediated education methodologies? If yes, please address the following:

1. Describe specifically when and how distance/online/electronically mediated education methodologies are used. If specific courses (in part or whole) or educational experiences are offered using distance education methods, each must be explicitly identified as such.
2. Describe the methods by which the program identifies the person participating in the education or training activity that uses distance education methodologies. In other words, the program must report how it ensures that a student registering or receiving credit for a course is the same person that participates in and completes the course.
3. Describe how the methods described above protect student privacy.
4. Describe how students are informed in a timely manner of any additional program fees associated with verification of student identity.

If multiple sections of a course are offered or multiple syllabi are provided for one course, describe the procedure to ensure that each section of the course provides sufficient coverage of the identified knowledge area. The courses that are offered in multiple sections include:

PSY 5710 - Clinical Skills Lab

An introductory practicum course which emphasizes psychotherapy skills and concepts related to therapeutic interaction. A prerequisite for the clinical practicum PSY 6740. Two sections of the mandatory laboratory component are offered as part as the didactic course (sections offered at different times).

PSY 6740 – Practicum in Clinical Psychology

Practicum in clinical psychology. Direct clinical experience for graduate candidates in psychology only. Students provide clinical services under supervision in community setting. Multiple sections offered based on multiple clinical supervisors and practicum sites at different times.

PSY 6880 – Clinical Neuropsychology Lab

Training in practice of clinical neuropsychology through supervised experience administering, scoring, interpreting, and reporting test results. Two sections are offered at different times.

PSY 8000 – Doctoral Dissertation

Multiple sections assigned to faculty.

Does the program use distance/online/electronically mediated education methodologies? If yes, please address the following: No. Our program does not use distance/or fully online/ electronical mediated education methodologies.

Status**Progress Status:** Ready for Submission**Admin Review****Review Status:** Additional Info Required**Admin Review Comments** (Last updated on 2018-12-21):

The program is asked to address the following items related to course syllabi:

1. The syllabi for PSY 614: Proseminar – Personality; PSY 642: Aging Proseminar – Memory and Aging; PSY 5840/PSY 6815: Methods for Analyzing Change/Advanced Methodology Seminars; PSY 6130: Social Psychology; and PSY 6670: Teach More Effectively appear to be outdated (over 3 years old). The program is asked to clarify whether these courses are still taught. If so, the program is asked to provide updated versions of these syllabi.
2. The syllabi for PSY 6100: Developmental Psychology; PSY 6170: Trauma Psychology II; and PSY 6630: Clinical Trauma Psychology did not list the last semester in which the courses were taught. The program is asked to provide updated syllabi that include the last semester in which each course was taught.
3. The syllabus for PSY 642: Aging Proseminar – Memory and Aging did not list the assignments used to evaluate students' knowledge. The program is asked to provide a revised syllabus that includes the assignments completed by students.
4. For PSY 5810: Research Statistics and Methodology I; PSY 5820: Research Statistics and Methodology II; PSY 6640: Clinical Trauma II; PSY 6740: Supervised Clinical Practicum; and PSY 6880: Clinical Neuropsychology Lab, the syllabi did not include a list of topics to be covered in each course. To ensure that students are taught and evaluated at the graduate level, the program is asked to provide revised syllabi that include a list of topics to be covered in each course.
5. For PSY 5810: Research Statistics and Methodology I; PSY 5820: Research Statistics and Methodology II; PSY 5830: Applied Multivariate Techniques I, the syllabi state that readings can be found on the course website, but full citations are not provided. Similarly, full citations for readings used in PSY 5710: Clinical Skills Lab; PSY 6730: Diversity of Culture and Family – Professional Development II; and PSY 6920: Psychotherapy were not provided. To ensure that students are being taught and evaluated at the graduate level, the program is asked to provide revised syllabi for these courses that include full citations to current primary source readings covered in the course.
6. The syllabus for PSY 6790: Psychopharmacology did not include any readings. To ensure that students are being taught and evaluated at the graduate level in the DSK area of biological aspects of behavior, the program is asked to provide a revised syllabus that includes full citations to current primary source readings covered in the course.
7. Regarding multiple sections of courses, the program is asked to describe the procedure to ensure that each section of the course provides sufficient coverage of the identified knowledge area.

Additional Information**Reopen Status:** Ready for Submission**Program Response to Reopened Standard**

1. The course, PSY 614: Proseminar – Personality (now PSY 6140) is not being offered any longer as part of the required curriculum. It is, however, offered on occasion as an elective course. Thus, we do not want to eliminate it from our list of courses.

PSY 5840 is a required course and offered as needed. Dr. Kelli Klebe will be teaching the course this semester. The syllabus for this course for Spring of 2019 is uploaded.

PSY 6813 (not 6815) is an elective course offered when a faculty member wants to teach an additional or special topics class. Dr. Andrew Lac taught it most recently in Spring 18. The subtopic is varied depending on who teaching the course. We have uploaded a copy of the most recent syllabus taught by Dr. Lac, but again the course topic will vary.

PSY 6130 is being taught by Dr. Tom Pyszczynski this semester and is uploaded as Appendix II.B.2.1.2.

PSY 6670 was regularly offered before Dr. Kelli Klebe transitioned out of the department due to her administrative roles at 100%. It will likely not be taught often since she is currently only back in the department at 50% time. There is no more recent syllabus for that class.

2. Please see the attached revised syllabi for PSY 6100 - Fall 2017; PSY 6170 – Spring 2019; PSY 6630 – Spring 2019. These have been combined into a single document for upload as Appendix II.B.2.1.2.

3. PSY 642: Aging Proseminar – Memory and Aging. This is an elective course. This course will not likely be offered again, however, the faculty wish to keep the course on the books in case there is student interest.

4. The syllabus for PSY 5810: Research Statistics and Methodology I has been revised accordingly. The revised document is included within Appendix II.B.2.1.2.

PSY 5820: Research Statistics and Methodology II – has been revised accordingly. The revised document is included within Appendix II.B.2.1.2.

PSY 6740: Supervised Clinical Practicum – This syllabus is for a practicum experience in which students enroll under the faculty supervisor for the specific practicum site, they obtain clinical experience and their clinical work is supervised by a licensed, faculty supervisor. This is not a traditional course in that it does not contain a calendar of weekly readings/topics. There are recommended readings and optional readings that pertain to individual practicum sites, but no specific timelines for when these readings should ideally take place. The utilization of readings is intended to either prepare students for clinical work within the specific setting or is interwoven to the case content that arises in the supervision process.

PSY 6880: Clinical Neuropsychology Laboratory: Sections 001 and 002. This course is not a traditional course in that it does not contain weekly readings/topics. It is a laboratory or experiential course. The goals of each semester differ. Dr. Maxfield describes the course content as the following:

PSY 6880 for the Summer Semester will be primarily focused on test administration and clinical interviewing specific to neuropsychological evaluations. We will discuss the primary referral questions addressed in the clinic. Because capacity evaluations are sometimes requested, we will also cover the specifics of testing and interviewing for capacity evaluations. Students will also learn about the scheduling process, including the phone screen (establishing the patient's referral question, primary difficulties, understanding of the purpose of the evaluation, potential for special needs, such as sensory deficits requiring accommodation, dietary needs for day of testing, etc., as well as the patient's identified informant) and request for relevant medical records. Students will complete their first full evaluation during the summer semester, including clinical interview (with supervisor present to assist as needed), testing, scoring, interpretation, and report writing.

PSY 6880 for the Fall and Spring semesters may include learning additional tests, as needed. However, we will have patients referred for testing for a variety of reasons. As such, specific topics will not be scheduled. Topics typically covered include the role of depression and anxiety in cognitive functioning, differential diagnosis, effectively addressing referral questions, developing recommendations, effectively communicating feedback and diagnoses, and integrating multiple sources of information into neuropsychological reports. Other topics will be addressed as they arise. Specific to differential diagnosis, specific diagnoses will be discussed throughout the semester, and the supervisor often provides students with relevant readings. Students are also encouraged to find and/or request additional readings to assist in differential diagnosis, as needed. Ideally, students will complete one full evaluation per month during fall and spring semesters; however, patient cancellations or no-shows are not the responsibility of the student.

5. The syllabi for PSY 5810, 5820, 5830 have been revised accordingly. The revised document is included within Appendix II.B.2.1.2.

PSY 6730: Diversity of Culture and Family – Professional Development II – The syllabus is attached within Appendix II.B.2.1.2.

PSY 6920: Psychotherapy – the course syllabus has been added to the Appendix, as well. Our apologies for this oversight. The document is included within Appendix II.B.2.1.2

PSY 5710: Clinical Skills Lab - The revised syllabus is attached (within Appendix II.B.2.1.2) from the most recently taught FALL 2019 with Dr. Sheri Gibson.

6. For PSY 6790: Pharmacology - A revised syllabus with the readings and course activities is included within Appendix II.B.2.1.2.

7. The courses that are offered in multiple sections include:

PSY 5710 - Clinical Skills Lab, An introductory practicum course which emphasizes psychotherapy skills and concepts related to therapeutic interaction. A prerequisite for the clinical practicum PSY 6740. While there are two sections listed, the didactics course for each of the two sections is the same, thus it happens at one time (Mondays from 12:15 – 1:40 pm). Two sections are offered for the mandatory laboratory component at different times. They are taught by the same professor on the same day, therefore the curriculum across both sections is consistent.

PSY 6740 – Practicum in Clinical Psychology; Direct clinical experience for graduate candidates in psychology only. Students provide clinical services under supervision in community settings. Multiple sections offered based on multiple clinical supervisors and practicum sites at different times. Faculty supervisors are licensed clinical supervisors at the doctoral level and thus are qualified to provide sufficient coverage of the clinical practicum in each section.

PSY 6880 – Clinical Neuropsychology Lab; Training in practice of clinical neuropsychology through supervised experience administering, scoring, interpreting, and reporting test results. Two sections are offered at different times but are taught by the same faculty member, thus ensuring that the course provides sufficient coverage of the knowledge area to both sections.

PSY 8000 – Doctoral Dissertation - Multiple sections assigned to faculty mentors. These are credits that students working on their doctoral dissertation project are required to enroll within, but does not constitute a “traditional class”. There are no required course work or readings, as these will all differ

depending on the student's individual topic. Students sign up under their faculty mentors who are supervising/chairing their dissertation project.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Review of syllabi within the curriculum was integrated into the responses for II.B.1. The program has clearly demonstrated consistency with current professional standards and the program's stated aims.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

- 1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
- 2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.B.3

Description

Required Practicum Training Elements

- 1. Practicum must include supervised experience working with diverse individuals with a variety of presenting problems, diagnoses, and issues. The purpose of practicum is to develop the requisite knowledge and skills for graduates to be able to demonstrate the competencies defined above. The doctoral program needs to demonstrate that it provides a training plan applied and documented at the individual level, appropriate to the student's current skills and ability, that ensures that by the time the student applies for internship the student has attained the requisite level of competency.
- 2. Programs must place students in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and that enable students to attain and demonstrate appropriate competencies.
- 3. Supervision must be provided by appropriately trained and credentialed individuals.
- 4. As part of a program's ongoing commitment to ensuring the quality of their graduates, each practicum evaluation must be based in part on direct observation of the practicum student and her/his developing skills (either live or electronically).

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 5 Practicum Settings](#) template. Use this template to provide required practicum information. Please label upload as - **TABLE 5 Practicum Settings**

Appendix	Title	Uploaded By
appendix II.B.3.1.1	Table 5 Practicum Settings	Leilani Feliciano 2018-08-29 15:19

Self Assessment

Focused Questions

Review: IR C-12 D: Practicum guidelines for doctoral programs and IR C-13 D: Telesupervision



[Describe the nature of practicum training provided, including:

1. How the program applies a training plan, documented at the individual level, that ensures that by the time of internship application the student has attained the requisite level of competency;
2. How the program ensures that students are placed in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and;
3. How the program ensures that supervision is provided by appropriately trained and credentialed individuals.



[Discuss how the program ensures practicum evaluations are based in part on direct observation, consistent with IR C-14 D. Clarify how the program verifies the occurrence of direct observation.



[If students' practicum experiences utilize any amount of telesupervision, discuss how it is used and provide the reference for the policy addressing this supervision modality.

Describe the nature of practicum training provided, including:

1. **How the program applies a training plan, documented at the individual level, that ensures that by the time of internship application the student has attained the requisite level of competency;**
2. **How the program ensures that students are placed in settings that are committed to training, that provide experiences that are consistent with health service psychology and the program's aims, and;**
3. **How the program ensures that supervision is provided by appropriately trained and credentialed individuals.**

The practicum training of our programs occurs both internally, at our internal training clinics (AC or the VHTC), as well as in external "placements" or practicum sites. During the practicum sequence, each student progresses through logical and sequential steps of initial training in foundations of clinical psychology, proceeding next to advanced training in either clinical geropsychology or trauma psychology, proceeding next to more specialized training in integrated care settings. In other words, integrated care sites build on foundational broad and general clinical training and geropsychology or trauma training, in particular. Additionally, throughout practicum training, we use a developmental model to structure the training in professional skills. Students are exposed first to a clinical skill in the classroom (e.g., Clinical Skills Lab, psychotherapy course, assessment courses). Students then practice and hone skills under close supervision at the MHS in their first year and at the AC or the VHTC during subsequent years (see full sequence below). During the training in their second year, students gain basic skills in clinical interviewing, treatment planning, treatment implementation, record keeping, and basic cognitive assessment. Subsequent years in the program require students to implement these skills with more complex clients within settings that are dependent on their major area of study. For example, geropsychology students may work in settings with older adults who are both home bound and receiving supportive social services (years 3 or 4) or within primary care or long-term integrated care settings (years 3 or 4). Trauma psychology students may work with veterans and their families in VA settings, or within integrated care settings (years 3 or 4). Students complete this sequence with the knowledge and skills needed to function within the settings required at clinical internships.

In addition to the internal practicum experiences discussed above, we require program students to complete at least two external placements to obtain more thorough clinical training, compete more successfully for internships, and engage in clinical training related to their major area of study. Although these external placements can start in Year 2, especially for students who enter with a master’s degree from another program and who wish to spend only four years in residence before internship, most students conduct these external placements in Years 3 and 4 (and sometimes 5).

Discuss how the program ensures practicum evaluations are based in part on direct observation, consistent with IR C-14 D. Clarify how the program verifies the occurrence of direct observation. The clinical training program asks that the supervisors at the AC and VHTC note the requirement for direct observation in their syllabi for the clinical supervision “course” (PSY 6740). In this manner we can be assured that the students are aware of the need for this requirement and the supervisors are reminded, as well.

Depending on the practicum setting (and whether it is an assessment or psychotherapy rotation), supervisors engage in observation in various ways: some faculty join the student for the intake interview or the feedback session. Some observe a portion of testing live, and in others, the student brings a videoclip to supervision. Other settings may involve audio review or in person review of at least 1 therapy session per term. In the Fall of 2018, we will add an item to the *Clinical Supervisor Evaluation of Practicum Student* forms that has a check box for supervisors to indicate that they have conducted a direct observation at least one time per term (see Appendix I). This will serve as a reminder for all clinical supervisors that they need to perform this aspect of the evaluation.

External placements are in integrated care settings including VA hospitals, primary care clinics, and in-home long-term care settings (e.g., hospice). All these sites provide training with supervision provided by licensed doctoral-level psychologists (or MA level psychologists plus the opportunity to meet for group supervision once per week with a doctoral level psychologist), some of whom are program graduates. All of these sites are multi or interdisciplinary, providing our students training in such skills. Many of these sites also have ongoing research and other training /didactic activities.

Most placements run for a full year, June through May. The typical placement is two days (approximately 12-15 hours per week), although some are 10 or 18 hours / week. Each placement provides clinical experience of varying kinds and weekly supervision. Evaluation of student progress is continuous in supervision, and formally documented in end of semester evaluations by all supervisors and reviewed by the core faculty. An end of the academic year meeting of core clinical faculty culminates in formal written feedback to each student about their progress in the program to date, their strengths and weaknesses in clinical skills, their research progress, and any recommendations faculty have for their immediate learning goals and activities.

If students' practicum experiences utilize any amount of telesupervision, discuss how it is used and provide the reference for the policy addressing this supervision modality. We do not use telesupervision in any of our practicum settings.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Students begin training with a clinical skills seminar, psychopathology course, and assessment sequence before going on to practicum placements. The placements appear to be progressive, logical, and building in complexity from the beginning of the program to leaving for internship. Clinical placements are based largely on the students' year in the program and the specialty track they have chosen.

The program lists 11 practicum placements, and the site visit team was able to physically observe three, including the Wellness Center on campus. Supervision for all placements involve one-on-one and group supervision, direct observation, and didactic training. Settings include an Aging Center, several CMHC's, Hospice, Neuropsychological services, and the Trauma Center.

All sites have a Clinical Psychologist either on-site or directly accessible as part of the regular training, and all are coordinated by the program's Director of Clinical Training. Each practicum placement provides ongoing supervision feedback as well as formal written feedback to each student. Practicum supervisors also have an annual meeting and feedback session with clinical faculty.

The practicum placements visited had very good facilities, physical resources, and supervisory availability. The faculty and supervisors expressed satisfaction with the level of coordination and communication regarding students' progress, and the students' felt satisfied with the level and intensity of clinical training they were receiving.

The sites and training reflect the specialty areas that the students are enrolled in, and the graduated levels of complexity appear match both professional standards and the program's stated aims.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.B.4.a-b

Description

Required Internship Training Elements.

The program must demonstrate that all students complete a one year full-time or two year part-time internship. The program's policies regarding student placement at accredited versus unaccredited internships should be consistent with national standards regarding internship training.

1. Accredited Internships. Students are expected to apply for, and to the extent possible, complete internship training programs that are either APA- or CPA-accredited. For students who attend accredited internships, the doctoral program is required to provide only the specific name of the internship.
2. Unaccredited Internships. When a student attends an unaccredited internship, it is the responsibility of the doctoral program to provide evidence demonstrating quality and adequacy of the internship experience. This must include information on the following:
 1. the nature and appropriateness of the training activities;
 2. frequency and quality of supervision;
 3. credentials of the supervisors;
 4. how the internship evaluates student performance;
 5. how interns demonstrate competency at the appropriate level;
 6. documentation of the evaluation of its students in its student files.

Data Views

Table 6 - Internship Placement

<i>Based on students applying for internships in:</i>	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
# of students who sought or applied for internship for this training year:	3	1	3	3	2	1	4
# Who received	3	1	3	3	2	1	4

funded internships:								
# Who received unfunded internships:								
# Who received APA or CPA-accredited internships:	3	1	3	3	2	1	4	
# Who received internships conforming to CDSPP guidelines								
# Who obtained 2-year half-time internships								

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 6 Internship Placement](#) template. Use this template to provide required placement information. Please label upload as - **TABLE 6 Internship Placement**.

Appendix	Title	Uploaded By
appendix II.B.4.a-b.1.1	Table 6 Internship Placement	Leilani Feliciano 2018-08-29 15:25

Self Assessment**Focused Questions**

Review: [IR C-17 D: Expected Internship Placements for Students in Accredited Doctoral Programs](#)

[Describe the program's policies, expectations of and requirements for internship placement.

[If students do not complete an accredited internship, the program must provide the following:

1. the nature and appropriateness of the training activities;
2. frequency and quality of supervision;
3. credentials of the supervisors;
4. how the internship evaluates student performance;
5. how interns demonstrate competency at the appropriate level;
6. documentation of the evaluation of its students in its student files.

Describe the program's policies, expectations of and requirements for internship placement.

Doctoral students in our program qualify and may apply for internship once they have successfully completed program benchmarks including completing their thesis research project, the Comprehensive Examination, proposing their dissertation, and receiving approval from the DCT that they are ready to apply for internship. Because students' training goals may differ individually (e.g., more of an academic/research focus vs. a clinical focus), we do not specifically establish an amount of direct clinical hours or number of publications/ presentations required prior to applying. By the end of their predoctoral practicum training, students typically have completed between 700-1000 clinical hours with a wide range of adult clients. They have seen clients who vary by diagnosis, age, gender, ethnicity, race, and other sources of cultural diversity.

Our program has a number of procedures in place that are designed to support our students as they apply for internship. Students who wish to apply attend a spring meeting, in which the DCT or Associate DCT discusses the timeline for the APPIC application process and answers students' questions. Students are individually counseled by the DCT or the Associate DCT in at least one meeting (typically, students meet with the DCT 3-4 times from the spring through the fall of their application year) to help select appropriate sites, to review program-sanctioned hours, and to discuss the interview process and practice interviewing skills. We do not establish a specific number of sites to which students must apply, but the range of students' applications is generally from 10-19 sites.

Students typically meet with the DCT after interviews to review their experiences and to discuss the rank order of their lists.

Our program requires that students enter the APPIC match and apply for only APA-accredited internships. The internship typically provides a flexible, individualized, and coordinated set of learning experiences. It allows the student an opportunity to practice and expand previously learned skills, to develop additional clinical skills, to experience personal and professional growth, culminating in the development of a well-rounded, competent clinical psychologist. Generally, the goals of internship are to provide the student with: (1) continued development of diagnostic skill with a variety of assessment

procedures as applied to a variety of individual and social problems; (2) greater familiarity and skill with psychotherapeutic techniques and processes, and exposure to a variety of approaches to problem intervention; (3) appreciation of the roles of other disciplines and skill in communicating meaningfully and working constructively with them; (4) increased awareness of the special problems involved in clinical research and emerging clinical issues; and (5) intensified professional identification with Clinical Psychology.

Our internship match success rate is excellent and parallels that of the top PhD programs in the nation. Since the program was accredited in 2007, our match rate is 100%. Our match rate compares favorably with national data, and further, our students typically receive one of their top choices for internship, often at nationally prominent internships for geropsychology (e.g., Palo Alto VA; Boston VA), indicating clearly that our students are well prepared for internship. Given that our trauma psychology program came on board in 2014, our trauma students have not yet entered the match process. Our first trauma student will be applying for internships in Fall of 2018. Finally, data from internship directors consistently indicate that our students are performing extremely well on internship, with no need for any form of remediation.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program reports 100% match rate over the last 10 years, with no students enrolled in a non-APA accredited internship. The program verifies they will document the described elements if this ever occurs.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.C.1

Description

Degree Type.

All accredited programs in psychology support the development of disciplinary knowledge and core competencies associated with the profession, and support the acquisition and integration of knowledge, skills, and attitudes from two major domains within the discipline: research and evidence-based practice. Programs are accredited either to offer the PhD degree or to offer the PsyD degree. Other doctoral degree designations that meet these general parameters may be eligible for consideration as appropriate. Although all doctoral degrees contain all the required elements common to programs accredited in HSP, they differ in the balance among, and relative emphasis on, program components, based on specific training aims or likely career paths of their graduates.

In general, PhD programs place relatively greater emphasis upon training related to research, and PsyD programs place relatively greater emphasis on training for engaging in professional practice. Graduates of each type of program or other doctoral degree designations, however, must demonstrate a fundamental understanding of and competency in both research/scholarly activities and evidence-based professional practice.

Programs that confer the PhD must have a substantial proportion of faculty who conduct empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PhD programs are trained to both create and disseminate the scholarly research upon which science and practice are built, as well as utilize such research to engage in evidence-based practice.

Programs that confer the PsyD must have a substantial proportion of faculty who engage in scholarship and/or empirical research in the discipline (or related disciplines and fields) and a substantial proportion of faculty who have been trained for the practice of psychology. Thus, students in PsyD programs are trained to engage in evidence-based practice, as well as in scientific inquiry and evaluation.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe how training aligns with the chosen degree type.

Describe how training aligns with the chosen degree type. Our program identifies as a science-practitioner PhD program, equally emphasizing research as well as clinical practice. We currently have 8 core clinical faculty, all of whom are appointed as tenured track faculty, and therefore have strong research expectations. As scientist-practitioners, these faculty are actively engaged in original empirical research; designing and conducting research studies, analyzing data, and disseminating results at scientific conferences and in peer-reviewed journals. Several of the core research faculty have had a history of obtaining internal and/or external funding, as a PI or co-I, to support their research.

Doctoral students who enroll in the program with a BA or BS are required to conduct at least two research projects (master’s thesis and doctoral dissertation), which require developing a study plan, collecting data (usually for at least one of these two projects), analyzing the data, and presenting it before a committee. Most students engage in research beyond these basic expectations, typically with their advisor, or with other faculty in the department, or with external placement supervisors. Students are strongly encouraged to present at conferences and publish research, and the vast majority of students do so prior to graduating.

Regarding practice, the core program faculty strongly support training students in clinical practice, and the majority have provided clinical supervision in the last few years. The program faculty maintain quite diverse theoretical models (e.g., behavioral, cognitive-behavioral, acceptance-based, family systems), but all program faculty are committed to evidence-based practice, and our common perspective is to refer to the empirical literature to support our clinical training models and activities.

Our students have strong interests in the clinical / practice aspects of training and they all obtain a substantial amount of clinical training. Our internal practica (and some of our external practica) are typically conducted by faculty who are research-oriented, scientist-practitioners, and who integrate the evidence base into their practice. Thus, we are confident that our program offers high-quality, scientist-practitioner, PhD education and training.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program states they offer a Clinical Psychology Ph.D regardless of specialty track. A number of students go on with their Neuropsychology training and become Division 40 Neuropsychologists. As noted elsewhere, all program elements seem to be consistent with this model, and students and faculty both described the degree requirements of the program consistent with the information provided in the self-study during the site visit.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

- 1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
- 2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.C.2

Description

Program-Specific Competencies and Related Curriculum.

Doctoral programs accredited in health service psychology may require that students attain additional competencies specific to the program.

- 1. If the program requires additional competencies of its students, it must describe the competencies, how they are consistent with the program's aims, and the process by which students attain each competency (i.e., curriculum).
- 2. Additional competencies must be consistent with the ethics of the profession.

Supporting Material

- 1. Optional: Download [Table 4 Program-Specific Competencies](#) template. Please label upload as - **TABLE 4 Program-Specific Competencies.**

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[If the program requires additional competencies of all its students, it must describe the competencies, how they are consistent with the program's aim(s), and the process by which students attain each competency (i.e., curriculum).

[Describe how these additional competencies are consistent with the ethics of the profession.

If the program requires additional competencies of all its students, it must describe the competencies, how they are consistent with the program's aim(s), and the process by which students attain each competency (i.e., curriculum). Our program has no additional required program-specific competencies.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

There are no program specific competencies.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.D.1.a

Description

Evaluation of Students' Competencies.

The program must evaluate students' competencies in both profession-defined and program-defined areas. By the time of degree completion, each student must demonstrate achievement of both the profession-wide competencies and those required by the program. Thus, for each competency, the program must:

1. Specify how it evaluates student performance, and the minimum level of achievement or performance required of the student to demonstrate competency. Programs must demonstrate how their evaluation methods and minimum levels of achievement are appropriate for the measurement of each competency. The level of achievement expected should reflect the current standards for the profession.
2. Provide outcome data that clearly demonstrate that by the time of degree completion, all students have reached the appropriate level of achievement in each profession-wide competency as well as in each program-defined competency. While the program has flexibility in deciding what outcome data to present, the data should reflect assessment that is consistent with best practices in student competency evaluation.
3. Present formative and summative evaluations linked to exit criteria, as well as data demonstrating achievement of competencies, for each student in the program.

Supporting Material

1. Upload proximal data.

All currently accredited programs and applicant programs seeking full accreditation must provide detailed, aggregate PROXIMAL outcome data for students as they progress through the program. These data should demonstrate the program's success in achieving its stated aim(s) and profession-wide and any program-specific competencies, and the program's success in training students for entry level practice in health service psychology and attainment of licensure as a psychologist.

Proximal, competency-based outcomes are measures obtained while the student is in the program. Examples include course grades, practicum evaluations, doctoral program evaluations, and internship evaluations. Student self-evaluation data are welcomed, but are not considered competency-based and therefore are not sufficient on their own.

Appendix	Title	Uploaded By
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2. Optional: Provide documentation of self-evaluative activities (e.g., meeting minutes, faculty retreats, evaluations, etc.).

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-18 D: Outcome data for doctoral programs](#)

[Describe the program's self-assessment process in detail.

[Describe the expected program outcomes and the outcomes that were achieved. In so doing, summarize the data that demonstrate the extent to which all MLAs have been met for all required outcome measures for discipline-specific knowledge areas and profession-wide and program-specific competencies upon program completion. This description should supplement the more detailed data which are to be uploaded as an attachment.

Describe the program's self-assessment process in detail. Our program has numerous methods of evaluating students' competencies and progress, to ensure that all students who graduate meet MLAs for all PWCs and discipline-specific knowledge requirements. Our evaluation methods are as follows:

Our faculty engages in serious and ongoing self-evaluation concerning such matters as practicum experiences, curriculum and coverage of relevant competencies, faculty-student relationships, and our assessment of proximal and distal outcomes that reflect the quality of our training. In the past, we have made several notable changes to many of these areas (described below in II.D.1.b). Self-examination of evaluation processes occurs in five primary contexts: 1) general faculty meetings in which issues related to academic standards, policies, and procedures for graduate education are discussed, 2) clinical faculty meetings each semester that are devoted to process and outcome review, 3) semi-annual student reviews in which weaknesses in training sometimes become evident, 4) monthly AC and bi-weekly VHTC staff meetings, and 5) annual summer clinical faculty retreats. Minutes of all clinical meetings are maintained by the DCT and Associate DCT and distributed among the faculty.

Primary sources of data about evaluations of student learning and competence with regard to the programs goals and objectives include student grades, student evaluations by practicum supervisors (evaluation form provided in Appendix I), and faculty ratings of MA thesis defenses, dissertation defenses, and Comprehensive Exam defenses (when applicable). The evaluation forms for the thesis defense and for the dissertation defense are in Appendix J. The Comprehensive Exam scoring rubric is in Appendix D. Most of these assessments are completed by the Psychology Department faculty. Additionally, evaluations of internship progress reports provide valuable quality control checks of clinical competence from licensed professionals outside the clinical program. Likewise, "outside" members of thesis and dissertation committees (one member from outside the Psychology Department is a minimum requirement for the dissertation) provide external views on research competence. Student competence and student performance regarding program objectives are assessed in a broader way during the annual review process, using the process described in Section III.C.3.

Additional program review data are obtained from other sources, including: (1) survey of alumni (Appendix K), (2) survey of current students (Appendix K), (3) rates of students' acceptance at APA-accredited and funded internships, (4) licensure status of graduates, and (5) annual report of activities to fulfill ARO reporting as required by APA. Student involvement occurs regularly through informal channels and through formal participation in the PGSO and in participation on departmental committees, most notably the graduate admissions committee and hiring committees. Students also provide written feedback for practicum supervisors at the end of each semester (see evaluation form in Appendix I).

Describe the expected program outcomes and the outcomes that were achieved. In so doing, summarize the data that demonstrate the extent to which all MLAs have been met for all required outcome measures for discipline-specific knowledge areas and profession-wide and program-specific competencies upon program completion. This description should supplement the more detailed data which are to be uploaded as an attachment. Tables 2 and 3 describe in detail our program's DSK's and MLAs for program wide competencies.

Next, we present aggregated data regarding the program's goals, objectives, and competencies.

Goal #1: Produce graduates who have the requisite knowledge and skills for entry into the professional practice of clinical psychology. We have several proximal and distal markers of achievement with respect to the objectives of Goal #1. Overall, our proximal markers for students having received a final course grade of B- or better for each of the specified required courses are excellent (see Tables 2 and 3 for details). Regarding supervisor ratings, we reviewed every year-end supervisor rating form from 2012 to 2018 (N= 78). For the overall Clinical Skills rating, 78 of 78 ratings (100%) were in the "satisfactory" or "strong" categories, with no students receiving remediation scores. Similarly, for the overall Professionalism rating, 78 of 78 (100%) were in the "satisfactory" or "strong" categories, with 0% in the remediation category.

Regarding Comprehensive Exam ratings, 100% of our doctoral students have passed this milestone.

Data are also available from the *Psychology Graduate Survey* from Fall 2017- Spring 2018. Upon completing of thesis or dissertation defense, students were asked to rate the training they received on a scale of 1-5 point scale with 1 being "poor" and 5 being "excellent". Students responded to 7 questions related to skills, 7 questions related to program components, and 3-5 questions related to clinical components (depending on MA or PhD program status). Students were also asked to complete a *Self-Assessment of Skills Acquired at UCCS*, an 8-item survey aimed at specifically capturing their thesis or dissertation experience. Questions relevant to Goal #1 are listed here:

In terms of PhD student responses about training received in skills, mean student scores for "General content knowledge about psychology" were high at 4.27; In terms of *program components*, mean student scores for "Clinical Skills were 4.45. PhD students were asked addition questions including, "How well did the program prepare you for the next step of your professional life?" with ratings at 4.33.

In terms of clinical components of the program, students were asked specific questions related to training sites including "Clinical Experiences at the Aging Center" were 3.67, "Clinical Experiences at other settings beside the AC" were 4.67, "Assistance in finding placement at clinical internship" were 4.0, and "Clinical internship experience (on site at internship)" were 3.5.

Finally, in terms of PhD student self-assessment of skills acquired specifically related to the thesis or dissertation experience, overall, the vast majority of student scores indicate that students rate the requisite skills and knowledge they obtained in the program as "acceptable" to "excellent" and an overall satisfaction with training received in the graduate program (see Appendix K).

In 2017, we revised our alumni survey to assess more specific categories of clinical skills, and this survey was sent out via Qualtrics for the first time at the end of calendar year (see Appendix K). Six alumni responded of the 9 surveyed (66.7% response rate). In regard to receiving training in the science of clinical psychology, 83.3% of alumni indicated "acceptable" to "good" ratings. For training in psychopathology/diagnostics, 100% indicated "acceptable" to "excellent" ratings. For training in psychological assessment, 83.3% of alumni indicated "acceptable" to "excellent" ratings. For training

in psychological treatment/interventions and clinical health psychology interventions, 66.7% indicated “acceptable” to “excellent” ratings and 66.7% indicated “acceptable” ratings, respectively. For training in ethics, 100% of alumni indicated “acceptable” to “excellent” ratings. For provision of services to diverse populations, 83.3% of alumni indicated acceptable to excellent ratings. Regarding licensure, 5 of 6 alumni (83.3%) reported having obtained licensure as a psychologist. One had not taken the licensure exam. Of the 5 who had taken it, 100% had passed on the first try.

As we reviewed these data, we saw some ratings that were lower than we want or expect. One alumna was consistently critical of the program as being below par (less than “acceptable” ratings).

However, we would hope to achieve very high ratings across our alums. Upon reflection, we noted that these students were part of the cohort of students that identified problems related to the training clinic which led the department chair to initiate a transition plan for changes to training at the AC. Please see section II.D.2 on how we utilized this student feedback to make program improvements to clinical training. We also recognize that this was the first time we had given this version of this survey where we omitted a comments section for each question which would potentially provide more information about detailed concerns. We also omitted some questions from previous surveys which would allow us to compare across cohorts and obtain feedback on a wider range of program components. In light of some of the negative feedback, we are going to modify the alumni survey. The feedback highlighted for us the need to add a comment section to let us know what we are doing well and what we are doing poorly so that we can implement continuous quality improvement of our program. In addition, we will add some additional questions that get at the overall satisfaction with the training received in the program (either aging or trauma content knowledge), how well prepared they felt for internship, etc. The beta version of this survey should be ready for implementation at the end of Fall 2018.

Alumni records kept by the department indicate that since our last site visit, 10 of 12 alumni have obtained licensure (83.3%). Refer to section II.D.3 for further details.

Goal #2: Produce graduates who are capable of conducting, evaluating, and disseminating research (Note: objectives, competencies, measures, and thresholds are presented in Tables 2 and 3). We have several proximal and distal markers of achievement with respect to the objectives of Goal #2. Overall, our proximal markers for students having received a final course grade of B- or better for each of the specified required courses (see Tables 2 and 3). Regarding thesis and dissertation projects, 100% of our graduates who have proposed their thesis or dissertation projects have successfully passed the final written and oral defense of the thesis and dissertation projects. In regard to the *Psychology Graduate Survey* from the Fall 2017- Spring 2018 year, upon completing of thesis or dissertation defense, students were asked to rate the training they received on a scale of 1-5 point scale with 1 being “poor” and 5 being “excellent”. Students responded to 7 questions related to skills, 7 questions related to program components, and 3-5 questions related to clinical components (depending on MA or PhD program status). Students were also asked to complete a Self-Assessment of Skills Acquired at UCCS, an 8-item survey aimed at specifically capturing their thesis or dissertation experience.

Questions relevant to Goal #2 are listed here:

In regard to “Specific content knowledge about thesis or dissertation topic”, mean student scores were 4.82, “Research design” mean student scores were 3.82, “Statistical methodology” mean student scores were 3.82, “Writing Skills” were 4.55, and “Presenting Skills” were at 4.09.

As can be seen in the table, the overall (combined thesis and dissertation) ratings are moderately high to high, with averages between 3.94 (statistical methodology) and 4.44 (research design). Additionally, the overall mean rating across the 8 domains was high (4.24). In summary, the vast majority of ratings were ≥ 3 . The mean rating for integration of basic psychological science was high (4.42).

The majority of our students present their research professional conferences each year reflecting the ability to conduct, evaluate, and disseminate research. For example, in 2017 - 2018, 16 of 18 students (88.9%) authored a paper at a professional meeting. Regarding the research dissemination activity in the Comprehensive Exam, 100% of students met the threshold.

Using our new alumni survey, 83.3% of alumni indicated acceptable to good training in research methods/quantitative training, conducting research, and 66.7% indicated acceptable training in conducting research with diverse populations. Additionally, alumni survey data indicated that 100% of alumni were members of a professional organization, the vast majority reported their participation in continuing professional education (100% attended a professional convention; 83.3% participated in a CE workshop; 83.3% read professional publications), and 83.3% of alumni presented their research at a professional meeting (at a rate greater than 6-9 peer reviewed presentations). Thus, we clearly met the threshold regarding distal measures of alumni professional activities.

Goal #3: Produce graduates who demonstrate competence in knowledge and skills in Geropsychology or Trauma Psychology depending on the students' Major Area of Study (Note: objectives, competencies, measures, and thresholds are presented in Tables 2 and 3). We have several proximal markers of achievement with respect to the objectives of Goal #3. Overall our proximal markers for students having received a final course grade of B- or better for each of the specified required courses (see Table 2). Regarding supervisor ratings, the data were presented above under Goal #1. We clearly exceeded the threshold as almost all of the ratings were in the "satisfactory" or "strong" categories. Regarding Comprehensive Exam ratings, the data and interpretation were presented above under Goal #1.

In regards to the Geropsychology Major Area of Study, we require all dissertations to have a significant geropsychology component, and 100% of our graduates have successfully passed the final written and oral defense of the thesis and dissertation. Students assess themselves as having performed well on this task (see Appendix K). For example, in Fall 2017- Spring 2018, the mean thesis and dissertation ratings for each skill across the students are provided in Appendix K. As can be seen in the table, after removing the one trauma student in this sample, the ratings are moderately high to high, with averages between 3.94 (synthesis and analytical skills) and 4.44 (content knowledge) on a 1 - 5 point scale. The overall mean rating of 8 domains was high (4.42). Additionally, no domain ratings were below a mean of 3, thus meeting the threshold. Finally, each student completes the *Pikes Peak Geropsychology Knowledge and Skill Assessment Tool*. Students use this measure to self-rate their own areas of relative strengths and weakness, and we further use the measure in advanced classes (specifically Clinical Geropsychology I [6610] and Clinical Geropsychology II [6620]) to help shape class assignments so that students can specifically develop those competencies with lower self-ratings. We also use the *Pikes Peak Tool* as part of a pre/post assessment for the integrated care training year to the GPE geropsychology student fellows (Appendix A).

For students in the Trauma Major Area of Study, all students must have a trauma psychology component in their dissertation and MA thesis, and 100% of our graduates have successfully passed the final written and oral defense of the thesis and dissertation. As noted above, in Fall 2017- Spring

2018, only one trauma student completed this evaluation (Appendix K) during the timeframe. As can be seen in the table, the student assessed herself more harshly on this task, giving ratings of “below expectations” to “acceptable”, with averages ranging between 1.5 (statistics methodology) to 3.5 (presentation skills). The overall mean rating was fair at 2.44. We also created a tool to assess students’ perspective on knowledge and skills related to the New Haven Competencies. Students evaluate their own areas of strengths and weaknesses. This provides feedback to the core trauma faculty on our curriculum to assist students in advancing their overall trauma focused competencies.

This tool, called the *Trauma Psychology Knowledge and Skill Assessment Tool* is administered to students during their practicum at the VHTC, as well as giving it pre/post the integrated care training year to the GPE trauma student fellows (Appendix B).

Although not stated as a specific outcome for Goal #3, our students have obtained excellent internship placements all of which have been funded and APA accredited (see Table 6). All of these internships included a minor track in geropsychology and/or neuropsychology and most included a major track in geropsychology and/or neuropsychology. As our Trauma Psychology Major Area of Study began in 2014, our trauma students have not yet entered the match process. Our first trauma student will be applying for internship in Fall of 2018. We will encourage students in the trauma focus of study to apply to internships with both broad clinical training and opportunities for more specific learning in trauma psychology.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

1. The program is not asked to respond at this time, but it should be noted for future reviewers that proximal data were provided in the DSK table (Appendix II.B.1.a.1.1) and Table 3 (Appendix II.B.1.b.1.1).
2. In the DSK table (Appendix II.B.1.a.1.1), the data presented seem to demonstrate that not all students met the MLAs for all competencies. However, it is unclear whether all students in the cohort have not yet attempted the courses where the MLA is below 100%, or if they simply have not met the MLA. Consistent with IR C-18 D, the program must demonstrate that all students have met the MLAs by program completion. The program is asked to clarify whether all students have met the MLAs for each competency, specifying the number of students who have attempted each course and the number who met the MLA.
3. Similarly, in the Table 3 (Appendix II.B.1.b.1.1), the data presented seem to demonstrate that not all students met the MLAs for all competencies. However, when the MLA is below 100%, it is unclear whether students have not yet attempted the outcome measures, or if they simply have not met the MLA. Consistent with IR C-18 D, the program must demonstrate that all students have met the MLAs by program completion. The program is asked to clarify whether all students have met the MLAs for each competency, specifying the number of students who have attempted each course and the number who met the MLA.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

1. That is accurate. Proximal data were provided in both Tables 2 (now Appendix II.B.1.a.1.2) and 3 (now Appendix. II.B.1.b.1.2).

2. We have edited the DSK table (Table 2, Appendix II.B.1.a.1.2) to more clearly demonstrate the size of the cohort, the number of students who have met the MLA or have not yet attempted the MLA. We also indicated where within the cohort, if a student was terminated from the program, they will not meet the MLA as they are no longer in the program. This allows us to indicate cohort size, MLA completion, and clarification of the number of students who are expected to complete the MLA. All students who complete the program will have met the MLA's at a 100% pass rate.

3. Similarly, we have edited Table 3 (Appendix II.B.1.b.1.2) to reflect these changes and clarify the number of students who have completed the MLA's and those who have not yet attempted. All students who complete the program will have met the MLA's at 100% pass rate.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Students receive a formal letter each year from the DCT, as well as ongoing feedback from practicum sites. The feedback letters tend to be focused in nature, mostly commenting on students' success (or lack thereof) in achieving various program milestones. Students reported feeling well informed of where they stood in terms of their competencies based on feedback received from supervisors and mentors.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.D.1.b

Description

For program graduates, the program must provide distal evidence of students' competencies and program effectiveness and must evaluate graduates' career paths in health service psychology after they have left the program.

1. Two years after graduation, the program must provide data on how well the program prepared students in each profession-wide and program-specific competency. The program must also provide data on students' job placement and licensure rates.
2. At 5 years post-graduation, the program must provide data on graduates, including data on graduates' licensure (as appropriate for their current job duties) and their scholarly/research contributions (as consistent with the program's aims).

Supporting Material

1. Upload distal data.

All programs currently accredited and applicant programs seeking full accreditation must provide detailed aggregated DISTAL outcome data for program graduates (i.e., after students have graduated from the program). These data should provide evidence of the program's effectiveness in helping graduates attain required competencies and pursue career paths in health service psychology after they have left the program.

Appendix	Title	Uploaded By
appendix II.D.1.b.1.1	Appendix K: Psychology Student Surveys; Alumni Survey; Data	Leilani Feliciano 2018-08-29 15:49
2. Upload distal data collection mechanism (e.g., alumni survey)		
Appendix	Title	Uploaded By
appendix II.D.1.b.2.1	Appendix K: Student Surveys; Alumni Survey	Leilani Feliciano 2018-08-29 15:40
appendix II.D.1.b.2.2	Student Surveys-Alumni Survey revised	Leilani Feliciano 2019-04-10 02:13

Self Assessment

Focused Questions

Review: [IR C-18 D: Outcome data for doctoral programs](#)

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[Summarize the distal data that are available to demonstrate achievement of all profession-wide and program-specific competencies. This description should supplement the more detailed data which should be uploaded as an attachment.

Summarize the distal data that are available to demonstrate achievement of all profession-wide and program-specific competencies. This description should supplement the more detailed data which are to be uploaded as an attachment. Please see Appendix K for Alumni Survey, Appendix K for Alumni Report, and section II.D.1 for discussion.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

The program's alumni survey (Appendix II.D.1.b.2.1) asks alumni to "Please rate your UCCS doctoral training (up to but not including internship)" in a list of areas, but it only appears that 5 of the PWCs are included in the survey (research, intervention, individual and cultural diversity, ethics, and assessment). Consistent with IR C-18 D, the alumni survey should address former students' perceived assessments of the degree to which the program promoted mastery of all nine profession-wide competencies. Therefore, the program is asked to provide a revised alumni survey that includes former students' perceived competence in all PWC areas.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

We have revised our alumni survey, as requested, to be consistent with IR C-18 D. We have also added a couple of open ended questions to provide additional information related to the ratings used to assess the program (e.g., satisfaction with the training received in each PWC). It is uploaded as Appendix II.D.1.b.2.2.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program provided a outcome data demonstrating student success in a variety of domains. Data presented as part of the self- study clearly demonstrate student success in many domains including research (e.g., number of publications) and clinical (e.g., number licensed). In addition, surveys of alumni indicated satisfaction with the program in terms of preparing them for their chosen career paths. Distal data show that nearly all program graduates have scientific publications, are in some administrative capacity, and are generally satisfied with their training. The total N of the alumni survey is 6, so the limited data may introduce generalizability problems.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

The program acknowledges the challenges with obtaining survey data from alumni. The DCT recently met with the Director of Alumni Relations Office (Joanna Bean) as part of a Graduate Executive Council meeting. The difficulty in reaching alumni successfully was discussed and the Alumni Relations Office has pledged to offer support in this regard to ours and other graduate programs on campus. We are hoping that with the enhanced ability to track and reach out to alumni, that future surveys will be more successful.

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.D.2.a-b

Description

Evaluation of Program Effectiveness and Quality Improvement Efforts

1. The program must demonstrate a commitment to ensure competence in health service psychology through ongoing self-evaluation in order to monitor its performance and contribution to the fulfilment of its sponsor institution's mission.
2. The program must document mechanisms for engaging in regular, ongoing self-assessment that:
 1. Involves program stakeholders, including faculty, students, graduates, and others involved in the training program.
 2. Evaluates its effectiveness in training students who, by the time of graduation, demonstrate the competencies required by the profession and the program, and who after graduation are able to engage in professional activities consistent with health service psychology and with the program's aims.
 3. Evaluates the currency and appropriateness of its aims, curriculum, and policies and procedures with respect to the following: its sponsor institution's mission and goals; local, state/provincial, regional, and national needs for psychological services; national standards for health service psychology; and the evolving evidence base of the profession.
 4. Identifies potential areas for improvement.

Data Views

Table 7 - Program Graduates: Internship and Dissertation/Final Project

ID#	Year of Graduation	Name of Internship	APA or CPA-Accredited (Y/N)	Funded: (Y/N)	Title of Dissertation/Final Project	Dissertation/Project Advisor
2011-001591-01	2017	VA Puget Sound American Lake Division	Y	Y		
2011-001591-01	2017	Orlando VAMC Psychology Internship	Y	Y		
2013-001591-01	2017	AspenPointe Community Mental Health	Y	Y		
2010-001591-01	2016	Baylor College of Medicine-Psychiatry	Y	Y		

	and Behavioral Sciences		
2012-001591-01 2016	UCLA-Semel Institute for Neuroscience and Human Behavior at David Geffen School of Medicine	Y	Y
2009-001591-01 2015	VA Palo Alto Health Care System	Y	Y
2008-001591-01 2014	VA Puget Sound, American Lake	Y	Y
2009-001591-01 2014	Tuscaloosa VA Medical Center	Y	Y
2008-001591-01 2014	VA Puget Sound, American Lake	Y	Y
2007-001591-01 2014	VA Greater Los Angeles Healthcare System	Y	Y
2009-001591-01 2013	Palo Alto VA Healthcare System	Y	Y

Data Views

Table 8 - Program Graduates: Employment

ID#	Grad Year	Psychology Licensure (Y/N)	Initial employment setting code	Initial job title	Current employment setting code*	Current job title
2011-001591-01 2017						
2011-001591-01 2017						
2013-001591-01 2017			Academic Teaching Community Mental Health Center	Clinical Supervisor; Adjunct faculty		
2010-001591-01 2016						
2012-001591-01 2016			Academic Teaching	Assistant Professor		

2009-001591-0 2015	Hospital/ Medical Center	Behavioral Health Psychologist
2008-001591-0 2014	Hospital/ Medical Center	Psychologist
2008-001591-0 2014	Hospital/ Medical Center	Clinical Psychologist
2007-001591-0 2014	Other	Clinical Psychologist/ Behavioral Health Provider
2009-001591-0 2014	Hospital/ Medical Center	RRTP Staff Psychology
2009-001591-0 2013	Academic Teaching Independent Practice Other	UCCS Gerontology Center Lecturer and Faculty Affiliate; PACE Staff Psychologist

Supporting Material

1. Upload REQUIRED TABLE: Download [Table 7 Program Graduates Internship and Dissertation_Final Project](#) template. Use this template to provide graduate internship/dissertation data. Please label upload as - **TABLE 7 Program Graduates Internship and Dissertation_Final Project**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 7 upload.

Appendix	Title	Uploaded By
appendix II.D.2.a-b.1.1	TABLE 7 Program Graduates Internship and Dissertation_Final Project	Leilani Feliciano 2018-08-29 16:04

2. Upload REQUIRED TABLE: Download [Table 8 Program Graduates Employment](#) template. Use this template to provide graduate employment data. Please label upload as - **TABLE 8 Program Graduates Employment**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 8 upload.

Appendix	Title	Uploaded By
appendix II.D.2.a-b.2.1	TABLE 8 Program Graduates Employment	Leilani Feliciano 2018-08-30 18:34

Self Assessment

Focused Questions

- [Discuss how students are involved in the program evaluation process.
- [Describe how the program's self-assessment processes and all proximal and distal outcomes are used to evaluate the achievement of the program's aim(s) and the profession-wide and program-specific competencies. How does the program identify potential areas for improvement?
- [Provide specific examples of how outcome data and other feedback have been used to modify the program, and how these modifications, in turn, have been evaluated.
- [How has the program monitored all areas noted in Section II.D.2.b and made programmatic changes, as appropriate?
- [Discuss how the program has responded to feedback from the CoA since the last accreditation review to demonstrate how the program uses self-assessment to make changes as needed.

Discuss how students are involved in the program evaluation process. Students are involved in the program evaluation process in a number of ways and at several levels beginning from their initial contact with the program (i.e., at the applicant interview held in late January or early February) through program completion (e.g., exit interviews, alumni surveys). Once in residence, students complete: 1) informal discussions with the DCT and/or Associate DCT during their first month in residence, 2) formal student evaluations of their clinical supervisors each term with each practicum supervisor, 3) formal student evaluations of their courses (i.e., Faculty Course Questionnaires administered by the institution), 4) student input into the hiring of new faculty and the ranking of potential applicants on interview day, 5) exit interviews, and 6) alumni surveys.

Describe how the program's self-assessment processes and all proximal and distal outcomes are used to evaluate the achievement of the program's aim(s) and the profession-wide and program-specific competencies. How does the program identify potential areas for improvement?

Self-Assessment Processes and Outcomes. Primary sources of data about self-evaluations of student learning and competence with regard to the programs goals and objectives include student grades, student self-evaluations that they go over with their practicum supervisors for feedback on the accuracy of these evaluations (evaluation form provided in Appendix I), *Graduate Surveys* (given after completing thesis and dissertation defenses) which contain student self-evaluations regarding skills acquired at UCCS, and student ratings on either the Pikes Peak Tool or the New Haven Tool as appropriate per Major Area of Study.

We reviewed student self-evaluations of their clinical skills following practicum, collected on a student rating form (see Appendix I). Of the 23 evaluations from 2017-2018 reviewed, 100% of the students assigned themselves ratings of "satisfactory" or "strong" in the categories for Overall Clinical Skills as well as Professionalism.

Provide specific examples of how outcome data and other feedback have been used to modify the program, and how these modifications, in turn, have been evaluated.

Use of Outcome Data to Improve Program. As a result of our program faculty members' ongoing engagement in the self-reflective process, we have made several important changes to the program and these are described next.

1. In response to student and faculty concerns about the relatively heavy coursework load, we changed the required History of Psychology (PSY 6510) course from 3 credits to 1.5 credit. The revised course (taught Spring 2012) was taught in a hybrid fashion (partly in class and partly online) and was fairly well received. Students commented on the passion and knowledge of the professor but were concerned about the amount of work for a 1.5 credit course. We will be working with the professor on better conceptualizing a 1.5 credit course and perhaps cutting back the workload to better reflect the difference in the credits/expectations of workload for students.

2. Based on student feedback, we have successively revised the processes and content of the Comprehensive Examination over the past several years. As a standing procedure, the DCT or Associate DCT meets with students who complete the Comprehensive Exams each year to tweak assignments and improve the clarity of the Comprehensive Examination Portfolio Guidelines and Policy Handbook (Appendix D). In response to discussions, there was general agreement that the oral presentation of the clinical case could be restructured/downsized with less attention to repetition of what was written in the paper. As a result, students are encouraged to be more concise and streamline presentation of material, and the amount of time allotted to case presentation was reduced accordingly. We also removed the requirement for obtaining transcripts of the clinical case to encourage students to use cases from their advanced practica, which are integrated settings where recordings are not permissible.

In response to student and faculty desire for more effective training in theoretical orientations to psychotherapy and case formulation. The Trauma area of study has built off the learning we have gained with the Geropsychology area of study's comprehensive exam process. Students at the VHTC present case conceptualizations every group supervision meeting. With the onset of the Trauma Major Area of Study program, we have also built the comprehensive exam for the Trauma area based largely off of the Geropsychology model, but also added more of a research emphasis based on initial faculty and student discussions. In the VHTC we received feedback for more assessment training and have responded by adding a Clinical Trauma Assessment elective with required assessments to be conducted at the VHTC (e.g., Operation TBI Freedom, Asylum Evaluations, Veteran Student evaluations, and clinic referrals).

3. In our ongoing attempts to stay current with the Standards of Accreditation, we added a Supervision and Consultation course (PSY 6930), as well as provided more formal, experiential supervision opportunities for students. The first version of the new supervision course included instruction on models and research on supervision (taught Fall 2017). The class was well received and very highly rated by students, who were engaged in identifying opportunities to increase efficiency in the course to allow for coverage of consultation theory and practice principles as well. The revised course was approved by faculty and university in Spring 2018 and will be taught next in Fall 2019. In terms of formal supervision opportunities, the AC began having student mentors during the Summer semesters for the clinic and on the neuropsychology team, where advanced students supervised newer students.

4. We improved and updated the information provided on the program website, ensuring compliance with APA and CUDCP standards. Likewise, on an ongoing basis, we continue to revise and update the Graduate Student Handbook ensuring its compliance with national standards for training.

Use of feedback to improve program. In response to a student letter of concern/feedback received at the end of Spring 2014, and in collaboration with the Department Chair (Dr. Mike Kisley), senior faculty representative (Dr. Sara Honn Qualls), and the Dean of LAS (Dean Peter Braza), an outside consulting agency was hired to conduct an organizational assessment. The Department Chair worked very closely with the Director of the Aging Center (Dr. Mike Kenny) over the next couple of years to implement improvements suggested by their report including but not limited to improvements in communication, culture, and conduct throughout the Aging Center. These improvements were intended to apply to and to improve the conditions for everyone from the Director downwards, also including the students who train there and faculty who supervise there. The Department Chair sought and received feedback from all stakeholders (faculty, staff and students) throughout 2015 and into early 2016. This feedback indicated improvement across the board, but some areas were still considered to require further improvement. Early in 2016 Dr. Kenny announced that he would retire as of April 15, 2016. We held a reception on 4/15 to thank Dr. Kenny for his long-standing service to the Aging Center, to UCCS, and to the local community.

Dr. Qualls stepped forward to mobilize a team to plan for the transition and also for the future of the AC. This resulted in development of a strategic planning team, review of the financial structure and possible fiscal models, changes to the didactic structure (including the addition of required evidence-based training in CBT during the summer), and revamping the orientation to the AC to include more fundamentals of training. This feedback led to a significant amount of work and department/college investment to undergo a substantial renovation of the training clinic, reflecting commitment of the department and college to maintaining the overall quality of training of our clinical students.

How has the program monitored all areas noted in Section II.D.2.b and made programmatic changes, as appropriate? In response to programmatic changes in Section II.D.2.b, we have done the following:

- 1) Reviewed the course syllabus and monitored the Faculty Course Questionnaire for the History of Psychology course to reflect maintenance of quality of the History and Systems DSK, while observing a credit reduction from 3.0 to 1.5 credits. We will be meeting with the professor to work to reduce workload to reflect a 1.5 credit course and continuing monitoring student feedback on the course.
- 2) As a standing procedure, the DCT or Associate DCT meets with students who complete Comprehensive Exams each year to tweak assignments and improve the clarity of the Comprehensive Examination Portfolio Guidelines and Policy Handbook.
- 3) We will continue to monitor student feedback on the Clinical Supervision and Consultation course.
- 4) On an ongoing basis, the DCT and Associate DCT with input from the core faculty continue to revise and update our website materials and the Graduate Student Handbook as needed.
- 5) Lastly, based on the feedback from students and the subsequent strategic planning and quality improvement, please see Appendix L for a report on the changes made to the AC.

Discuss how the program has responded to feedback from the CoA since the last accreditation review to demonstrate how the program uses self-assessment to make changes as needed.

The program works to communicate effectively to CoA and in a timely manner regarding requested changes since the last accreditation. For example, previously under Domain B: Program philosophy,

objects, and curriculum plan, the program was asked to clarify its minimal levels of achievement of the program's goals and objectives (i.e., self-assessment data). In a letter dated December 15, 2016, we received confirmation that CoA during its October 2016 meeting reviewed the narrative report provided from our program in August of 2016. This report was in regard to our clinical supervisor evaluations of graduate students. This letter indicated that our program responded effectively to the Commission's request to clarify whether all individual competency items must be rated at *strong* or *satisfactory*.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program has a number of venues for soliciting feedback from the students, including anonymous feedback for supervisors on a biannual basis, feedback for courses, participation on service committees such as hiring, exit interviews and distal surveys. Students also rate themselves after practica.

Based on student feedback the program has changed course loadings, changed comprehensive exam procedures, and changed course content to be more focused on theoretical and case formulation.

The program, pursuant to a letter of concern by students, hired an external consulting agency to conduct an organizational assessment. Changes made from this consultation resulted in "improvements in communication, culture, and conduct throughout the Aging Center. These improvements were intended to apply to and to improve the conditions for everyone from the Director downwards, also including the students who train there and faculty who supervise there."

The program has included changes emanating from the last CoA visit, citing changes made to Domain B, clarifying goals and objectives.

Students and faculty appeared to have ownership stake in the program, and reported that they felt comfortable providing feedback and feel that their input is taken seriously by both faculty and administration.

Program Response

Status: Read/No Comment

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.D.3

Description

Documenting and Achieving Outcomes Demonstrating Program's Effectiveness.

All accredited doctoral programs are expected to document student achievement while in the program and to look at post-graduation outcomes. Accredited programs are also expected to prepare students for entry-level practice and the program's achievement of this should be reflected in student success in achieving licensure after completion of the program.

1. The outcomes of program graduates including licensure rate and other proximal and distal outcomes of program graduates shall be evaluated within the context of: the requirement that all accredited doctoral programs prepare students for entry-level practice; each program's expressed and implied stated educational aims and competencies; and statements made by the program to the public.
2. Doctoral programs' specific educational aims and expected competencies may differ from one another; therefore there is no specified threshold or minimum number for reviewing a program's licensure rate. Instead the Commission on Accreditation shall use its professional judgment to determine if the program's licensure rate, in combination with other factors, such as attrition of students from the program and their time to degree, demonstrates students' successful preparation for entry-level practice in health service psychology.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-19 D: Licensure Rates for Doctoral Programs](#)

[Discuss the licensure rate of program graduates. Include the licensure rate that appears in the program's "Student Admissions, Outcomes, and Other Data" section of its public documents in the narrative, and ensure that the rates listed in the narrative and in the disclosure data are consistent.

Discuss the licensure rate of program graduates. Include the licensure rate that appears in the program's "Student Admissions, Outcomes, and Other Data" section of its public documents in the narrative, and ensure that the rates listed in the narrative and in the disclosure data are consistent. Regarding licensure, since our last self-study, 10 of 12 alumni (83.3%) have obtained licensure as a psychologist (one also has a board certification in behavior analysis; BCBA). The unlicensed alumni include 1 that graduated in 2013 and 1 that graduated in 2017. In total, the number of program graduates (doctoral degrees conferred on transcript) between 2 and 10 years ago is 24. The number of these graduates who became licensed psychologists in the past 10 years is 19, yielding a licensure percentage of 79%. Three more doctoral students will graduate in August of 2018 (thus are not license-eligible yet) and will be included in the next report.

Regarding EPPP data, because we are such a small program, the EPPP does not provide pass rates in their available documents. However, our own data indicate that since our last self-study, of the 9 alumni who have taken the EPPP, 8 of 9 have passed (88.9%). The program graduates who took the EPPP received scores of 661, 616, 775, 621, 616, 714, 649, and 652 (average = 663).

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

As noted above, students are successful in getting licensed and obtaining employment within the field of psychology, thus supporting the program's effectiveness in achieving its aims. 100% of surveyed graduates have professional placements and have passed the licensure examination.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

An update, regarding EPPP data, since our last self-study, of the 9 alumni who have taken the EPPP, all 9 have now passed, yielding a 100% pass rate.

II. Aims, Competencies, Curriculum, and Outcomes

Overview

Aims of the Program

1. The program must provide information on the aims of its training program that are consistent with health service psychology as defined by these standards, the program's area of psychology, and the degree conferred.
2. These aims should reflect the program's approach to training and the outcomes the program targets for its graduates, including the range of targeted career paths.

Standard II.(AI)

Description

Additional information relevant to Section II.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any **Section II** issues to specifically address "in the next self-study"? If so, provide your response here.

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any other **Section II** issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any Section II issues to specifically address "in the next self-study"? If so, provide your response here. In the last review, our program was asked to “clearly differentiate between data that demonstrate that the minimum levels of achievement have been met (as students progress through and complete the program), and those data used to demonstrate program-specific goals. The program is also asked to discuss how it uses all of these data for program improvement.” (previously fell under Domain F.1(a): Outcome data). We believe that we have made these changes and that they are reflected in Table 2 (DSK MLAs) and section II.D.2.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section II issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here. In the last review in a letter dated November 13, 2013, our program was asked to “clarify its minimal levels of achievement required for all competencies” by September 1, 2014. Our program responded to this request to CoA’s satisfaction.

Similarly, in this same letter, by September 1, 2014, the program was asked to “clarify how its competencies are evaluated to demonstrate successful achievement of the program’s goals and objectives. The request was also responded to and resolved to CoA’s satisfaction.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Concerns addressed adequately in previous correspondence with CoA.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
3. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program's aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

Standard III.A.1

Description

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
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3. By prior achievement, students have demonstrated appropriate competency for the program's aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.

2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program's aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program's aims and philosophy.

Data Views

Table 9 - Student Statistics

Number of students in the last 7 academic years who:	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013
Applied to program:	241	256	256	171	56	56	71
Were offered admission:	6	13	13	8	4	5	4
Enrolled in Academic Year	10	7	6	5	3	4	
Of total enrolled, number admitted as "respecializi							

Data Views

Table 9 - continue - Number of Students Engaged in Professional Activities Per ARO Reporting Year

YEAR OF ENTRY	N	NUMBER OF STUDENTS ENGAGED IN EACH ACTIVITY PER ARO REPORTING YEAR					
2012-2013	0	PROI	2014	2015	2016	2017	2018-2019
		ACTI					
		(N	(n=0)	(n=0)	(n=0)	(n=0)	(n=0)
		ARO					
		Resp					
		Mem	0	0	0	0	0
		Sci.	0	0	0	0	0
		Presc					
		Sci.	0	0	0	0	0
		Publi					

		Lead	0	0	0	0	0
		Roles:					
2013-2014	4	PRO	2014	2015	2016	2017	2018-2019
		ACTI					
		(N	(n=4)	(n=3)	(n=2)	(n=1)	(n=1)
		ARO					
		Resp					
		Mem	3	3	2	1	1
		Sci.	2	2	1	1	1
		Presc					
		Sci.	2	1	1	0	0
		Publi					
		Lead	2	2	2	1	0
		Roles:					
2014-2015	3	PRO	2014	2015	2016	2017	2018-2019
		ACTI					
		(N	(n=3)	(n=3)	(n=2)	(n=2)	(n=2)
		ARO					
		Resp					
		Mem	3	3	2	2	2
		Sci.	3	3	1	2	2
		Presc					
		Sci.	1	3	2	2	2
		Publi					
		Lead	3	3	1	2	2
		Roles:					
2015-2016	5	PRO	2014	2015	2016	2017	2018-2019
		ACTI					
		(N	(n=0)	(n=5)	(n=5)	(n=5)	(n=5)
		ARO					
		Resp					
		Mem	0	4	5	5	5
		Sci.	0	5	5	5	5
		Presc					
		Sci.	0	1	2	2	3
		Publi					
		Lead	0	1	2	4	4
		Roles:					
2016-2017	6	PRO	2014	2015	2016	2017	2018-2019
		ACTI					
		(N	(n=0)	(n=0)	(n=6)	(n=5)	(n=4)
		ARO					
		Resp					
		Mem	0	0	5	4	4
		Sci.	0	0	2	5	3
		Presc					
		Sci.	0	0	3	1	3
		Publi					
		Lead	0	0	1	1	1
		Roles:					

2017-2018	7	PRO ACTI (N (n=0) (n=0) (n=0) (n=7) (n=7) ARO Resp Mem 0 0 0 7 7 Sci. 0 0 0 7 7 Presc Sci. 0 0 0 3 6 Publi Lead 0 0 0 3 3 Role:
2018-2019	5	PRO ACTI (N (n=0) (n=0) (n=0) (n=0) (n=5) ARO Resp Mem 0 0 0 0 5 Sci. 0 0 0 0 5 Presc Sci. 0 0 0 0 3 Publi Lead 0 0 0 0 2 Role:
Total	24	PRO ACTI (N (n=7) (n=1) (n=1) (n=2) (n=24) ARO Resp Mem 6 10 14 19 24 Sci. 5 10 9 20 23 Presc Sci. 3 5 8 8 17 Publi Lead 5 6 6 11 12 Role:

Data Views

Table 10 - Student Demographics

Number of residents entering each year who identify	2018-2019	2017-2018	2016-2017	2015-2016	2014-2015	2013-2014	2012-2013

themselves								
as:								
African- American/ Black	F						1	
	M		1					
	O							
American Indian- Alaska Native	F							
	M							
	O							
Asian	F	1	1					
	M							
	O							
Hispanic - Latino	F			1				
	M			1				
	O							
Native Hawaiian - Other Pacific Islander	F							
	M							
	O							
White	F	9	5	3	4	3	3	
	M			1	1			
	O							
Non- Hispanic Multi- Ethnic	F							
	M							
	O							
Not Reported	F							
	M							
	O							
TOTAL NUMBER (above rows only)	F	10	6	4	4	3	4	
	M		1	2	1			
	O							
Subject to Americans with	F	2						

Disabilities Act	M				
	O				
Foreign Nationals	F		1	1	
	M				
	O				
Number of students enrolled who are respecializir	F				
	M				
	O				

Data Views

Table 11 - Educational History of Students Enrolled in Doctoral Program

ID#	UG Institution	UG GPA	GRE Verbal	GRE Quant	Year of UG Degree	UG Major	Grad institution (if applicabl	Grad GPA	Year of Grad degree	Grad Major	Grad degree
2016-00	Universit of Dayton	3.88	153	153	2010						
2016-00	Universit of Coloradc Coloradc Springs	3.97	154	152	2016						
2016-00	Universit of Pennsylv	3.83	163	160	2013						
2016-00	Universit of Missouri	3.70	157	153	2016						
2016-00	Eastern Washing Universit	3.7			2014						
2016-00	Excelsior College	3.57	160	148	2016						
2015-00	Universit of Californi at Santa Cruz	3.85	165	157	2010						
2015-00	Universit of Wisconsi	3.98	157	163	1982						

- Madison				
2015-00' Universit of Dayton	3.8	162	150	2010
2015-00' Universit of Californi Los Angeles (UCLA)	3.01	163	161	2011
2015-00' Universit of Missouri (Columb	3.6	157	148	2014
2014-00' Lewis and Clark College	3.3	155	152	2005
2014-00' Boston Universit	3.31	660	630	2006
2014-00' Concord Universit	3.34	161	155	2004
2013-00' Brooklyn College, City Universit of New York	3.32	157	150	2008
2013-00' Northern Arizona Universit	3.45	160	144	1992
2013-00' Universit of Monteva	3.53	164	148	2012
2013-00' Universit of Wiscons - Milwauke	3.60	152	146	2010

Supporting Material

1. Upload samples of student recruitment announcements, letters, advertisements, etc. to document your program's efforts in recruiting diverse students.

Appendix	Title	Uploaded By
appendix III.A.1.1.1	UCCS Geropsychology Promotional Flyer	Leilani Feliciano 2018-08-29 17:39
appendix III.A.1.1.2	Advertisement in APA Guide to Graduate Programs	Leilani Feliciano 2018-08-29 17:41

2. Upload REQUIRED TABLE: Download [Table 9 Student Statistics](#) template. Please label upload as - **TABLE 9 Student Statistics**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 9 upload.

Appendix	Title	Uploaded By
appendix III.A.1.2.1	Table 9 Student Statistics	Leilani Feliciano 2018-08-29 17:46

3. Upload REQUIRED TABLE: Download [Table 10 Student Demographics](#) template. Please label upload as - **TABLE 10 Student Demographics**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 10 upload.

Appendix	Title	Uploaded By
appendix III.A.1.3.1	Table 10 Student Demographics	Leilani Feliciano 2018-08-29 17:47
appendix III.A.1.3.2	Table 10 Student Demographics Revised	Leilani Feliciano 2019-04-03 18:26

4. Upload REQUIRED TABLE: Download [Table 11 Educational History of Students Enrolled in Doctoral Program](#) template. Please label upload as - **TABLE 11 Educational History of Students Enrolled in Doctoral Program**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 11 upload.

Appendix	Title	Uploaded By
appendix III.A.1.4.1	Table 11 Educational History of Students Enrolled in Doctoral Program	Leilani Feliciano 2018-08-29 17:51

Self Assessment

Focused Questions

Review: [IR C-21 D: Diversity Recruitment and Retention](#)

- [Discuss how the number of students is sufficient to ensure meaningful peer interactions, support, and socialization.
- [Describe the criteria the program uses to evaluate applicants and the quality of their prior achievement.
- [Discuss the strategies the program uses to ensure students are a good fit with the program.
- [Describe the systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary. Specifically, the program must describe how it meets the following criteria:
 1. The program must implement multiple specific activities, approaches, and initiatives designed to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to enhance diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.

Upload samples of student recruitment announcements, letters, advertisements, etc. to document your program's efforts in recruiting diverse students. The psychology department mainly recruits by posting the program in the APA Guide to Graduate Programs and through postings via multiple listservs e.g., CUDCP, APA Division 12/II, APA Division 20. The department also benefits from the efforts of the Graduate School recruitment efforts. The Graduate School participates in graduate school fairs at diverse institutions, recruits from the McNair Scholar list, and does outreach to diverse student groups. Many of these efforts from the Graduate School occurs through emails, so we do not have access to those materials to upload.

Discuss how the number of students is sufficient to ensure meaningful peer interactions, support, and socialization. Since our last self-study, we have slowly increased the number of students matriculating through our Ph.D. program due in large part to the development of the Trauma Psychology Major Area of Study. Students are encouraged to interact across cohorts, programs, and areas of study as well, within structures such as vertical lab teams, GPE, the Psychology Graduate Student Organization (PGSO), seminar courses, departmental functions, and AC or VHTC program supervision.

The department has made a concerted effort to integrate students from Ph.D. and M.A. programs while honoring their distinct status and needs. The coursework for the first two years for the two groups is identical except for the Psychology of Aging and Trauma Psychology courses. To address distinctive issues for students in the different programs, the DCT and Associate DCT (Drs. Feliciano and Samuelson) meet with each group 1-2 times a year to express concerns, provide feedback, etc. The PGSO, which is intermittently active depending on the year and student interest, typically includes students from both cohorts and has consistently been co-led by an M.A. and a Ph.D. student. The PGSO takes responsibility for welcoming incoming students with a "survival packet," sponsors social events, and meets to discuss concerns and needs of graduate students at all levels of training. The PGSO has a cabinet made of president (either single or co-presidents), vice president (if no co-

president), secretary, treasurer, and several committees headed by separate chairs. The committees include By-Laws, student-student liaison (e.g., orientation), student-faculty liaison, fundraising, and social activities. Current and upcoming responsibilities include distributing travel funds from the Psychology Department and sponsoring the orientation lunch for incoming grad students. In the future, they anticipate adding student activities, building a student orientation manual, raising funds to support conference travel, and creating alliances with other UCCS graduate student organizations. Finally, funding from our GPE grants has allowed us to create another set of trainings and opportunities GPE fellows (doctoral students in both Geropsychology and Trauma Psychology) for working together on research projects and attending colloquia.

Describe the criteria the program uses to evaluate applicants and the quality of their prior achievement. Students are selected based on excellent qualifications and maximal fit with the program. A rigorous review by the Graduate Admissions Committees (Geropsychology and Trauma) includes review of academic records, results on standardized tests, reference letters, professional and research activities, and statements of interests. The committee identifies talented individuals with a serious commitment to research and professional practice and a record compatible with their stated interests. They must demonstrate a clear interest in the scientist-practitioner model and in training to work with either older adults or trauma populations. Students must have completed either an undergraduate degree in psychology or the equivalent of a minor in psychology (20 credits), with evidence of strong academic performance. Successful applicants score on the Graduate Record Exam at approximately the 50th percentile or better, however students' scores are reviewed within the context of the strength of the whole package (e.g., GRE, GPA, strong letters of recommendation).

In previous years the GRE Subject Test was highly recommended. For students applying in Fall of 2018, the GRE Subject Test will be required. Students' statements of purpose within the application are reviewed for congruence to the philosophy, goals, and style of training offered in the department, as well as, potential mentor match is considered.

Discuss the strategies the program uses to ensure students are a good fit with the program. Additional information about goodness of fit is assessed on Interview Day (held at the end of January or early in February) when approximately 10-15 top applicants (from Geropsychology and Trauma Psychology) are invited to campus to interview. All core faculty members, many of the associated faculty members, and several clinical supervisors share responsibility for individual interviews; graduate students interview the applicants (without faculty present); and a social event for faculty, staff, graduate students, and applicants offers a final opportunity to assess goodness of fit. For the trauma area of study, representatives from our clinical practica present to the interviewees to ensure that they have an appreciation for the clinical training they would receive. Existing students in our program are very committed to and invested in the recruitment process, as evidenced by conducting interviews, hosting interviewees in their homes, and organizing social events prior to the interview and in day following. All faculty, staff and graduate students are encouraged to provide input to the clinical faculty along with their rankings and statements of interest in inviting particular students into their lab. The Clinical Psychology Department faculty make the decision of whom to admit as a group with input from the department and graduate students who were involved in the interview process.

Describe the systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds.

Since its inception, the program has made systematic efforts to recruit and retain diverse faculty and students. We have experienced some successes and some challenges in this important area. What

remains clear, however, is the Psychology Department's commitment to value diversity of faculty and students and to include significant education and training in diversity issues throughout the curriculum.

Students. Of the 24 current PhD students in the program, 91.7% are women. Of the current students, 4 out of 24 (16.7%) are from minority/underrepresented groups, including African American, Asian American, and multiracial descent. Among our 28 program graduates, 96.4% are women and 3 out of 28 were minorities (10.7%): 2 are Asian American and 1 of 27 is African-American, and 1 is an international student. From Fall 2012 – Spring 2018, of the 5 students who have discontinued in the program, 1 was a minority. In the first three cohorts of our program (2004-2007), our student body consisted of 9% ethnic minorities (1 of 11 students), so we have improved our ratio in more recent cohorts. Note that our incoming 2018 PhD cohort has 5 students, 1 of whom is an ethnic minority (Asian American).

Program faculty members are committed to recruiting, training, and retaining graduate students from ethnic minority groups and other backgrounds representing diversity. Student recruitment efforts include explicit public statements of our desire to recruit a diverse student body and conversations with colleagues at conferences focused on efforts to identify potential culturally diverse graduate students interested in professional geropsychology or trauma psychology. The DCT participates yearly in CUDCP's "Diversifying Clinical Psychology Recruitment Event" at the annual CUDCP meeting.

During the admissions process every year, weight is given to students from minority/underrepresented backgrounds, and we make concerted efforts every year to identify and interview qualified minority applicants. Of course, our overall statistics of minority students who enroll in the program do not include offers that we made and were declined. In accredited scientist-practitioner programs, there is keen competition for applicants of ethnic minority background who have strong academic credentials, and as mentioned above we are hindered somewhat by our location, which may make us less attractive to some minority applicants. Nonetheless, we have done reasonably well in this area and we will persevere in our efforts. We are aware that admission of students of diverse background must be followed by significant retention efforts, and in this regard we have been successful.

Other strategies we have used more intermittently include helping minority students apply for funding from APA's Minority Fellowship Program. In addition, the University has periodically offered Graduate Opportunity Scholarships. This scholarship focuses on what diversity they bring to the program (open ended) and students answer in whatever way that fits, (e.g., gender in a certain field or ethnic diversity etc.). <https://www.uccs.edu/finaid/types-of-aid/scholarships/scholarship-search?940450411000>

The program should document the concrete actions it is taking to enhance diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies. We implement several specific strategies aimed at retention. First, we attempt to demonstrate respect for cultural differences in our everyday behavior and in the teaching of our classes. Second, the genuine nature of our attention to diversity issues is expressed through the coverage of relevant topics throughout the curriculum and the emphasis on diverse populations in respect to aging and trauma in many core faculty members' research. Third, through our PGSO, we establish a peer buddy system in which every entering student is connected to an upper level student in the program for support and mentorship. Finally, and most importantly, faculty advisors have

dedicated considerable attention to personally supporting minority students over the years, including additional mentoring offered to students of color.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

In Table 9 (Appendix III.A.1.2.1), the program listed 5 students enrolled in the 2012-2013 cohort and 4 enrolled in the 2009-2010 cohort. However, in Table 10 (Appendix III.A.1.3.1), the program listed 3 students enrolled in the 2012-2013 cohort and 2 students enrolled in the 2009-2010 cohort. The program is asked to clarify these discrepancies and provide revised tables, if applicable.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

We have reviewed these data tables to clarify the discrepancies. Table 9 (Appendix III.A.1.2.1) is correct. We apologize for the clerical error in Table 10 (Appendix III.A.1.3.1). We have revised Table 10 to reflect the correct numbers and student demographics. We have uploaded the revised Table 10 as Appendix III.A.1.3.2.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The department has an identifiable body of students in each of the cohorts. We met with students from the first year ($n=4$), second year ($n=7$), and third-fifth ($n=10$) year cohorts. Students reported that they interacted as a cohort. They regularly work together as a team to conduct research, study, and interact socially.

Students reported clear communication during the admissions process. Faculty maintained regularly communicated with students to convey information throughout the admissions process. The students described the admissions process as a positive experience and reported that their mentor was supportive.

The faculty reported that they understood the need to include a diverse pool of students. They also reported that it was difficult to recruit students with the limited funding available for student support.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
3. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.B.1

Description

Supportive Learning Environment

Program faculty are accessible to students and provide them with guidance and supervision. They serve as appropriate professional role models and engage in actions that promote the students’ acquisition of knowledge, skills, and competencies consistent with the program’s training aims.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Discuss faculty accessibility, how faculty are appropriate role models, and how faculty engage in actions that promote attainment of program aims and competencies.

Discuss faculty accessibility, how faculty are appropriate role models, and how faculty engage in actions that promote attainment of program aims and competencies. Program faculty members take their advisory role very seriously. Students are almost always matched to research labs and mentors during the admissions process, and students are encouraged from the beginning of the program to become involved in research so that they progress through the program in timely fashion. Although students have the option of switching research mentors, almost all of these initial commitments represent good matches in that students typically remain with their initial advisor for completion of the thesis and dissertation.

Faculty are remarkably available to students, through informal conversations and quick consultations as well as more formally scheduled meetings. Although each student has a research mentor who assumes primary responsibility for professional socialization, the students report that they seek and gain consultation from many faculty on a regular basis. Research mentors work closely with trainees in the lab setting to design and implement studies as well as train in data analysis and the writing process. All clinical faculty members identify with the scientist-practitioner model. Most core faculty are licensed and are now obtaining continuing education (a new requirement by the state of Colorado). In their teaching, research, and clinical supervision, core faculty have high standards of performance, and as the students will attest, we expect them to excel and support them accordingly. Faculty also model this in their own work—as productive scholars, dedicated teachers and supervisors, and active in a range of service and professional capacities. Faculty and students typically work together to present research findings at national conferences and to publish the work in professional journals. All clinical trainees are directly supervised at the AC or at the VHTC by at least 2 resident faculty members as well as the AC or VHTC Director. The close working relationships at the AC and VHTC afford vast opportunities to assist students in their personal and professional development.

Faculty members make every effort to be encouraging and supportive of students. If we become aware of personal or professional problems that impede a student's progress, we advise them about support structures (e.g., availability of resources on campus; psychotherapy services). We also do our utmost to assist students in making appropriate decisions concerning course load and choice of research problems. The vast majority of our graduates have completed the program in a timely manner and our attrition rate is low and comparable to most similar programs. We have detailed throughout this self-study how faculty aim to provide appropriate professional role models as scholars and clinicians. We make every effort to engage in actions that promote students' acquisition of knowledge, skills, and competencies consistent with the program's training goals.

Finally, to help to guide students' timely progression through the program, the program has a number of important deadlines and contingencies. For example, we conduct a yearly formal evaluation of all students and provide feedback letters (described more fully below). Additionally, in order to take the Comprehensive Examination (offered twice each year), the student must be approved for continuation in the doctoral program, which is done after a student has completed all requirements for the MA degree (including empirical MA thesis) and submission of a manuscript for publication or a grant

proposal. Students must successfully complete their dissertation proposal before they can rank sites for internship (usually around mid-January deadline).

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Students reported that their faculty mentor meets for a minimum of one hour a week to provide support with research and related academic concerns. Students also reported that they were comfortable seeking information from faculty or student colleagues. Students also reported that faculty were responsive and available at all times.

The team met with external supervisors, and we visited the VHTC Center and the Aging center. The supervisors provided clear information about how they conducted intense supervision and how they provided clear guidance for students. They described the developmental sequence for providing students with appropriate supervision depending on the level of training. Students reported that the guidance provided was useful and helped them to develop their clinical skills.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

As mentioned previously, the faculty have instituted the new Graduate Student Activity Report (GSAR), a required yearly self-report instrument, as a vehicle for student self-assessment. Students are encouraged to meet with their mentors to go over the GSAR with particular attention to their goals for the next term.

A secondary goal of the GSAR is also to serve as a means to facilitate conversations between students and faculty mentors regarding research related goals. This provides students with another means to access faculty mentors and obtain support for training goals.

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
3. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.B.2

Description

The program recognizes the rights of students and faculty to be treated with courtesy and respect. In order to maximize the quality and effectiveness of students’ learning experiences, all interactions among students, faculty, and staff should be collegial and conducted in a manner that reflects the highest standards of the scholarly community and of the profession (see the current APA Ethical Principles of Psychologists and Code of Conduct). The program has an obligation to inform students of these principles, put procedures in place to promote productive interactions, and inform students of their avenues of recourse should problems with regard to them arise.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions



[Discuss the program's efforts to ensure a supportive, collegial, and respectful environment for students.

Discuss the program's efforts to ensure a supportive, collegial, and respectful environment for students. The faculty in the Psychology Department are firmly committed to the belief that all students and faculty should be treated with courtesy and respect. Documents pertaining to students' rights, evaluations, and grievance procedures are provided in the Graduate Student Handbook (Appendix F pp. 24-34). Our program is designed to foster opportunity for extensive student-faculty relations through both formal and informal mechanisms. The over-arching goal for our program is to foster healthy student development leading to an identity as a professional clinical psychologist with expertise in geropsychology. We strive to generate ethically sensitive, professionally competent, scientist-practitioners dedicated to enhancing the field. The formal procedures that we use to foster this development begin in the orientation program, which involves three components. First, we hold a "Graduate Training Orientation" which is conducted jointly by the DCT, Associate DCT, and the Director of Psychological Science program prior to the beginning of the academic year and attended by all incoming students. At this orientation, students are provided with an overview of graduate program rules and processes, and they each receive the Department's Graduate Student Handbook. Designed to provide a road map for success in the program, this Handbook includes information about ethics and values of the department/profession, resources available to the students, information on professional associations, liability insurance information, practicum sites and dates, and self-care suggestions. Within the Handbook is information on our evaluation procedures and the students' responsibilities and rights. All students sign a statement that affirms they have read the Handbook and the signed statement is put into their records.

Also during this orientation, we conduct a "Clinical Program Orientation" which is conducted by the DCT and/or Associate DCT during the first month of the Fall semester. This meeting includes all incoming clinical MA and Ph.D. students and is designed to orient them to the structure of the clinical curriculum and training within their programs. At this meeting, the DCT and/or Associate DCT also informs students about expected standards for professional behavior and how to approach challenges that may arise during the course of training. Students are informed of procedures for handling complaints and grievances. We encourage students to raise concerns with their faculty advisors, the DCT, and the Chair. Information about complaints and grievances is provided in the Graduate Student Handbook, a hard copy of which is provided to each student.

The DCT and Associate DCT also meet periodically with students from each clinical cohort to review procedures, discuss progress in the program, and hear students' concerns so as to address them expeditiously. More frequent meetings are held as students move toward milestone events such as the Comprehensive Examination or application for internship.

Finally, we hold a "Graduate Student/Faculty Introductory Meeting" in which all incoming graduate students and all Department faculty provide formal introductions to one another and faculty offer encouragement and advice on how to be successful. A reception at a faculty home or in a campus reception space follows this meeting.

The Department has been characterized by friendly relationships among faculty and between faculty and students throughout its history. Students benefit from open invitations to participate in receptions at faculty homes that are associated with significant department events (e.g., orientation, graduation,

internship acceptance, job applicant interviews). We also have a culture of supporting our students' unique and personal career trajectories and individualizing their learning experiences accordingly. Thus, faculty routinely support those students who want to conduct additional research with other faculty or outside of our department, or who want additional teaching training, or who seek more clinical training. That is, we have a culture of supporting students' career plans rather than imposing our own perspectives on them.

In addition, we have taken a number of steps over the years to ensure communication is open and clear and that students are involved in important aspects of program decision-making. For example, student representatives serve each year on the Ph.D. admissions committee. Student involvement in this process, particularly during the interview process, is particularly valued by the program faculty. Students are invaluable in hosting applicants and meeting informally with applicants at lunch and social events. We view our students as among the most important assets we have in representing the program accurately to prospective students. Student representatives attend the selection meeting and represent the feedback from the entire student body regarding applicants. Students are also involved each year in revisions to Comprehensive Examination, as students who recently completed the Examination meet with the DCT to provide feedback and to coordinate fine-tuning of the process and of the portfolio manual. The Department has student representation on all faculty search committees. Finally, the Psychology Graduate Student Organization interacts directly with the DCT and/or Department Chair to express concerns or suggestions from the graduate students.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Students reported that they were fully aware of the process for filing a complaint or a grievance. They referenced the handbook that was distributed when they began the program. Students reported that they did not have any concerns about either supervisors or faculty. The site visitor team confirmed that there have been no grievances filed since the previous accreditation.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

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4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.B.3

Description

To ensure a supportive and encouraging learning environment for students who are diverse, the program must avoid any actions that would restrict program access on grounds that are irrelevant to success in graduate training.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Discuss how the program ensures respect for cultural and individual diversity.

Discuss how the program ensures respect for cultural and individual diversity. As mentioned previously, the clinical program, Psychology Department, and university are committed to respect for cultural and individual diversity, in all of its forms. Specifically, the clinical program is deeply committed to promoting and maintaining an environment that is respectful of all cultures and all individuals. In addition, the clinical program faculty are committed to educating students in both multicultural and ethical competencies. We believe it is our obligation to encourage the development of students who are respectful of diversity and are aware of how cultural and individual diversity may impact the therapeutic relationship, research, and practice. The campus has a diversity strategic plan that was approved in 2007 and is in the process of being updated. The plan can be views at www.uccs.edu/diversity. All faculty search committees are required to designate a “diversity champion” to advocate for inclusiveness at each step of the search process.

In addition, we demonstrate our commitment to diversity by our adherence to non-discriminatory policies of the university and more pervasively in the content of our courses and research. The clinical program also includes a specific 3-credit course requirement, Diversity of Culture and Family: Professional Development II (PSY 6730, see descriptions in syllabus). Moreover, issues of diversity are included in each required professional class and many of the required science courses (Appendix E). Finally, our recognition of diversity extends beyond ethnic and gender issues, to also include sensitivity to other forms of cultural diversity, political viewpoints, sexual orientation, religion, disability, aging, and other manifestations of difference warranting respect and support.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

We interviewed students. One student reflected racial diversity and she reported feeling supported in the program. The faculty also reported working closely with a second racially diverse student to ensure that his practicum experiences with majority populations were meaningful.

The faculty reported that they welcome all students. When we asked about supporting GLBT+ students, the faculty reported that although the department does not have specific programs in place, the university provides services through the MOSAIC program. One faculty member identifies as a sexual minority.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
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4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.C.1

Description

Plans to Maximize Student Success

Program faculty engage in and document actions and procedures that actively encourage timely completion of the program and maximize student success. The program minimizes preventable causes of attrition (e.g., flawed admission procedures or unsupportive learning environments) and engages in tailored retention/completion efforts as appropriate (e.g., accommodation of student needs and special circumstances).

Data Views

Table 12 - Students' present status

ID #	FOR STUDENTS STILL IN PROGRAM:		FOR STUDENTS WHO GRADUATED	FOR STUDENTS WHO DID NOT COMPLETE PROGRAM:	
	YEAR IN PROGRAM	FULL OR PART-TIME	YEAR OF GRADUATION	DATE LEFT PROGRAM	REASON FOR LEAVING

	(E.G. 1ST,2ND ETC)		(IF COMPLETED)	
2016-001591-006	5th	Full-Time		
2016-001591-005	5th	Full-Time		
2016-001591-004	5th	Full-Time		
2016-001591-003	5th	Full-Time		
2016-001591-002			06/27/2017	Voluntary withdrawal - academic difficulties
2016-001591-001	5th	Full-Time		
2015-001591-005	6th	Full-Time		
2015-001591-004	6th	Full-Time		
2015-001591-003	6th	Full-Time		
2015-001591-002	6th	Full-Time		
2015-001591-001	6th	Full-Time		
2014-001591-003	7th	Full-Time		
2014-001591-002	7th	Full-Time		
2014-001591-001			05/14/2016	Transferred to a different university
2013-001591-004	8th	Full-Time		
2013-001591-003			2017	
2013-001591-002			05/14/2016	Academic reasons
2013-001591-001			12/16/2014	Academic reasons

Data Views

Table 13 - Current Students Matriculating Beyond Their Seventh Year in the Program

ID#	Full or Part-Time Student	Unfinished Requirements	Expected Graduation Date	Current Financial Support Provided by Program
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Supporting Material

1. Download [Table 12 Students Present Status](#) template. Please label upload as - **TABLE 12 Students Present Status**. Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 12 upload.

Appendix	Title	Uploaded By
appendix III.C.1.1.1	Table 12 Student Present Status.pdf	Leilani Feliciano 2018-08-29 18:12

2. Upload REQUIRED TABLE: Download [Table 13 Current Students Matriculating Beyond Their Seventh Year in the Program](#) template. Please label upload as - **TABLE 13 Current Students Matriculating Beyond Their Seventh Year in the Program**.

Appendix	Title	Uploaded By
appendix III.C.1.2.1	Table 13 Current Students Matriculating Beyond Seventh Year	Leilani Feliciano 2018-08-29 18:14

Self Assessment

Focused Questions

Review: [IR C-22 D: Student Attrition Rates for Doctoral Programs](#)

[Describe the program's efforts and procedures to ensure timely completion of the program.

[Discuss any attrition and describe efforts to evaluate and minimize preventable causes of attrition.

Describe the program's efforts and procedures to ensure timely completion of program.

Students regularly meet with their faculty mentor and the department program staff (Andrea Williams) to review their coursework, plans for completion of required coursework, and any timeline adjustments necessary (e.g., due to individual or programmatic needs). If students are on a remediation plan, that plan may also include regular meetings with the DCT to ensure that they are on-track for completion of the remediation process.

Discuss any attrition and describe efforts to evaluate and minimize preventable causes of attrition.

Since the last self-study, we had 4 students out of 34 leave from the program (11.8% attrition rate). The reasons for the attrition varied from personal (e.g., international student who returned to home country to be with her husband after completing her MA degree) to academic (e.g., student failure to obtain a B- or better in 2 or more courses). In the latter case, students were placed on a remediation plan and provided opportunity to propose the thesis by a specified date or retake the course (one time per course) to obtain a passing grade. For example, in one student's case where the student received a C grade in the graduate level Research Methods and Statistics course, the student was placed on a remediation plan in which he was required to retake our university's undergraduate statistics course, and then if passed, would retake the graduate level course. The student received a C in the undergraduate course and was thus terminated from the program. Students with academic remediation plans are strongly encouraged to make use of department resources and university resources (e.g., tutors, the Writing Center) to assist in a successful course attempt.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The site visitor team carefully reviewed information about students facing challenges completing the program. The DCT reported that since the last site visit 11.8% of the students have left the program for various reasons. In some cases, students left for personal reasons, or reasons related to finances. In several cases students were not successfully progressing academically.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
3. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.C.2

Description

Program Engagement.

The program engages in specific activities, approaches, and initiatives to implement and maintain diversity and ensure a supportive learning environment for all students. The program may participate in institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient. Concrete program-level actions to retain students who are diverse should be integrated across key aspects of the program and should be documented. The program should also demonstrate that it examines the effectiveness of its efforts to retain students who are diverse and document any steps needed to revise/enhance its strategies.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-21 D: Diversity Recruitment and Retention](#)

[Each accredited program is responsible for making systematic, coherent, and long-term efforts to retain students from differing backgrounds. Describe how the program meets the following criteria:

1. The program utilizes and implements multiple program-specific activities, approaches, and initiatives to maintain diversity among its student body. A program may include institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient.
2. The program demonstrates that it examines the effectiveness of its efforts to maintain students who are diverse and documents any steps needed to revise/enhance its strategies.

Each accredited program is responsible for making systematic, coherent, and long-term efforts to retain students from differing backgrounds. Describe how the program meets the following criteria:

- 1. The program utilizes and implements multiple program-specific activities, approaches, and initiatives to maintain diversity among its student body. A program may include institutional-level initiatives aimed toward retaining students who are diverse, but these alone are not sufficient.**
- 2. The program demonstrates that it examines the effectiveness of its efforts to maintain students who are diverse and documents any steps needed to revise/enhance its strategies.**

As previously noted, program faculty members are committed to recruiting, training, and retaining graduate students from ethnic minority groups and other backgrounds representing diversity. Student recruitment efforts include explicit public statements of our desire to recruit a diverse student body and conversations with colleagues at conferences focused on efforts to identify potential culturally diverse graduate students interested in professional geropsychology. The DCT has participated in CUDCP's "Diversifying Clinical Psychology Recruitment Event" each year. In the past, we successfully recruited one minority student from this event who is progressing in the program. During the admissions process every year, weight is given to students from minority/underrepresented backgrounds, and we make concerted efforts every year to identify and interview qualified minority applicants. Of course, our overall statistics of minority students who enroll in the program do not include offers that we made and were declined. In accredited scientist-practitioner programs, there is keen competition for applicants of ethnic minority background who have strong academic credentials, and as mentioned above we are hindered somewhat by our location, which may make us less attractive to some minority applicants. Nonetheless, we have done reasonably well in this area and we will persevere in our efforts.

We are aware that admission of students of diverse background must be followed by significant retention efforts, and in this regard we have been reasonably successful. We implement several specific strategies aimed at retention. First, we attempt to demonstrate respect for cultural differences in our everyday behavior and in the teaching of our classes. Second, the genuine nature of our attention to diversity issues is expressed through the coverage of relevant topics throughout the curriculum and the emphasis on aging issues and/or diverse populations in many core faculty members' research. Third, through our PGSO, we establish a peer buddy system in which every entering student is connected to an upper level student in the program for support and mentorship. Finally, and most importantly, faculty advisors have dedicated considerable attention to personally supporting minority students over the years, including additional mentoring offered to students of color.

Status**Progress Status:** Ready for Submission**Admin Review****Review Status:** No Additional Info Needed**Site Visit Review****Site Visit Review Status:** Ready for CoA Review**Site Visit Comment (Last updated on: 2019-05-21):**

Since the last accreditation, the program admitted two African American students, one Hispanic student, and two Asian students.

The team specifically asked about ways in which the faculty are working to ensure that students from diverse backgrounds are supported. The DCT described how she is working with a practicum site to ensure that the African American male student is supported in working with individual clients. The DCT also worked to provide additional practicum experiences by providing the student with an additional opportunity to co-lead a group.

In a second instance, a diverse student was placed on a remediation plan because he/she had deficits in his/her communication skills. The program worked closely with him/her to remediate his/her deficits and he/she is successfully completing his/her degree this summer.

The program also requires all students take the course Diversity of Culture and Family: Professional Development II.

Program Response**Status:** Read/Comment Provided**Program Response to Site Visit (Last updated on: 2019-06-03):**

A slight correction to the recruitment statistics - since our last accreditation, our program has admitted two African American students, two Hispanic students, two Asian students, and one multiracial student. In terms of other aspects of diversity, 91.7% of our students are women, one sexual minority student, one religious minority student, four International students, and three veterans.

Some additional information in regards to retention efforts made with students of color:

- The DCT or Associate DCT works to connect minority students with minority faculty and leaders in the UCCS community (e.g., Dr. Kee Warner, previous Associate Vice Chancellor for Inclusion and Academic Engagement, in the case of one Latino male scholar)
- Connect diverse students with UCCS Multicultural Office for Student Access, Inclusiveness, and Community (MOSAIC)
- Connect veteran and military students with Office of Veteran and Military Student Affairs (our veteran PhD students have served as mentors to undergraduate veteran students as well as seek support there)
- Assist minority students in applying for external minority fellowships

- All students have peer mentors (e.g., incoming veteran, nontraditional student with children paired with veteran spouse PhD student with children)

Specific information on efforts made to retain Latino veteran student who was dismissed in 2017:

- Connected student with Dr. Kee Warner (previous Associate Vice Chancellor for Inclusion and Academic Engagement, Latino male scholar) who provided mentorship. Connected student with Office of Veteran and Military Student Affairs
- Recommended and provided community referrals for TBI neuropsychological testing. Recommended services in Office of Disability Services.
- Created remediation plan for statistics and research methods that included taking undergraduate class in statistics. Student also received peer support from his cohort in statistics.
- Upon failing both statistics courses, arranged for his application to the UCCS MA in Counseling program. Arranged meetings with their director, provided recommendations emphasizing his clinical strengths. Was accepted in to that program outside the application season. Currently doing well in that program and is still connected to faculty and students in our program.

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
 2. The program should document the concrete actions it is taking to achieve diversity, identifying the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. The program should demonstrate that it examines the effectiveness of its efforts to attract students who are diverse and document any steps needed to revise/enhance its strategies.
3. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.C.3

Description

Feedback and Remediation.

Students receive, at least annually and as the need is observed for it, written feedback on the extent to which they are meeting the program’s requirements and performance expectations. Such feedback should include:

1. timely, written notification of any problems that have been noted and the opportunity to discuss them;
2. guidance regarding steps to remediate any problems (if remediable);
3. substantive, written feedback on the extent to which corrective actions have or have not been successful in addressing the issues of concern.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Referencing any relevant formal policy and procedure statements, the program should discuss policies that address:

1. Timely, written notification of all problems that have been noted and the opportunity to discuss them;
2. Guidance regarding steps to remediate each problem (if remediable); and
3. Substantive, written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern.

Referencing any relevant formal policy and procedure statements, the program should discuss policies that address:

1. **Timely, written notification of all problems that have been noted and the opportunity to discuss them;**
2. **Guidance regarding steps to remediate each problem (if remediable); and**
3. **Substantive, written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern.**

As noted earlier, we conduct an orientation in which all incoming students receive the Graduate Student Handbook and are informed in writing of policies about program requirements, expectations regarding student performance, and procedures for termination of students. In addition, the process of student evaluation is clearly specified in the Handbook. The evaluation component of our program is designed to balance the needs of our students for support and growth and the needs of the community/field for protection from inappropriate practice. Each student is evaluated on a yearly basis (in May, at the end of the Spring semester) by the clinical faculty to determine whether the student is making appropriate progress in his or her clinical skill development and development as a scientist/scholar. The initial step in this review process involves the solicitation of feedback from faculty with whom the student has worked during the year, including research laboratory, in organized classes, practicum, and relevant graduate assistant roles. This feedback is organized by the DCT and Associate DCT and is reviewed and discussed by the entire clinical faculty. From this meeting, the DCT and Associate DCT provide each student with a written summary of the clinical faculty's evaluation as a formal mechanism to provide support and constructive feedback to the student. The feedback indicates clearly whether their performance is viewed as (a) adequate, and if appropriate, recognition of recent accomplishments, or (b) concerns or deficiencies have been noted. In the latter case, appropriate remedial steps with specific timelines are stated and the DCT confers with the student regarding these corrective steps. If a student is demonstrating poor or possibly impaired performance or has evidenced behavior in violation of program policy, a specific set of procedures is followed as outlined in the Graduate Student Handbook (Appendix F). Examples of written feedback to students in different cohorts appear in Appendix M entitled *Examples of Feedback to Students*.

In addition to the end-of-year formal review meeting, we also conduct a less formal midyear evaluation (in December, at the end of the Fall semester) in which each student in the program is reviewed, but the focus tends to be on identifying students having difficulties so that we can ensure proper support structures are in place to resolve the problems before they become significant. Unless there is a notable problem, students do not receive specific feedback from the midyear evaluation, although they receive a letter indicating that they are making satisfactory progress. Although these reviews relate

to clinical skill development and development as a scientist/scholar, students are also encouraged to obtain additional feedback directly from supervisors and mentors.

If concerns are raised about a student’s progress in the program, or if the student is placed on probation or dismissed from the program, the DCT or Associate DCT sends a letter stating the concern or decision to the student. Detailed in the letter are steps for remediation (if relevant), any relevant deadlines, and consequences if the student fails to meet these deadlines. Moreover, the letter details how the student can appeal procedures, if applicable. It should be noted that although these actions have been taken in the past, they are rare in our program.

We are looking at new approaches to annual evaluation of competencies, taking into consideration the potential use of tools developed and validated by colleagues at other institutions. We anticipate having in place a more formal evaluation procedure for assessing competencies by the end of this academic year (spring, 2018).

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-16):

Students reported that they regularly received feedback from faculty and practicum supervisors. We reviewed the files of many of the students. The evaluations were clearly documented and the feedback provided students with a great deal of detail about their clinical skills and their academic progress.

We reviewed the files of these students. Students received evaluations on a regular basis. They also received letters detailing their progress in the program. We reviewed remediation plans for two students. In one case the student successfully remediated her deficits. In the second case, the students did not adhere to the remediation plan, and the student has been dismissed from the program. Clear documentation was contained in the student files.

Program Response

Status: Read/No Comment

III. Students

Overview

Student Selection Processes and Criteria

The program has an identifiable body of students at different levels of matriculation who:

1. constitute a number that allows opportunities for meaningful peer interaction, support, and socialization.
2. are reflective of a systematic, multiple-year plan, implemented and sustained over time, designed to attract students from a range of diverse backgrounds as outlined in the Glossary.
 1. The program must implement specific activities, approaches, and initiatives to increase diversity among its students. It may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient.
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3. By prior achievement, students have demonstrated appropriate competency for the program’s aims as well as expectations for a doctoral program.
 1. If the program has criteria for selection that involve demonstration of prior knowledge (e.g., GRE subject tests), the program must discuss how these criteria influence program requirements, are appropriate for the aims of the program, and maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), the program must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
4. By interest and aptitude, they are prepared to meet the program’s aims.
5. They reflect, through their intellectual and professional development and intended career paths, the program’s aims and philosophy.

Standard III.(AI)

Description

Additional information relevant to Section III.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any **Section III** issues to specifically address "in the next self-study"? If so, provide your response here.

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any other **Section III** issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any Section III issues to specifically address "in the next self-study"? If so, provide your response here. There were no Section III issues in our last correspondence with CoA.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section III issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here. There were no Section III issues in our last correspondence with CoA.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):
NA

Program Response

Status: Read/No Comment

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.A.1

Description

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
appendix IV.A.1.1.1	DCT CV	Leilani Feliciano 2018-08-29 18:32
appendix IV.A.1.1.2	Associate DCT CV	Leilani Feliciano 2018-08-29 18:33

Self Assessment

Focused Questions

[Describe credentials and expertise of the designated program leader(s). Identify how these are consistent with the program's aim(s).

Program Leadership. The clinical psychology PhD program has two designated leaders: a Director of Clinical Training (DCT: Leilani Feliciano) and an Associate Director of Clinical Training (Associate DCT: Kristin Samuelson), who were appointed to these roles in 2017. The current DCT, Dr. Feliciano, is an associate professor at UCCS; she holds an active psychology license in the state of Colorado.

Dr. Feliciano, is a clinical geropsychology faculty member with research interests in mental health and aging and the intersection of physical and mental health concerns in mid to late life. She is the PI of a GPE grant focusing on integrated training in older adults and veterans or survivors of trauma.

As a scientist-practitioner, her career is representative of our program's Boulder-model focus and our commitment to integrating research and practice. Furthermore, the focus of her research, clinical work, and training grant is consistent with our program's goal of enhancing competence in working with underserved populations.

The Associate DCT, Dr. Samuelson, is a licensed psychologist in the states of California and Colorado and a trauma psychology faculty member. While she is currently an Assistant Professor, she came to UCCS having had a career as a full professor at another university. Dr. Samuelson's research and clinical work focus on the areas of trauma and posttraumatic stress disorder (PTSD), particularly with combat veterans and victims of interpersonal violence. As a scientist-practitioner, her career is also representative of our program's Boulder-model focus and our commitment to integrating research and practice. Furthermore, the focus of her research and clinical work is consistent with our program's goal of enhancing competence in working with underserved populations.

These two leadership roles are designed to be held by one member of the geropsychology and one member of the trauma track, and the directors lead their respective tracks in addition to directing the overall clinical training.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program has an identified Director of Clinical Training, Dr. Leilani Feliciano, who has demonstrated leadership vis a vis the clinical program. She is an active member of geropsychology emphasis. There is also an associate DCT, Dr. Kristin Samuelson who is an active member of the trauma psychology focus. Both are established, integral members of the core faculty and through their teaching, research, and service model the scientist-practitioner aims of the program. Their administrative activities include providing oversight of clinical coursework and practica, both within the departmental clinics as well as with regard to off-site practica.

Program Response

Status: Read/No Comment

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.A.2

Description

The program leader(s) together with program core faculty have primary responsibility for the design, implementation, and evaluation of the program's administrative activities (e.g., policies and procedures for student admissions, student evaluations, and arrangement of practicum experiences) and for its educational offerings (e.g., coursework, practicum experiences, and research training).

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe how faculty members' theoretical perspectives and experiences are appropriate for the program's aim(s).

[Describe how the competence and credentials of program faculty are aligned with the program's aim(s).

Describe how faculty members' theoretical perspectives and experiences are appropriate for the program's aim(s). Our core faculty represent a diverse variety of theoretical orientations, all of which are consistent in training students according to our aims. These theoretical orientations include cognitive-behavioral and behavioral (Drs. Feliciano and Segal), family systems (Dr. Qualls), social (Dr. Maxfield) and neuropsychology/assessment (Drs. Gavett and Lac). As noted earlier, some faculty also continue to see clients in some capacity, in addition to their primary roles in training our students. Additional supervisors, associated faculty or other contributors, also add to the diversity of our theoretical orientations represented among training faculty.

Describe how the competence and credentials of program faculty are aligned with the program's aim(s).

All clinical faculty adhere to the utilization of evidence-based treatment and/or assessment methods, and the integration of science into practice. All core faculty received Ph.D.s from Scientist Practitioner model programs with strong internships and postdoctoral fellowships in university or VA settings. Their training provided strong breadth in psychology as well as geropsychology and trauma psychology. All core clinical faculty have either primary or secondary expertise in geropsychology or trauma psychology depending on the program area of study. Those with secondary expertise have primary expertise in an area that is necessary for well-rounded department functioning and student training, including mental health assessment and intervention (Drs. Feliciano, Samuelson, Segal), family systems and caregiving (Dr. Qualls), inter-professional teams (Dr. Qualls), trauma psychology (Drs. Benight and Samuelson), health psychology/behavioral medicine (Drs. Benight and Feliciano), behavioral psychology (Dr. Feliciano), social and cognitive psychology (Dr. Maxfield), and neuropsychology (Drs. Gavett and Maxfield).

All clinical faculty members are licensed in the state of Colorado and are active as supervisors or providers of clinical services. Clinical supervision skills are rated by students as excellent for the core faculty as well as the community professionals who serve as adjunct clinical faculty. All core faculty members have active and productive research programs that train and mentor graduate students in basic as well as translational research skills.

Faculty competence relevant to research goals is evident in research productivity, external funding of research, and research awards. Several faculty serve on editorial boards and/or have served as editorial staff of respected scientific journals (e.g., Drs. Feliciano and Segal) . Six departmental faculty members (Benight, Durham, Feliciano, Klebe, Pyszczynski and Qualls) have been inducted into the UCCS Million Dollar club reflecting sustained research funding. Additionally, several faculty have received research awards from LAS or the UCCS campus (Benight, Coolidge, Greene, James, and Segal). Teaching competence is evident in teaching awards from LAS or the UCCS campus received by many faculty (Benight, Coolidge, James, Kisley, Segal), strong teaching evaluations by students, and alumni satisfaction with mentoring.

Related to professional socialization goals, several faculty model national and local leadership in their respective areas. For example, Dr. Greene is past-President of the Psychology and Law Society; Dr. Qualls is past-President of Society for Clinical Geropsychology (APA, Division 12-Section 2), past-Treasurer of Council of Professional Geropsychology Training Programs (CoPGTP), and Chair of the APA Committee on Aging in 2011 (3 year term); Dr. Segal is past-Chair of CoPGTP, and Dr. Feliciano is past-President of the Psychological Society of the Pikes Peak Region.

The core faculty function as appropriate role models for students in their learning and socialization into the discipline and profession. A characteristic of the department culture that is highly valued by faculty and students is the collegiality and rich mentoring offered to students in a wide variety of domains of professional functioning. Faculty mentoring includes oversight of thesis research, mentoring of skills in professional presentations and publication, instruction in grant writing, clinical supervision, and collaborative involvement in clinical services research. Each faculty member determines his/her own style of mentoring. All meet individually with students, and many conduct a regular formal lab meeting. All faculty present work at conferences and demonstrate high rates of co-authorship with students. Faculty are regularly available to students in their offices and labs or at the CUAC for impromptu meetings as well. Office hours are posted by each faculty person's door.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Core faculty meet regularly to consult on the policies and procedures associated with the program, and to evaluate student progress. As stated in the self-study, faculty represent various professional and research backgrounds, and their specialty areas are integrated in the curriculum and research activities of the program as a whole. Faculty competencies are further reflected in areas of specialized training, such as geropsychology and trauma psychology. The scientist-practitioner and community engagement aims of the program are reflected in practice and outreach activities in the departmental clinics, as well as active involvement in practica.

Program Response

Status: Read/No Comment

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.B.1-2

Description

Faculty Qualifications and Role Modeling

1. Core Faculty. The program has an identifiable core faculty responsible for the program's activities, educational offerings, and quality, who:

1. function as an integral part of the academic unit of which the program is an element;
2. are sufficient in number for their academic and professional responsibilities;
3. have theoretical perspectives and academic and applied experiences appropriate to the program's aims;
4. demonstrate substantial competence and have recognized credentials in those areas that are at the core of the program's aims;
5. are available to function as appropriate role models for students in their learning and socialization into the discipline and profession.

2. Additional Core Faculty Professional Characteristics

1. Core faculty must be composed of individuals whose education, training, and/or experience are consistent with their roles in the program in light of the substantive area in which the program seeks accreditation.
2. Core faculty must be composed of individuals whose primary professional employment (50% or more) is at the institution in which the program is housed, and to whom the institution has demonstrated a multiyear commitment. At least 50% of core faculty professional time must be devoted to program-related activities.
3. Core faculty must be identified with the program and centrally involved in program development, decision making, and student training. "Identified with the program" means that each faculty member is included in public and departmental documents as such, views himself or herself as core faculty, and is seen as core faculty by the students.
4. Core faculty activities directly related to the doctoral program include program-related teaching, research, scholarship, and/or professional activities; supervising students' research, students' dissertations, and students' teaching activities; mentoring students' professional development; providing clinical supervision; monitoring student outcomes; teaching in a master's degree program that is an integral part of the doctoral program; and developing, evaluating, and maintaining the program.

Core faculty activities not directly related to the doctoral program and not seen as aspects of the core faculty role include undergraduate teaching in general and related activities; teaching and related activities in terminal master's or other graduate programs; and clinical work or independent practice not directly associated with training, such as at a counseling center.

Data Views

Table 14 a-c Current Program Faculty

Table 14.a CORE Faculty

Name	Psychology Licensure (Y/N)	Title	FTE at institution over academic year	FTE dedicated to doctoral program (based on 40 hr/wk)	Role/ Contributions to this doctoral program (List All)	Other [non-program] responsibilities (List All)	Highest Degree Earned
Benight Charles	Y						
Feliciano Leilani	Y						
Maxfield Molly	Y						
Qualls Sara	Y						
Samuelson Kristin	Y						
Segal Daniel	Y						

Data Views

Table 14.b ASSOCIATE Faculty

Name	Psychology Licensure (Y/N)	Title	FTE at institution over academic year	FTE dedicated to doctoral program (based on 40 hr/wk)	Role/ Contributions to this doctoral program (List All)	Other [non-program] responsibilities (List All)	Highest Degree Earned
Coolidge Frederick	N						
Daniels Elizabeth	N						
Durham Robert	N						
Greene Edith	N						
James Lori	N						
Kisley Michael	N						
Klebe Kelli	N						
Lac Andrew	N						
Pyszczynski Thomas	N						

Data Views

Table 14.c OTHER Faculty

Name	Psychology Licensure (Y/N)	Title	FTE at institution over academic year	FTE dedicated to doctoral program	Role/ Contributions to this doctoral program	Other [non-program] responsibilities (List All)	Highest Degree Earned
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		(based on 40 hr/wk)	program (List All)
Altayli Z. Benek	Y		
Coussons-Read Mary	N		
Wurtele Sandy	Y		

Data Views

Table 2(b) Faculty Demographics

(If the program has added training supervisors that are not reflected in the demographic table below, the program is encouraged to discuss how these new training supervisors add to the diversity and quality of the training program in your Narrative Response below.)

Number of current faculty who identify themselves as:		Core Program Faculty	Associated Program Faculty	Other Contributors
African-American/ Black	F			
	M			
	O			
American Indian- Alaska Native	F			
	M			
	O			
Asian	F			
	M		1	
	O			
Hispanic - Latino	F	1		
	M			
	O			
Native Hawaiian - Other Pacific Islander	F			
	M			
	O			
White	F	3	4	3
	M	2	4	
	O			
Non-Hispanic Multi-Ethnic	F			
	M			
	O			
Not Reported	F			
	M			
	O			
TOTAL NUMBER (above rows only)	F	4	4	3
	M	2	5	
	O			

Subject to Americans with Disabilities Act	F	
	M	
	O	
Foreign Nationals	F	1
	M	
	O	

Data Views

Table 2(c) - Professional Activities for the Past 2 Years

Number of current faculty who have engaged in these professional activities for the past 2 years:	Core Program Faculty	Associated Program Faculty	Other Contributors
Members of Professional Societies	6	9	3
Authors/Co-authors of Papers at Professional meetings	6	9	3
Authors/Co-authors of Articles in Prof/Scientific Journals	6	9	3
Recipients of Grants or Contracts	6	6	1
Engaged in Delivery of Direct Professional Services	3	1	1
Number of faculty present topic to lay or community audience	6	8	3
Involved in leadership roles or activities in professional organizations	4	5	2
Number of faculty provided primary research supervisor for doctoral students	6	3	1
Number faculty provided primary professional service supervision for doctoral students	4		1

Supporting Material

1. Upload REQUIRED TABLES: Download [Table 14.a Core Faculty](#), [Table 14.b Associated Faculty](#), and [Table 14.c Other Contributors](#). Use these templates to provide required faculty information. Please label uploads as - **TABLE 14.a Core Faculty, TABLE 14.b Associated Faculty, and TABLE 14.c Other Contributors.**

Note: For your convenience, the dataviews on this page include ARO data. Feel free to cut/paste these data into the required Table 14 uploads.

Appendix	Title	Uploaded By
appendix IV.B.1-2.1.1	TABLE 14.a Core Faculty	Leilani Feliciano 2018-08-29 21:51
appendix IV.B.1-2.1.2	TABLE 14.b Associated Faculty	Leilani Feliciano 2018-08-29 21:51
appendix IV.B.1-2.1.3	TABLE 14.c Other Contributors	Leilani Feliciano 2018-08-29 21:53

2. Upload REQUIRED TABLES: Download [Table 15 Faculty Demographics](#) and [Table 16 Professional Activities](#). Use these templates to provide information on faculty demographics and professional activities. Please label uploads as - **TABLE 15 Faculty Demographics** and **TABLE 16 Professional Activities**.

[Show More](#) on page Please note that core faculty must spend at least 50% of their professional time in program activities for the doctoral program. Only administrative activities directly related to the program may count as part of the 50% time commitment for core faculty. Participation on committees that are time-limited and necessary for the program to continue (e.g., committees to hire new faculty for the program; faculty retention, promotion, and tenure committees) can be counted as part of the activities related to the program. However, it is the program’s responsibility to provide sufficient justification that these activities do indeed directly contribute to the program.

[Show Less](#) on page

Appendix	Title	Uploaded By
appendix IV.B.1-2.2.1	TABLE 15 Faculty Demographics	Leilani Feliciano 2018-08-29 21:34
appendix IV.B.1-2.2.2	TABLE 16 Professional Activities	Leilani Feliciano 2018-08-29 21:34

3. Upload the [Professional Activities Template](#) (if applicable based on Tables 14.a-c) for all core faculty and those who teach required courses and/or provide training in the competency areas identified in Standard II.

Important reminders for providing curriculum vitae:

[Show More](#) on page

- Complete information for supervisors who provide supervision to your program’s students on a regular basis should be included (including those supervisors in the "Other Contributors" section of Table 14.c). Provide data for each cell in the table, or indicate "not applicable."
- Please explain how the credentials of each faculty member who oversees coursework or experiences described under Standard II reflect the faculty member’s competence to oversee that area of study.
- For each faculty member who regularly provides instruction for courses or experiences described under Standard II please briefly describe how that person is competent and/or credentialed to do so.

[Show Less](#) on page

Appendix	Title	Uploaded By
appendix IV.B.1-2.3.1	Benight Professional Activities	Leilani Feliciano 2018-08-30 16:20
appendix IV.B.1-2.3.2	Feliciano Professional Activities	Leilani Feliciano 2018-08-30 16:21
appendix IV.B.1-2.3.3	Qualls Professional Activities	Leilani Feliciano 2018-08-30 16:22
appendix IV.B.1-2.3.4	Gavett Professional Activities	Leilani Feliciano 2018-08-30 17:10
appendix IV.B.1-2.3.5	Maxfield Professional Activities	Leilani Feliciano 2018-08-30 17:24
appendix IV.B.1-2.3.6	Samuelson Professional Activities	Leilani Feliciano 2018-08-30 19:07
appendix IV.B.1-2.3.7	Segal Professional Activities	Leilani Feliciano 2018-08-30 18:01
appendix IV.B.1-2.3.8	Daniels Professional Activities	Leilani Feliciano 2018-08-30 16:23
appendix IV.B.1-2.3.9	Klebe Professional Activities	Leilani Feliciano 2018-08-30 16:25
appendix IV.B.1-2.3.10	Kisley Professional Activities	Leilani Feliciano 2018-08-30 16:26
appendix IV.B.1-2.3.11	James Professional Activities	Leilani Feliciano 2018-08-30 16:40
appendix IV.B.1-2.3.12	Durham Professional Activities	Leilani Feliciano 2018-08-30 17:28
appendix IV.B.1-2.3.13	Coolidge Professional Activities	Leilani Feliciano 2018-08-30 18:59
appendix IV.B.1-2.3.14	Greene Professional Activities	Leilani Feliciano 2018-08-30 19:07
appendix IV.B.1-2.3.15	Long Professional Activities	Leilani Feliciano 2018-08-30 19:08
appendix IV.B.1-2.3.16	Lac Professional Activities	Leilani Feliciano 2019-04-08 12:13

appendix IV.B.1-2.3.17	Al-Shawaf Professional Activities	Leilani Feliciano 2019-04-08 20:04
appendix IV.B.1-2.3.18	Coussons-Read Professional Activities	Leilani Feliciano 2019-04-08 13:25
appendix IV.B.1-2.3.19	Pyszczynski Professional Activities	Leilani Feliciano 2019-04-08 12:23
appendix IV.B.1-2.3.20	Coolidge Professional Activities	Leilani Feliciano 2019-04-08 16:38
appendix IV.B.1-2.3.21	Kisley Professional Activities	Leilani Feliciano 2019-04-08 13:57
appendix IV.B.1-2.3.22	Decker Professional Activities	Leilani Feliciano 2019-04-09 16:36
appendix IV.B.1-2.3.23	Steffes Professional Activities	Leilani Feliciano 2019-04-08 20:10
appendix IV.B.1-2.3.24	Altayli Professional Activities	Leilani Feliciano 2019-04-08 16:48
appendix IV.B.1-2.3.25	Calvert Professional Activities	Leilani Feliciano 2019-04-09 18:12
appendix IV.B.1-2.3.26	Lim Professional Activities	Leilani Feliciano 2019-04-09 10:36
appendix IV.B.1-2.3.27	Patz Professional Activities	Leilani Feliciano 2019-04-09 10:39
appendix IV.B.1-2.3.28	Tomlin Professional Activities	Leilani Feliciano 2019-04-08 20:12
appendix IV.B.1-2.3.29	Wurtele Professional Activities	Leilani Feliciano 2019-04-09 18:57

Self Assessment

Focused Questions

[Provide criteria for membership in and participation of core and other faculty member groups.

[Describe how core faculty members function as a unit to make decisions and provide oversight of the program.

Provide criteria for membership in and participation of core and other faculty member groups.

As mentioned previously, the clinical psychology program has an identifiable core faculty responsible for leadership and decision making. Criteria for membership in the core clinical faculty includes devoting at least 50% of professional time to the Ph.D. program. Professional time includes any combination of teaching Doctoral level courses, providing clinical supervision to Doctoral students, supervising research (Master's theses and/or Dissertations) of Doctoral students, performing administrative duties relevant to the Ph.D. program, attending Clinical Faculty meetings, and other service-related activities that are directly relevant to the Ph.D. program.

At present, the clinical faculty consists of 8 core members with 6 being tenured in May of 2018. We recently had a faculty member leave the program in August of 2018 and have a current opening for a clinical neuropsychology position (search to begin this fall).

Describe how core faculty members function as a unit to make decisions and provide oversight of the program.

The core faculty members, along with others involved in clinical training, meet for Clinical Faculty meetings at least twice per semester, once for planning and once for student evaluation. Clinical program training activities are also coordinated through an annual retreat to discuss program successes and areas of improvement, and to plan strategies for meeting the program's goals. The VHTC has a weekly leadership meeting to discuss clinical and training issues and the Trauma, Health & Hazards Center has a biweekly research/clinical meeting to discuss the intersection of clinical services with research. The VHTC and AC are both located on the same floor of the Lane Center and informal communication among leadership is common. We are a highly cohesive group and most decisions are based on consensus; formal votes are conducted as needed. The core faculty members are also integral members of the Psychology Department, participating in Department governance, committee work, and classroom undergraduate and/or graduate teaching.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

1. In Table 14.a (Appendix IV.B.1-2.1.1), the program listed 8 faculty members, but in Table 15 (Appendix IV.B.1-2.2.1) the program listed 9 faculty members. The program is asked to clarify this discrepancy and provide revised tables, if applicable.
2. In Table 14.b (Appendix IV.B.1-2.1.2), the program listed 10 faculty members, but in Table 15 (Appendix IV.B.1-2.2.1) the program listed 9 faculty members. The program is asked to clarify this discrepancy and provide revised tables, if applicable.
3. In Table 14.c (Appendix IV.B.1-2.1.3), the program listed 11 faculty members, but in Table 15 (Appendix IV.B.1-2.2.1) the program listed 9 faculty members. The program is asked to clarify this discrepancy and provide revised tables, if applicable.

4. In Table 14.a, Dr. Andrew Lac answered "Yes" to any or all of the last 5 columns, but no "Professional Activities" form was provided. The program is asked to provide Dr. Lac's "Professional Activities" form.
5. In Table 14.b, Drs. Laith Al-Shawaf, Mary Coussons-Read, and Thomas Pyszczynski answered "Yes" to any or all of the last 5 columns, but no "Professional Activities" forms were provided. The program is asked to provide "Professional Activities" forms for these faculty members.
6. In Table 14.b, Dr. Frederick L. Coolidge answered "Yes" to "funded research grants in the last 7 years," but did not provide this information on the "Professional Activities" form. The program is asked to provide a revised form for Dr. Coolidge that includes this information. Similarly, in Table 14.b, Dr. Michael Kisley answered "Yes" to "professional honors and recognition in the last 7 years," but did not provide this information on the "Professional Activities" form. The program is asked to provide a revised form for Dr. Kisley that includes this information.
7. In Table 14.c, Lisa Decker, Jesie Steffes, and Drs. Z. Benek Altayli, Cathy Calvert, Magdalene Lim, Deborah Patz, Damon Tomlin, and Sandy Wurtele answered "Yes" to any or all of the last 5 columns, but no "Professional Activities" forms were provided. The program is asked to provide a "Professional Activities" forms for these faculty.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

1. We apologize for the entry errors that have made these tables inconsistent with each other. We have emailed ARO and asked them to correct some of the faculty that were incorrectly classified. Table 14.a (Appendix IV.B.1-2.1.1) is correct. The data table 14a populated by ARO data should not have listed Cassie Faulhaber as core faculty, she should have been classified as other contributor (she is correctly listed in Table 14.c Appendix IV.B.1-2.1.3). Andrew Lac should be listed as Core Faculty in the ARO Table 14a (he is correctly listed in Table 14.a (Appendix IV.B.1-2.1.1)).

The core faculty are represented by the following faculty:

Charles Benight, Leilani Feliciano, Brandon Gavett, Andrew Lac, Molly Maxfield, Sara Honn Qualls, Daniel Segal, Kristin Samuelson

2. Similarly, in ARO Table 14.b, Andrew Lac should not be in this table. Mary Coussons-Read should be in this table. The Associate faculty include:

Frederick Coolidge, Mary Coussons-Read, Elizabeth Daniels, Hasker Davis, Robert Durham, Edie Greene, Lori James, Michael Kisley, Kelli Klebe, Thomas Pyszczynski. Please note: Laith Al-Shawaf was a new faculty member (began in fall 2017) and thus did not have an ARO form for this cycle. This contributes to the numbers being off between the ARO table 14b and the Appendix IV.B.1-2.1.2.

3. Likewise, in ARO Table 14.c, Mary Coussons-Read should not be in this table (Table 14.c Appendix IV.B.1-2.1.3 is correct). The Other contributors include:

Z. Benek Altayli, Cathryn Calvert, Lisa Decker, Magdalene Lim, Judith Long, Deborah Patz, Jesie Steffes, Damon Tomlin, Sandy Wurtele

4. Professional activities form has been uploaded for Dr. Andrew Lac. Our apologies for this oversight (Appendix IV.B.1-2.3.16)

5. Professional activities forms have been uploaded for Drs. Al-Shawaf (Appendix IV.B.1-2.3.17), Coussons-Read (Appendix IV.B.1-2.3.18), and Pyszczynski (Appendix IV.B.1-2.3.19).

- 6. Corrections have been made to Drs. Coolidge (Appendix IV.B.1-2.20) and Kisley's (Appendix IV.B.1-2.21) professional activities forms that address the missing information requested.
- 7. Our apologies for the oversight. The Professional Activities forms have been provided for the requested "other faculty" as Appendices IV.B.1-2.22 - Appendix IV.B.1-2.29.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The core faculty of the program are valued members of the psychology department and are active contributors to all aspects of its operation and mission, including a course load devoted to both undergraduate and graduate teaching. At 8 FTE the current complement of core faculty appears sufficient for supporting doctoral training. Faculty demonstrate competence in their specialized areas of interest, and are active in pursuing grant funding and in the dissemination of applied research. As communicated by students, formal meetings between student mentees and faculty mentors occur often, thus promoting faculty mentorship. Outside of coursework, core faculty devote a large proportion of their academic time to the graduate program, and clearly contribute to the success of the program.

Program Response

Status: Read/Comment Provided

Program Response to Site Visit (Last updated on: 2019-05-28):

Additional information on faculty grant activity:

Clinical Faculty Grants – over the last 5 years

Faculty as PI or Co-PI	Type	Applied for	Status (If Funded Amount)
Charles Benight	Federal	3	3 – Over 1.75 million
	Foundation	1	1 – Over 96K
Leilani Feliciano	Federal & DoD	11	4 – Under review
	HRSA - GPE	1	1 – Over 600K
	Foundation	3	1 – Over 500K
Brandon Gavett	Internal	12	8 – Over 13.5K
	Federal	3	3 – Over 2.4 million
	Professional organization	1	1 – Over 9K
Molly Maxfield	Federal	4	2 – Over 5 million
	Foundation	4	2 – Over 44K
Kristin Samuelson	Federal	12	1- Under review 4- Over 7 million
	State	2	2 - Under review

	Foundation	5	3 – over 600K
	Internal	5	3 – 12K
Daniel Segal	HRSA - GPE	1	1 – Over 325K
	Internal	1	1 - \$500
Sara Honn Qualls	Federal	2	1-
	Foundation	2	2 – Over 216K

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.B.3

Description

Associated and Adjunct Faculty. In addition to core faculty, programs may also have associated program faculty, contributing faculty, and adjunct (visiting, auxiliary, or "other") faculty. Associated program faculty do not meet the criteria for core faculty. They are not centrally involved in program development and decision making, but they still make a substantial contribution to the program and take on some of the tasks often associated with core faculty. Adjunct faculty are hired on an ad hoc basis to teach one or two courses, provide supervision, etc.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-23 D: Faculty Qualifications](#)

[Clarify the nature and function of non-core faculty. Include the criteria for membership in each faculty group, as well as the quality control standards used to assess in each group.

Clarify the nature and function of non-core faculty. Include the criteria for membership in each faculty group, as well as the standards used to assess quality in each group.

Associated and Other Faculty. Learning opportunities are enriched by the active involvement of Psychological Science faculty within the Psychology Department as course instructors and research mentors, which provides a greater breadth of training and research mentorship in psychology and exposes students to both clinical and experimental research. For example, research mentorship (primary or committee) has been provided to clinical program students by Psychological Science faculty in the areas of developmental psychology (Dr. Daniels), neuroscience (Dr. Kisley), statistics and research design (Dr. Klebe), forensic psychology (Dr. Greene), cognition (Dr. James), and social psychology (Dr. Pyszczynski). Associated and other faculty also play a role in providing students with an abundance of clinical supervision opportunities. Drs. Lim (clinical psychology and integrated care), Altayli (counseling psychology), Calvert (clinical psychology), White (general clinical psychology and neuropsychology), Long (clinical psychology and trauma psychology), Gibson (clinical psychology within long-term care), and Steffes (clinical-counseling) provide clinical supervision and participate actively in developing the program’s clinical training model, evaluating students, and self-evaluating program achievements. Department Instructors or Adjunct Professors are available to teach courses in specific areas of expertise not covered by the department faculty (e.g., psychopharmacology has been taught in the past by an MD, who also is a licensed professional counselor). Although the program does not rely on the non-core faculty for program leadership, their professional expertise and leadership add to the caliber of the training experience. As can be seen from the previous descriptions, our core faculty serve as models for our program philosophy through their concurrent involvement in teaching, research, and clinical practice related to the psychology of aging and trauma. Along with the core clinical faculty, significant contributions are made to the training of clinical graduate students by all of the departmental faculty.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

Associated faculty include those from cognitive, developmental, social, cognitive, and neuroscience who primarily teach courses in which clinical students are enrolled. All associated faculty expressed their pleasure in working with clinical students.

Program Response

Status: Read/No Comment

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader’s credentials and expertise are consistent with the program’s mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.B.4

Description

Faculty Sufficiency

1. Consistent with the program’s model, the program faculty, and in particular the core faculty, needs to be large enough to advise and supervise students’ research and practice, conduct research and/or engage in scholarly activity, attend to administrative duties, serve on institutional or program committees, provide a sense of program continuity, provide appropriate class sizes and sufficient course offerings to meet program aims, and monitor and evaluate practicum facilities, internship settings, and student progress.
2. The program faculty, and in particular the core faculty, needs to be large enough to support student engagement and success within the program, from admissions, to matriculation, to timely completion of program requirements and graduation.
3. At least one member of the core faculty needs to hold professional licensure as a psychologist to practice in the jurisdiction in which the program is located.
4. The program faculty must themselves be engaged in activities demonstrating the skills they are endeavoring to teach their students, such as delivering psychological services, conducting psychological research, publishing scholarly work, presenting professional work at conferences/meetings, teaching classes/ workshops, and supervising the professional work of others.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Discuss whether the program has sufficient faculty to meet the needs of the program, and how the program determines this.

Discuss whether the program has sufficient faculty to meet the needs of the program, and how the program determines this. With 8 core faculty and 9 associated faculty who play key roles in teaching statistics, DSK content, and other courses, we work together in providing sufficient training experiences for our students. Each faculty member teaches a 3+2 course load, with approximately half of those courses being dedicated to graduate-level training for clinical, school, and experimental Ph.D. students. Master’s project committees are comprised of two faculty and one outside member, Clinical Case Comprehensive exam committees include two faculty (one must be the chair), and Dissertation committees are comprised of three faculty plus at least one outside member. Our overall number of faculty provide sufficient opportunities for students to select members for these committees.

Based on the roles and responsibilities of our faculty, our active engagement in teaching, research, clinical supervision, and service reflects our training philosophy and allows us to serve as mentors for our clinical doctoral students.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

As stated in Standard IV.B.1-2, the current core faculty complement appears to be sufficient for the effective running of all aspect of a doctoral program in clinical psychology of this size. All core faculty are engaging in academic activities that reflect and model adherence to the spectrum of activities within the scientist-practitioner training approach.

Program Response

Status: Read/No Comment

IV. Faculty

Overview

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.B.5.a

Description

Recruitment of Faculty who are Diverse.

Each accredited program is responsible for making systematic, coherent, and long-term efforts to attract (i.e., recruit) and retain faculty from differing backgrounds. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve. It should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

Supporting Material

1. Upload samples of faculty recruitment announcements, letters, advertisements, etc. to document your program's efforts in recruiting diverse faculty.

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

Review: [IR C-21 D: Diversity Recruitment and Retention](#)

[Each accredited program is responsible for making multiple systematic, coherent, and long-term efforts to attract (i.e., recruit) faculty from differing backgrounds. Describe how the program has met the following criteria:

1. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve.
2. The program should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.

Each accredited program is responsible for making multiple systematic, coherent, and long-term efforts to attract (i.e., recruit) faculty from differing backgrounds. Describe how the program has met the following criteria:

- a. The program has developed a systematic, long-term plan to attract faculty from a range of diverse backgrounds and implemented it when possible (i.e., when there have been faculty openings). The program may participate in institutional-level initiatives aimed toward achieving diversity, but these alone are not sufficient. The program should document concrete actions it has taken to achieve diversity, addressing the areas of diversity recruitment in which it excels as well as the areas in which it is working to improve.**
- b. The program should demonstrate that it examines the effectiveness of its efforts to attract faculty who are diverse and document any steps needed to revise/enhance its strategies.**

Faculty. Of the 19 currently tenured and tenure-track faculty in the Psychology Department, 8 (42.1%) are women. One of the women faculty members is pre-tenure with a rank of Assistant Professor, three are at the rank of Associate Professor (tenured), and four are at the rank of Professor (tenured). The Chair of the Department is also a woman. Four of the 8 core clinical faculty (50%) are women. As such, we have excellent gender diversity on the full faculty and among the core faculty. Unfortunately, the faculty have not represented the ethnic minority composition of our country. Two of the 8 (25%) members of the core clinical faculty and thus two of the larger group of 19 (10.5%) currently tenured and tenure-track faculty members in the Psychology Department identify as minority (1 as being Hispanic and Native Hawaiian (Dr. Feliciano) and 1 identifies as Asian American (Dr. Lac)). One other faculty member identifies as a religious minority and 1 as a sexual minority. Several factors play into our struggle to hire a more diverse and representative faculty: 1) our geographic location is not attractive to many persons of color who desire a more ethnically diverse community in which to live, and 2) we lack special incentive funding from the university to be financially competitive with some other programs. Although small funds are sometimes available to boost start-up packages, we cannot boost salaries. Gender, membership in an ethnic minority group, and disability status are given weight in recruitment of faculty. Our specific efforts to recruit diverse faculty have included statements on every job advertisement that qualified minority applicants are strongly encouraged to apply, advertisement in trade newspapers and magazines that specialize in ethnic minority psychology, and direct solicitation of qualified nominees from graduate and postdoctoral training directors around the country. Additionally, to increase awareness of our faculty openings, we post job advertisements on

the list-serves of minority psychology organizations. We also routinely post ads about job openings to list-serves of the Council of Graduate Departments of Psychology (COGDOP) and of the Council of University Directors of Clinical Psychology (CUDCP). When we know that we will have future job openings, we have developed relationships with minority graduate students in order to increase their awareness of our program. We have also brought minority psychologists to campus for pre-recruitment visits. The campus has provided training on recruitment and retention practices for diverse candidates to search committee chairs and the department chair. During interviews with minority candidates, we highlight the diversity-related research activity of the clinical faculty and general faculty in the Department.

Our program has also relied on the expertise of minority faculty members outside of our program who are part of a project sponsored by APA, Division 12, Section 2 (Society of Clinical Geropsychology) to develop a network of geropsychologists who both represent ethnic and racial diversity and whose work focuses on mental health in diverse populations. For example, as part of this collaboration, Martha Crowther, previous DCT at the University of Alabama-Tuscaloosa, spent a week as a scholar-in-residence during which she consulted with students, provided a colloquium, and consulted on curriculum development. We also have sought to enrich clinical and research training by using local resource professionals.

Finally, several Psychology department faculty members (Feliciano, Daniels, Qualls, and Segal) received funding for and completed an intensive summer workshop called the "Knapsack Institute: Transforming Teaching and Learning" which focused on developing understanding and resources to effectively navigate discussions about diversity and inequality in the classroom and workplace.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

As outlined in the self-study, the university and the program has implemented procedures to improve the likelihood of the recruitment of diverse faculty. However, the program has not yet had an opportunity to hire in the context of these procedures. Currently, two of the 8 (25%) members of the core clinical faculty currently tenured and tenure-track faculty members in the Psychology Department identify as minority (1 as being Hispanic and Native Hawaiian (Dr. Feliciano) and 1 identifies as Asian American (Dr. Lac)). One other faculty member identifies as a religious minority and 1 as a sexual minority.

Program Response

Status: Read/No Comment

IV. Faculty**Overview**

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.B.5.b**Description****Retention of Faculty who are Diverse.**

The program has program specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

Supporting Material

None apply to this standard

Self Assessment**Focused Questions**

Review: [IR C-21 D: Diversity Recruitment and Retention](#)

[Each accredited program is responsible for making multiple systematic, coherent, and long-term efforts to retain faculty from differing backgrounds. Describe how the program has met the following criteria:

1. The program has program-specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient.
2. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

Each accredited program is responsible for making multiple systematic, coherent, and long-term efforts to retain faculty from differing backgrounds. Describe how the program has met the following criteria:

a. The program has program-specific activities, approaches, and initiatives it implements to maintain diversity among its faculty. A program may include institutional-level initiatives aimed toward retaining faculty who are diverse, but these alone are not sufficient.

For retention of diverse faculty, our program enacts the following steps:

New faculty members are offered a faculty mentor; this is in addition to the role of the Department Chair in consulting with faculty on an ongoing basis to address their needs in the department. The faculty mentor (if desired) is in a non-evaluative role and is able to help the new faculty member with issues that diverse faculty may face, such as how involved to become in campus organizations and the surrounding Colorado Springs community. The faculty mentor for diverse faculty is often outside of the psychology department, and is ideally someone who also has experience as a faculty member of color, or a sexual/gender minority, to help diverse faculty to navigate our particular academic environment. Faculty are not limited to a single mentor and may make use of several mentors or organizations on campus (e.g., MOSAIC – the Multicultural Office for Student Access, Inclusiveness and Community).

Diverse faculty are informed about and may serve on campus-wide groups and organization to enhance their sense of connectedness beyond our department. In order to support such efforts, faculty receive service credit toward these activities. For example, faculty are active members of the Faculty Assembly, the Faculty Assembly Women's Committee (FAWC), and the Faculty Minority Affairs Committee (FMAC) each of which foster collaboration between faculty across departments and provides support for women, gender, and/or sexual minority faculty. In addition, diverse faculty may meet with the Associate Vice Chancellor of Inclusion and Academic Affairs (AVCIAA), Andrea Herrera, who is the chief equity, diversity and inclusion officer at UCCS. The AVCIAA is primarily responsible for advancing all equity, diversity and inclusion programming on campus (including staff and faculty development, research, and teaching), and supporting historically underserved or marginalized campus and community stakeholders (including faculty and staff of all ranks, and undergraduate and graduate students).

Because we recognize that diverse faculty are often asked to serve in capacities related to their identities (e.g., advising student groups that promote diversity, serving as a committee member on thesis/dissertation projects for minority students, being a board member of local community nonprofits), faculty receive credit for their service commitments in our annual faculty evaluation

process. All faculty are evaluated in three areas: research, teaching, and service, and our faculty are committed to recognizing that increased time and demands for service may impact research, for example. This process helps to recognize the contributions of diverse faculty by evaluating their work across all areas.

b. The program demonstrates that it examines the effectiveness of its efforts to maintain faculty who are diverse and documents any steps needed to revise/enhance its strategies.

In terms of our current efforts to retain diverse faculty, 2 of 8 core faculty (25%) identify as racially/ ethnically diverse. Dr. Feliciano was recruited to our faculty in 2007, and she currently serves as DCT in the program. Dr. Lac was recruited in 2015 and is currently on-track for tenure. In terms of other aspects of diversity, 1 core faculty member identifies as a religious minority and another identifies as a sexual minority.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

The program discussed general retention efforts, such as mentoring and faculty receiving credit for involvement on campus. However, it did not appear that the program had specific, long-term efforts to retain *diverse* faculty. The program is asked to discuss it’s systematic, multiple-year plan at the program level to retain faculty from diverse backgrounds.

Additional Information

Reopen Status: Ready for Submission

Program Response to Reopened Standard

Systemic, multi-year plan policies related to recruitment and retention of diverse faculty

The Department of Psychology at UCCS embraces the importance of inclusivity and recognizes that individual and cultural differences are vital to effective research, teaching, and clinical practice.

Our definition of diversity is broad in order to promote a supportive and encouraging professional environment across a range of faculty and student identities.

As previously reported, new faculty members are offered a faculty mentor; this is in addition to the role of the Department Chair in consulting with faculty on an ongoing basis to address their needs in the department. In addition, faculty are actively encouraged by Departmental leadership to participate in diversity-associated service in the Department, University, and surrounding community. In order to support such efforts, faculty receive service credit toward these activities.

In terms of long-term systemic, multi-year plans, we recognize a need to continue development of these policies. Our institution is in a transition phase with a relatively new Chancellor and appointed Cabinet, a new Provost, a new Associate Vice-Chancellor for Equity, Diversity, and Inclusion, and an interim Dean in LAS. The Department looks to the University for guidance in developing new systemic, multi-year plan policies, and we will map our programmatic efforts onto these plans. Please see the following for established institutions plans and new developments in this area that members of the Psychology Department have been involved in.

A. Currently the University has established plans related to diversity, equity, and inclusion:

1) New faculty, staff, and student employees complete trainings specific to diversity and sensitivity to working with diverse colleagues:

a. OIE Discrimination and Sexual Misconduct training includes information on the Sexual Misconduct Policy, the Discrimination and Harassment Policy, the Conflict of Interest in Cases of Amorous Relationships Policy, and is compliant with the Sexual Violence Elimination (SaVE Act) and Violence Against Women Act (VAWA).

i. This training focus on the real-life applications of these policies and the way in which cases arise in the classroom, workplace, and living environment.

ii. Specifically, with respect to the Sexual Misconduct Policy, OIE training discusses both quid pro quo and hostile environment sexual harassment. The training provides information on policy standards and applicable University, Federal, and State statutory and policy definitions of sexual assault, domestic violence, dating violence, stalking, and other types of sexual misconduct.

b. Faculty also complete Cleary Act annual trainings on mandated reporting (e.g., of intimate and partner violence on campus)

2) Faculty serving on search committees are required to complete trainings on CU: Search Committee

a. Recruiting Diverse Talent

3) Search committees are required to have a Diversity Champion

a. The role of the “diversity champion” will be to encourage proactive recruitment of a diverse pool and to engage the committee in valuing contributions to diversity and inclusiveness at each step of the search.

4) Knapsack Institute - <https://www.uccs.edu/knapsack/> This 3-day workshop is held in the summer.

One goal of the institute is to provide attendees with the tools, knowledge and support to create an inclusive and empowering educational setting and experience. Faculty and other attendees gain self-awareness and skills. Attendees walk away with pedagogical approaches to teaching diversity, as well as, a "knapsack" full of tools and hands-on activities to use in teaching important concepts including the concepts of privilege and oppression. Attendees receive concrete strategies and contemplative practices that encourage growth (awareness, sensitivity, and a movement towards cultural humility). Attendees also learn a framework for understanding diversity intersections (race, gender, etc.)

B. New developments. With regard to maintaining diversity among the faculty and creating an inclusive and supportive environment, the University is putting efforts toward developing a systematic plan containing multiple elements:

1) The office of Equity, Diversity & Inclusion (EDI) is housed in the division of Academic Affairs. The Associate Vice Chancellor of EDI (AVCEDI), Dr. Andrea Herrera, is the chief equity, diversity and inclusion officer at UCCS. The AVCEDI is primarily responsible for advancing all equity, diversity and inclusion programming on campus (including staff and faculty development, research, and teaching), and supporting historically underserved or marginalized campus and community stakeholders (including faculty and staff of all ranks, and undergraduate and graduate students). Dr. Herrera put together a Diversity Steering Committee, implementing a support infrastructure that will assist her in:

- a. gathering information regarding current staff and faculty equity, diversity and inclusion programming, curriculum, and initiatives at UCCS;
- b. identifying specific needs and establishing shared goals, parallel initiatives, and complementary practices;
- c. prioritizing and developing shared initiatives, programming, and development trainings;
- d. connecting faculty, staff, students and/or community;
- e. streamlining or centralizing equity, diversity and inclusion initiatives and programming across the campus and/or the community, and thereby maximizing time, energy and funding
- f. The goal of the proposed support structure is inspired by a Restorative Justice model in that it is fundamentally grassroots and focuses primarily on promoting and restoring community through an inclusive process that engages all willing campus stakeholders. Cultivating equity, diversity and inclusiveness leadership across the campus will alleviate cultural fatigue for those who are disproportionately called upon to serve in roles related to equity, diversity and inclusiveness. In addition to enfranchising stakeholders who have traditionally been overlooked, and creating multiple avenues for advocacy and raising awareness, a multi-tiered structural model will also encourage more representative participation in decision-making.
- g. The EDI steering committee is composed of:
 - i. Fellowship teams consisting of paired academic staff and tenure track faculty representing all 7 colleges
 - ii. Tenure track faculty fellows serve as the chief equity, diversity and inclusion officers in their respective colleges; and act in a collaborative, advisory capacity to the AVCEDI.
 - iii. Dr. Feliciano currently serves as one of three faculty fellows for LAS. She and the 2 other faculty fellows for LAS were charged with creating a fellowship team called a Diversity Council. The Diversity Council was successfully constituted in fall of 2018.
 - iv. In the spirit of a shared governance model, Dr. Feliciano and the other faculty fellows interface with existing equity/inclusion/diversity committees in their respective colleges, and have constituted sub-steering committees or taskforces in an effort to:
 1. 1. more efficiently gather information regarding both current initiatives and programming (including curriculum and research) in order to enhance equity, diversity and inclusion, and identify current needs or gaps;
 2. identify shared goals and individual/department/college equity, diversity and inclusiveness efforts in order to potentially streamline parallel efforts, and thereby maximize time, labor and funding.
 3. assess climate for faculty and staff;
 4. highlight best practices, points of intersection and potential collaborations, and thereby address the unevenness of diversity efforts across the campus;
 - v. Future goals of the Steering Committee and Diversity Councils from each college are to:
 1. 1. 1. develop methods to recognize and reward a) curricular innovation respecting infusing diversity and inclusiveness into course content and teaching strategies; b) activities and efforts to make positive

contributions to department/college/campus diversity and inclusiveness goals; and c) efforts to address the needs of students from diverse backgrounds and experiences;

2. develop an 'inclusive recruitment tool kit' for search committees in collaboration with Human Resources, which will include information that addresses a) pro-active affirmative action practices; b) training regarding implicit or unconscious bias toward underrepresented groups (this will include scholarship and service that focuses on underrepresented/historically marginalized groups or theoretical perspectives) c) inclusive language for job descriptions, d) specific strategies and methods for identifying and attracting/recruiting a diverse candidate pool;
3. strategically create college- and campus-wide actions and implementation plans regarding equity, diversity and inclusiveness development opportunities, which a) enhance diversity skills and inclusive teaching strategies; b) deepen cultural responsiveness across the campus; c) improve understanding of the increasingly complex and evolving global nature of social and cultural identity; and d) support improved diversity teaching and programming;
4. evaluate existing anti-discrimination and harassment policies or civility codes.

2) The AVCEDI (with encouragement from the Chancellor) is currently developing a Diversity Plan to articulate systematic and ongoing efforts to ensure inclusivity and sensitivity to individual and cultural differences. When completed, this plan will be made available on the University's website and the Department's website will contain a link to this plan to make know our public commitment to issues of diversity.

C. The LAS Dean's office

1) Has guidelines for recruitment of diverse faculty addressed in the LAS policies and procedures handbook at this link: <https://www.uccs.edu/las/faculty-and-staff/las-policies-and-procedures>. The relevant section is entitled "LAS Guidelines for Tenure Track Faculty Recruitment (LAS Dean's Office document, updated 9/1/09)" in Section 1.

- a. Guidelines indicate specific language supportive of diversity and inclusiveness in hiring practices
- b. Provide specific guidance on how to create the strongest possible pool of candidates

2) Retention of faculty. There are no specific policies or guidelines, but practices have included

- a. Retention packages. Diverse faculty from our department have successfully renegotiated their salaries with the Dean through an offer match and either salary adjustment or research start-up package adjustment.
- b. Research support. Diverse faculty from our department have successfully requested additional travel monies from the Dean's office to support research dissemination efforts at professional conferences.

D. Department wide initiatives:

1) Recruitment

a) The department follows the guidelines put forth in the college and campus in terms of recruitment of diverse faculty

i) Write and review job descriptions to ensure that they are free from bias

ii) Attempt to achieve a diverse faculty pool through recruitment wider dissemination of available openings including national advertising as well as outreach through professional networks

- iii) Identify diverse community leaders that could serve as colleagues for faculty and staff (e.g., since 2007, all of our faculty candidates for our new positions have met with the AVCEDI – currently Dr. Andrea Herrera and previous Dr. Kee Warner)
- 2) Retention - Encouraging a supportive cultural climate.
- a) Review all department communications (including web, social media, advertising, letters to current and perspective students, early alert emails, etc.) to ensure that communications are free of bias and that the campus commitment to diversity is not only explicitly stated but evidenced by images, points of pride, and lists of campus strengths and priorities.
- b) Initial development stage of a diversity survey for students and faculty. The goal will be to have students complete a diversity survey each year to provide feedback to the Department Administration (Department Chair, DCT, Associate DCT, Director of the MA Clinical and MA Psychological Science) so that the Department can assess and make efforts to improve the cultural climate. Intended use to improve and inform practices.
- c) A student-initiated, Graduate Town Hall. We identified two students, one from each PhD major area of focus to serve as facilitators. These are student-only forums for the open discussion of issues that affect students in the PhD program. The student facilitators then compile concerns/questions/comments/potential solutions to any challenges from the students and report back to the DCT and Associate DCT regarding potential areas of concern.
- d) Encouragement of faculty to attend the Knapsack Institute to obtain additional training. The Dean's office has provided financial support in the past to offset the costs of the tuition. Several core clinical faculty members have attended the KI (e.g., Drs. Feliciano, Segal, Qualls) as well as other faculty in the department (e.g., Dr. Daniels).
- 2) Students and faculty are alerted to and encouraged to participate in any diversity related topics or ethics topics being presented by the Psychological Society of the Pikes Peak Region. Dr. Feliciano is a past president of this organization and was responsible for getting a student member elected to the board. This student then posts the organization's talks/workshops/etc. to the faculty and graduate student listserv to disseminate this information. Several of our core clinical faculty (Drs. Feliciano and Gavett) and graduate students have rotated on and off the executive board, establishing the clinical program at UCCS as active community members. Many of our other core faculty and department faculty are members of this organization (e.g., Drs. Segal, Qualls, Coolidge)
- 3) Each new faculty member is offered a faculty mentor during their first semester in residence. This is a tenured faculty member who can guide them through the tenure process, promote professional development, and provide as a resource for individual needs and concerns. In addition, we encourage new faculty to create/utilize peer mentors in departments across campus.
- 4) Faculty are actively encouraged by Departmental leadership to participate in diversity-associated service in the Department, University, and surrounding community. In order to support such efforts, faculty receive service credit toward these activities. For example, the Department Chair was supportive of Dr. Feliciano's time devoted to the EDI Steering Committee and recognized this as valuable service to the campus, college, and department as she is a liaison between the AVCEDI and the college and department.

In these ways, the Department, program, College, and campus institution have a long-term, systematic plan for promoting and maintaining diversity among the faculty through facilitating and rewarding diversity-related service, encouraging diverse research and teaching interests, and providing and supporting multiple opportunities for student and faculty engagement in activities related to diversity and individual differences.

The establishment of a new diversity climate survey will provide a mechanism for monitoring these efforts and addressing any concerns or needs that arise. Then we can discuss any identified needs in upcoming faculty meetings.

To sum, the institution wide policies and developing plans will inform our departmental and programmatic practices. The department and program believe that through non-discrimination policies, diversity specific trainings, efforts at improving the cultural climate, and programmatic practices aimed at supporting our diverse faculty, that we will be successful in our efforts.

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):
see above

Program Response

Status: Read/No Comment

IV. Faculty**Overview**

Leadership of the program is stable. There is a designated leader who is a doctoral-level psychologist and a member of the core faculty. The program leader's credentials and expertise are consistent with the program's mission and aims and with the substantive area of health service psychology in which the program provides training. More than one individual can hold this leadership position.

Standard IV.(AI)**Description**

Additional information relevant to Section IV.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment**Focused Questions**

Additional information relevant to Section IV. There were no noted Section IV issues to address in the last decision letter from the CoA.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

NA

Program Response

Status: Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate’s careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Standard V.A.1

Description

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduates’ careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Supporting Material

1. Upload a complete set of all program documents that provide information available to current and prospective students (flyers, brochures, program advertisements, web pages, etc.). If these have been uploaded in another section of the self-study, please identify in the narrative response below where these documents are located (e.g. Standard/ Attachment Name/Page #).

Appendix	Title	Uploaded By
appendix V.A.1.1.1	PhD Graduate Handbook revised	Leilani Feliciano 2019-04-08 12:30

Self Assessment

Focused Questions

Review: [IR C-24 D: Program names, labels and other public descriptors](#), [IR C-25 D: Accreditation status and CoA contact information](#), and [IR C-26 D: Disclosure of education/training outcomes and information allowing for informed decision-making to prospective doctoral students](#)

- [Describe how documents referenced in Standard V.A.1 are made available to applicants and students.
- [Indicate where in the program's public documents information on education and training outcomes can be found, consistent with IR C-26 D. As a reminder, these data must be updated annually and will be reviewed by the CoA as part of periodic program review.
- [Ensure that the current accredited status of the program is accurately presented in all public materials, including program web pages. Please reference where (i.e., page number, visual location) in each applicable document the program's accreditation status and the CoA's contact information is so it can be verified by reviewers.

Upload a complete set of all program documents that provide information available to current and prospective students (flyers, brochures, program advertisements, web pages, etc.). If these have been uploaded in another section of the self-study, please identify in the narrative response below where these documents are located (e.g. Standard/ Attachment Name/Page #).

An extensive set of documents are uploaded as appendices under Section I.D.1. The complete list of Appendices is provided in the Table of Appendices (also uploaded under I.D.1)

Describe how documents referenced in Standard V.A.1 are made available to applicants and students. Our program, training clinics (AC and VHTC), department, and university have an extensive set of documented policies and procedures applicable to our students as they enter, progress through, and graduate from our program. In particular, all students receive the *Handbook for Graduate Students in Clinical Psychology*, which is publicly available on the program website as well as distributed to each student at orientation. Our students also receive extensive clinic manuals (described in more detail below), which document a host of other policies and procedures.

Indicate where in the program's public documents information on education and training outcomes can be found, consistent with IR C-26 D. As a reminder, these data must be updated annually and will be reviewed by the CoA as part of periodic program review. The department also publishes a set of policies on its website. Finally, there are multiple policies and resources at our growing, public university, including a Student Code of Conduct, Office of Financial Aid, Office of Sponsored Programs, etc.

Ensure that the current accredited status of the program is accurately presented in all public materials, including program web pages. Please reference where (i.e., page number, visual location) in each applicable document the program's accreditation status and the CoA's contact information is so it can be verified by reviewers. The uploaded Table 1 details where these policies are found, and the program and department documents are also uploaded under Section I.D.1.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: Additional Info Required

Admin Review Comments (Last updated on 2018-12-21):

1. On the program's website, it lists "Clinical Psychology Ph.D. with Major Area of Study in Geropsychology" and "Clinical Psychology Ph.D. with Major Area of Study in Trauma". However, the descriptions for these major areas reflect them as APA accredited doctoral programs in Geropsychology and Trauma Psychology respectively. It should be noted that the Commission on Accreditation only accredits doctoral programs in Clinical, Counseling, and School psychology, but the descriptions of the program's major areas could be misleading to its publics (e.g., accredited Geropsychology program rather than Clinical psychology program). The program is asked to update its website to clearly reflect training in Clinical psychology to ensure that it is clear to all stakeholders.
2. The program is asked to indicate where in its public documents information on education and training outcomes can be found, consistent with IR C-26 D.
3. In the program's Graduate Student Handbook (<https://www.uccs.edu/psych/sites/psych/files/inline-files/PhD%20handbook-revised-8.16.18.pdf>), it discussed its accreditation status but did not include the CoA's contact information. The program is asked to provide a revised handbook that includes contact information for the CoA, consistent with IR C-25 D.

Additional Information**Reopen Status: Ready for Submission****Program Response to Reopened Standard**

1. We have reviewed the website and the sections where the descriptions of the major areas are located. We have adjusted the language to try to be consistent and clear across links where the major areas are discussed that the Clinical Psychology PhD program is accredited, not the major areas of focus. We hope that this is clear to all stakeholders.
2. The public documents information on education and training outcomes can be found on the main program link: <https://www.uccs.edu/psych/graduate/phd-program> under the link titled, Student Admissions, Outcomes, and Other Data (therefore it is 1 click away from the main/home doctoral landing page). <https://www.uccs.edu/psych/sites/psych/files/inline-files/PhD%20-%20Student%20Admissions%2C%20Outcomes%2C%20and%20Other%20Data%20%286-2018%29.pdf>
3. The program's Graduate Student Handbook has been revised to include CoA's contact information (Appendix V.A.1.1.1). We apologize for this oversight.

Site Visit Review**Site Visit Review Status:** Ready for CoA Review**Site Visit Comment (Last updated on:** 2019-05-15):

Information on the program's web site allows applicants to make informed decisions concerning the program. This includes the program's handbook and student characteristics as suggested by CUDCP. The documents describing the program's goals, objectives, training model, admission and graduate requirements, curriculum, faculty, students, resources, and policies and procedures, are up-to-date and accurate. Information about the program is available on the program's website. Students reported that their experience of the program matched what they had been told during the application process. Accreditation status including name, address, and telephone number of the CoA is included.

Program Response**Status:** Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate’s careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Standard V.A.2

Description

Communication With Prospective and Current Students

1. All communications with potential students should be informative, accurate, and transparent.
 2. The program must be described accurately and completely in documents that are available to current students, prospective students, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. Program descriptions should be updated regularly as new cohorts begin and complete the program.
 3. Descriptions of the program should include information about its requirements for admission and graduation; tuition and other costs; curriculum; time to completion; faculty, students, facilities, and other resources, including distance learning technologies; administrative policies and procedures; the kinds of research, practicum, and internship experiences it provides; and its education and training outcomes.
-
1. If the program has criteria for selection that involve competence-based assessments (e.g., GRE subject tests), it must describe how those criteria are appropriate for the aims of the program, how the curriculum is structured in terms of students’ initial assessed competency at entry to the program, and how the criteria maximize student success.
 2. If the program has broad entrance criteria (e.g., undergraduate or graduate GPA), it must address how students will be prepared for advanced education and training in psychology, how the curriculum is structured in accord with the goal of graduate-level competency, and how the criteria relative to the curriculum maximize student success.
-
1. The program must provide reasonable notice to its current students of changes to its aims, curriculum, program resources, and administrative policies and procedures, as well as any other program transitions that may impact its educational quality.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Discuss how the program's public information allows for informed student decisions.

Discuss how the program's public information allows for informed student decisions.

VA.2 Public Disclosure. Our department and clinical program are committed to veridical and complete public disclosure. Accordingly, we have constructed our various written material and other communications carefully to accurately represent key features of program and we make available these materials to current students, prospective students, and the general public. These documents fully describe the program's training model, mission, requirements, model curriculum, faculty (including research interests and representative publications), students, facilities and resources, administrative policies and procedures, research and practicum experiences, and education and training outcomes. Prospective applicants who request information about the Psychology Department and clinical psychology program are directed to the website for the Psychology Department (<http://www.uccs.edu/psych/index.html>) and for the PhD program specifically (<http://www.uccs.edu/psych/graduate-program/phd.html>). The program Graduate Student Handbook is linked to the program website. The current Comprehensive Examination Portfolio Guidelines and Policy manual is linked to the program website. Finally, our program website indicates our current accreditation by the APA and the name, address, email, telephone number, and website for APA's Commission on Accreditation. These websites are updated on a regular basis. The DCT and the Associate DCT are the points of contact to answer questions and provide information to current and prospective students, and make this communication a priority. As a result, applicants have ample resources to make informed decisions about applying to and entering our program.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The site visit team read the public materials and found them to be appropriate. The program provides a wide variety of information regarding it policies and procedures on the clinical program departmental web-sites (<http://www.uccs.edu/psych/index.html>) and for the PhD program specifically (<http://www.uccs.edu/psych/graduate-program/phd.html>). Finally, the clinical page provides contact information for all core and affiliated clinical area faculty members. Current students were well informed in terms of the programs requirements and potential changes.

Program Response

Status: Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate’s careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Standard V.A.3

Description

Communication Between Doctoral and Doctoral Internship Programs

1. Throughout the internship year, communication between the doctoral program and the internship should be maintained. This ongoing interaction can remain largely informal, depending on the needs of the program and the trainee. The doctoral program should initiate this contact at the start of the training year.
2. Any formal, written internship evaluations must be retained in student files and used to evaluate the student competencies required for degree completion.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Describe the program's policy for communicating with internships that accept the program's students.

[Describe the process for maintaining files of internship evaluations and have sample communications ready for site visitors to review.

[Describe how internship evaluations are used to review and make program adjustments.

Describe the program's policy for communicating with internships that accept the program's students. Evaluations of internship progress reports provide valuable quality control checks of clinical competence of our students from licensed professionals outside the clinical program.

The DCT communicates with the internship site early in the training year, and we communicate throughout the year on an as needed basis. We follow up with the internship site at the mid-term point and at the end of the training year. For example, in December, the DCT will prompt the Training Director to provide intern evaluations, if these have not yet been received. The DCT similarly communicates with the Training Director regarding final evaluations in the last month of the internship. To date we have never had a student with any significant problems on internship that require remediation.

Describe the process for maintaining files of internship evaluations and have sample communications ready for site visitors to review.

As with our other student records, internship evaluations are sent from the internship site to the DCT and then they are compiled and maintained in the locked office of our Administrative Assistant, David Dubois. Admissions records, annual reviews, practicum and internship evaluations, and any notices of concern (e.g., written notices of inadequate progress and remediation requirements) are all kept in those files. We are currently using paper files, but we are in the process of transitioning to electronic records. For example, our admissions, annual clinical student evaluations, and supervisor evaluations are all electronic. These documents are maintained indefinitely after graduation, given that we often have alumni seeking confirmation of their training many years after their graduation.

Describe how internship evaluations are used to review and make program adjustments.

Internship Training Directors provide us with some of the most important data regarding the quality of training our students receive, and thus the DCT reviews feedback from internship evaluations. If there were to be an evaluation indicating that the student is below competency in any area, this would be discussed by the clinical faculty and result in actions to make any needed program adjustments. To date, this has not happened as we have consistently had stellar student reviews.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

The program ensures feedback from the internship sites. The program has excellent students who tend to receive a high priority internship sites. The site appeared consistent with the students' goals and career path.

Program Response

Status: Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate’s careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Standard V.B.1

Description

Communication and Relationship With Accrediting Body

The program must demonstrate its commitment to the accreditation process through:

Adherence.

The program must abide by the accrediting body’s published policies and procedures as they pertain to its recognition as an accredited program. The program must respond in a complete and timely manner to all requests for communication from the accrediting body, including completing all required reports and responding to all questions.

1. **Standard Reporting.** The program must respond to regular, recurring information requests (e.g., annual reports and narrative reports) as required by the accrediting body’s policies and procedures.
2. **Nonstandard Reporting.** The program must submit timely responses to any additional information requests from the accrediting body.
3. **Fees.** The program must be in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Since the program's last site visit (if applicable), have there been any changes in the program's, or the sponsor institution's, mission or resources, or in the doctoral program's processes or practices, or other issues that have influenced the quality of the doctoral program, the faculty, or the students' experiences? If so, describe them.

[Describe the program's status with regard to financial responsibility to the accrediting body. Applicant programs should note if the application fee has been paid. Accredited programs should note whether annual fees have been paid in a timely manner.

Since the program's last site visit (if applicable), have there been any changes in the program's, or the sponsor institution's, mission or resources, or in the doctoral program's processes or practices, or other issues that have influenced the quality of the doctoral program, the faculty, or the students' experiences? If so, describe them.

Yes, since this time, we added a Trauma Psychology Major Area of Study to our clinical psychology program. We notified CoA of this change (memo dated 10.20.14). In this memo we identified three primary advantages to this addition.

First, adding the major area of study in Trauma Psychology to our current Clinical Psychology Ph.D. program would increase the size of our doctoral level cohort, thereby providing greater opportunities for strong student connections and enhanced student learning. Second, there is a need across the country for this type of trauma-focused training at the pre-doctoral level. Most training in Trauma Psychology currently occurs at the post-doctoral level or beyond. The level of need for evidence-based treatments for trauma (e.g., war trauma, natural disasters, automobile accident trauma, medical trauma, interpersonal violence, etc.) far exceeds the existing workforce capacity. By offering comprehensive evidence-based training for pre-doctoral clinical students, we are creating a pipeline of well-prepared students entering internship and post-doctoral training sites. And third, our region is especially well positioned to successfully implement a Trauma Psychology emphasis in our doctoral program. The Pikes Peak region has the highest concentration of Veterans in the state of Colorado providing significant community support (financial and logistical) for this curricular emphasis. In addition, the possibility of cross-training available (geropsychology and trauma), the larger cohort size, and the addition of a new trauma faculty line have all enhanced student experiences and enriched the current clinical program.

CoA evaluated the program and indicated concern only if we had separate processes for the two major areas of study (given that we are one clinical psychology program with two areas of study). In a follow-up communication, we clarified that we had the same processes for these two areas of study within our program (e.g., same admissions criteria, same student evaluations, etc.). Approval was given from CoA and the trauma program came online shortly thereafter.

Describe the program's status with regard to financial responsibility to the accrediting body. Applicant programs should note if the application fee has been paid. Accredited programs should note whether annual fees have been paid in a timely manner. Our program abides by the APA's published policies and procedures, as detailed in this document. We communicate with the CoA in timely manner regarding all changes that could alter our program's quality. We have satisfactorily completed the Annual Report Online (ARO) every year since our initial accreditation in 2007, in which we report on important program characteristics. We are also in good standing with the CoA in terms of payments of fees associated with the maintenance of our status.

Status**Progress Status:** Ready for Submission**Admin Review****Review Status:** No Additional Info Needed**Site Visit Review****Site Visit Review Status:** Ready for CoA Review**Site Visit Comment (Last updated on: 2019-05-15):**

The program abides by the accrediting body's policies and procedures and informs the accrediting body of changes that could affect the program's quality. The site visit team reviewed the previous site visit report to note if changes to the program had taken place.

Program Response**Status:** Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate’s careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program’s accreditation status.

Standard V.B.2

Description

Communication.

The program must inform the accrediting body in a timely manner of changes in its environment, plans, resources, or operations that could alter the program’s quality. This includes notification of any potential substantive changes in the program, such as changes in practice area or degree conferred or changes in faculty or administration.

Supporting Material

1. Upload any correspondence with CoA, including notifications of non-compliance with IR D.4-7 b "Thresholds for Student Achievement Outcomes in Doctoral Programs."

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[Does the program or its host institution have any plans that might substantially change the nature, function or mission of the doctoral program in the foreseeable future? Describe these plans and their potential consequences to the program’s accreditation status.

[If over the course of the review period the program has received notification of noncompliance with one or more of the IR D.4-7 b "Thresholds for Student Achievement Outcomes in Doctoral Programs", the program is asked to upload any associated notifications and responses and describe the way(s) in which it responded to such notifications.

Does the program or its host institution have any plans that might substantially change the nature, function or mission of the doctoral program in the foreseeable future? Describe these plans and their potential consequences to the program's accreditation status. We are not aware of any plans of either our program or of UCCS that would substantially change our program in the future.

If over the course of the review period the program has received notification of noncompliance with one or more of the IR D.4-7 b “Thresholds for Student Achievement Outcomes in Doctoral Programs”, the program is asked to upload any associated notifications and responses and describe the way(s) in which it responded to such notifications. N/A

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):
see above

Program Response

Status: Read/No Comment

V. Communications

Overview

General Disclosures

1. The program demonstrates its commitment to public disclosure by providing clearly presented written materials and other communications that appropriately represent it to all relevant publics. At a minimum, this includes general program information pertaining to its aims, required curriculum sequence, and the expected outcomes in terms of its graduate's careers, as well as data on achievement of those expected and actual outcomes.
2. The program must disclose its status with regard to accreditation, including the specific academic program covered by that status, and the name, address, and telephone number of the Commission on Accreditation. The program should make available, as appropriate through its sponsor institution, such reports or other materials as pertain to the program's accreditation status.

Standard V.(AI)

Description

Additional information relevant to Section V.

Supporting Material

1. Upload optional

Appendix	Title	Uploaded By
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Self Assessment

Focused Questions

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any **Section V** issues to specifically address "in the next self-study"? If so, provide your response here.

[(IF CURRENTLY ACCREDITED): In your program’s last decision letter and/or other correspondence since the last review, did the CoA note any other **Section V** issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any Section V issues to specifically address "in the next self-study"? If so, provide your response here. There were no V issues in our last correspondence with CoA.

In your program's last decision letter and/or other correspondence since the last review, did the CoA note any other Section V issues to address (i.e., narrative responses due by a certain date)? If so, briefly describe what information was provided to the CoA and whether the CoA determined the issue was satisfactorily addressed. You may reference correspondence in the appendices as necessary, but provide a brief summary of those issues here.

There were no V issues in our last correspondence with CoA.

Status

Progress Status: Ready for Submission

Admin Review

Review Status: No Additional Info Needed

Site Visit Review

Site Visit Review Status: Ready for CoA Review

Site Visit Comment (Last updated on: 2019-05-15):

NA

Program Response

Status: Read/No Comment