



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

August 11, 2022

Rita Hartung Cheng, PhD
President
Northern Arizona University
S San Francisco St.
Flagstaff, AZ 86011

Dear President Cheng,

At its meeting on July 13-16, 2022 the Commission on Accreditation (CoA) conducted a review of the applicant doctoral PsyD program in Clinical psychology at Northern Arizona University. This review included consideration of the program's initial self-study report, the preliminary review ("admin review"), the program's response to the 1st preliminary review, the 2nd preliminary review, the program's response to the 2nd preliminary review, the report of the team that visited the program on February 24-25, 2022 (virtual), and the program's response to the site visit report.

I am pleased to inform you that the CoA voted to grant the program "**accredited, on contingency**" status with an initial date of accreditation of February 25, 2022. In accordance with Section 8.2 D of the AOP and Implementing Regulation (IR) C-29 D., *Accredited, on Contingency*, doctoral programs "accredited, on contingency" must provide outcome data for students in the program and program graduates within 3 years of receiving that status. These data must be provided in an updated self-study due by **May 1, 2025**. Upon review of the updated self-study, a site visit may be approved and the program will be reviewed for full accreditation status.

During the interim, the program will be listed among accredited programs on the accreditation web pages. The Commission also encourages you to share information about your program's accredited status with agencies and others of the public as appropriate. Please note that consistent with IR C-29 D the program must publish the date of expiration of its contingent status in its public materials (February 25, 2027). Please note that all programs undergoing a virtual site visit must be site visited in-person when practicable. The program will receive notice when decisions are made regarding approving and scheduling the required on-site verification visit. Please visit the accreditation website for additional information and updates on this process.

The Commission recognizes the quality of training provided by the program and deems it in substantial compliance with the *Standards of Accreditation for Health Service Psychology* (SoA). The PsyD program at Northern Arizona University offers training in the practice area of clinical psychology and aims "to train health service psychologists in the delivery of ethical, culturally competent and evidence-based diagnostic intervention and assessment services that effectively meet the needs of diverse populations in diverse settings" (self-study [SS], Standard II.A.1-2). Practitioner-scholar training offered by the program is sequential, hierarchical, and of increasing complexity. The program has formally affiliated practicum training sites that offer a rich array of

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experiences for students to choose from. The program collects proximal data as its students' progress through the program and has a systematic plan to collect distal data when available and appropriate. Students enrolled in the program are qualified based on prior educational and relevant experiences. The program has a plan to ensure that the faculty-student ratio remains manageable for the program model and has been hiring additional faculty on a regular basis. Faculty are qualified for their roles, accessible to students, and function as appropriate role models in the profession. The program is current in its payment of fees necessary to attain accreditation and has been responsive to the Commission's requests for information throughout the review process.

Accreditation is a process that encourages improvement through continuous self-study and review. The CoA has identified items that represent areas that require additional attention.

Standard II: Aims, Competencies, Curriculum, and Outcomes

II.B.1.b

For the profession-wide competency (PWC) areas of 1) supervision and 2) consultation and interprofessional/interdisciplinary skills, the program utilizes a course grade of B or better in CPP 735 Supervision and Consultation as one of its minimum levels of achievement (MLA) to demonstrate students have attained an appropriate level of competence in those two areas. While the program provided a syllabus for the course that clearly outlines how supervision and consultation are each covered and evaluated, it is unclear how the program ensures competency in both supervision and consultation through the use of a single course grade as the MLA. In its next self-study, the program must demonstrate how its outcome measures and MLAs discretely demonstrate the successful attainment of competence in the PWC areas of 1) supervision and 2) consultation and interprofessional/interdisciplinary skills.

Standard V: Communication Practices

V.A.1

The program indicates that the Clinical Psychology Doctoral Student Handbook is updated annually and is available on the university website. The link located on the program's website, however, links to the Fall 2019 version of the handbook. In its next self-study, the program is asked to describe how it ensures the accuracy of the program website information and demonstrate that the current version of its handbook is provided to students.

Given that the program is now accredited, the program is reminded to include the name, address, and telephone number for the Commission on Accreditation in all public documents which cite its accreditation status, consistent with Implementing Regulation C-25 D., *Accreditation Status and CoA Contact Information*.

The program is also reminded that consistent with IR C-26 D., *Disclosure of Education/Training Outcomes and Information Allowing for Informed Decision-Making to Prospective Doctoral Students*, the program must provide information in its public materials regarding trainee admissions, support, and outcome data. Please note that the program's public information will be reviewed on or after October 1 of each year to ensure that the disclosure data has been updated and is in compliance with the IR.

All Implementing Regulations are available on the accreditation website (www.accreditation.apa.org). The website also provides important updates and policy changes related to the accreditation process. As an accredited program, we encourage you to periodically visit the website to remain current on all new accreditation policies. The Commission on Accreditation would also like to remind you that all accredited programs must inform the accrediting body in a timely manner of changes that could alter the program's quality (see Implementing Regulation C-27 D: Notification of Changes to Accredited Programs). Such updates should be submitted via the CoA Portal under the "Substantive Change" tab.

Please note that all accredited programs are required to complete the Annual Report Online (ARO). The Training Director will receive an email when it is time to complete the ARO. As such, it is extremely important that the program inform the CoA of any staff/faculty changes in a timely manner. Since the program is now accredited, it is reminded that an annual fee will be billed in order for the program to maintain its accredited status.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the faculty and students of the program for their achievements. The Commission also expresses its appreciation for your personal commitment, and the corresponding support of your administration, to develop and maintain the best possible quality of graduate education and training in psychology. If the Office of Program Consultation and Accreditation may be of service at any time on administrative matters of accreditation, please call upon us.

Sincerely,



Jacqueline Remondet Wall, PhD
Director, Office of Program Consultation and Accreditation

cc: Ramona Mellott, Dean, College of Education
Robert Horn, PhD, Chair, Dept of Educational Psychology
Frederick Wechsler, PsyD, Program Director and Professor of Practice

C-18 D. Outcome Data for Doctoral Programs

(formerly C-32; Commission on Accreditation, October 2012; April 2016)

This Implementing Regulation clarifies the type of data the CoA needs to make an accreditation decision on doctoral programs.

The CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its aim(s) and demonstrating student attainment of required discipline-specific knowledge, profession-wide competencies, and program-specific competencies (if any).

As stated in the *Standards of Accreditation* (SoA) and the accompanying Implementing Regulation (IR) for doctoral programs, discipline-specific knowledge serves as a cornerstone for the establishment of identity in and orientation to health service psychology. Programs are required to demonstrate discipline-specific knowledge of its students (Standard II.B.1.a D and IR C-7 D).

Discipline-specific knowledge serves as a cornerstone for the establishment of identity as a psychologist and orientation to health service psychology. Therefore, all students in accredited doctoral programs shall acquire a general knowledge base in the discipline of psychology, broadly construed.

- a. *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:*
 - i. *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.*
 - ii. *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.*

In addition to demonstrating that students obtain discipline-specific knowledge, programs must evaluate profession-wide and program-specific (if any) competencies. As stated in the SoA for doctoral programs relevant to student profession-wide and program-specific competencies (II.D.1):

1. *Evaluation of students' competencies*
 - a. *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:*
 - i. *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.*

- ii. *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 and 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.*
- iii. *Present formative and summative evaluations linked to exit criteria and data demonstrating achievement of competencies for each student in the program.*
- b. *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.*
 - i. *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.*
 - ii. *At 5 years postgraduation, 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).*

In addition, the United States Department of Education (USDE) requires recognized accrediting bodies (such as the CoA) to collect and monitor data-driven outcomes, especially as they relate to student achievement. In making an accreditation decision on a program, CoA must demonstrate that it reviews student achievement through review of the program's outcome data.

All accredited programs are required to demonstrate an educational/training curriculum that is consistent with program aim(s) and is designed to foster student development of required profession-wide competencies and program-specific competencies (if any). Expected minimal levels of achievements must be specified for all profession-wide competencies and program-specific competencies (if any). It is each program's responsibility to collect, present, and utilize aggregated proximal and distal outcome data that are directly tied to profession-wide competencies and program-specific competencies (if any).

Definitions:

Proximal data are defined as outcomes on students as they progress through and complete the program, which are tied to the required profession-wide competencies and program-specific competencies (if any).

- Proximal data at a minimum must include evaluations of students' performance by those who are responsible for their training (e.g., by course instructors, thesis/dissertation committees, supervisors).
- Completion of an unevaluated activity (attendance at a class or seminar, completion of a manuscript, completion of practicum hours) is not considered sufficient proximal outcome data. Rather, the program must utilize evaluative data (e.g., course outcomes/grades, supervisor evaluation of practicum performance, dissertation defense outcome, acceptance of a peer-reviewed presentation or publication) that demonstrate the program's success in promoting mastery of profession-wide competencies and program-specific competencies (if any).
- While student *self-ratings, ratings of satisfaction with training, or ratings by others (e.g., peers)* may be a part of proximal assessment, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting attainment of profession-wide competencies and program-specific competencies (if any).

Distal data are defined as outcomes on students after they have completed the program, which are tied to the profession-wide competencies and program-specific competencies (if any).

- Distal data typically include information obtained from alumni surveys addressing former students' perceived assessments of the degree to which the program promoted mastery of profession-wide competencies and program-specific competencies (if any).
- Distal data reflecting completion of professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations), such as those found in the self-study tables, are important examples of distal outcomes but alone are not sufficient because they do not fully reflect achievement of all expected competencies.
- Although alumni surveys assessing former students' overall *satisfaction* with the training program (including the degree to which the education and training is relevant) may be an important component of a program's ongoing self-study process, they are not considered sufficient outcome data in this context since they do not address the program's success in promoting expected competencies.

Distal data must be collected annually on alumni who are 2 years and 5 years post-graduation in that year. Although programs are expected to contact as many of these alumni as possible, it is recognized that not all graduates will be reachable. If response rates are particularly low, the program should explain low response rates and describe efforts to contact its graduates.

Level of Specificity

Discipline-Specific Knowledge

According to the Standards of Accreditation (Standard II.B.1.a D), accredited programs are required to demonstrate that their students attain requisite core knowledge of psychology.

Consistent with IR C-7 D, accredited programs are required to identify minimum levels of achievement that are acceptable to demonstrate students' discipline-specific knowledge at the advanced graduate level, to assess all required content areas within each category of discipline-specific knowledge for each student (e.g. history and systems of psychology; affective aspects of behavior; biological aspects of behavior; cognitive aspects of behavior; developmental aspects of behavior; social aspects of behavior; advanced integrative knowledge of basic discipline-specific content areas; research methods; quantitative methods; psychometrics), and to provide data to CoA that document that by the time of graduation, all students have attained the required minimum levels of achievement for each required area of discipline-specific knowledge.

As described in IR C-7 D, programs must demonstrate that students have attained advanced graduate level discipline-specific knowledge in all content areas of each category prior to graduation. This demonstration may include but is not limited to: course grades in graduate-level courses, as described in IR C-7 D, scores on comprehensive exams in discipline-specific knowledge areas, or other evaluated learning experiences. The program must set a minimum level of achievement for demonstration of student attainment of advanced graduate level discipline-specific knowledge in each area. Because discipline-specific knowledge serves as the foundation to further training in health service psychology, data regarding discipline-specific knowledge need only be presented at the proximal level; distal data are not required for discipline-specific knowledge.

Profession-Wide Competencies

According to the Standards of Accreditation (Standard II.B.1.b D), accredited programs are required to provide a training/educational curriculum that fosters the development of nine profession-wide competencies (Research, Ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision,

and Consultation and interprofessional/interdisciplinary skills). Accredited programs are required to operationalize competencies in terms of multiple elements. At a minimum, those elements must reflect the content description of each PWC defined in IR C-8D, including the bulleted content, and must be consistent with the program aim(s). It is incumbent upon the program to demonstrate that there is a sufficient number of elements articulated for each PWC so as to demonstrate adequate trainee attainment of competence. Programs must assess student performance at the level of the elements using multiple methods and within time frames appropriate for each PWC, give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

Program Specific Competencies

Accredited programs may choose to include program-specific competencies as part of their educational curriculum. These should be consistent with the program's aim(s) and the professional standards and practices of health service psychology. Further, programs must demonstrate education/training to facilitate development of these competencies, appropriate mechanisms to assess student performance on these competencies (including expected minimal levels of achievement for successful completion of the program), and its success in ensuring that students reach expected levels of performance.

Similar to the expectations for profession-wide competencies, programs that choose to have program-specific competencies are expected to assess student performance at the level of the competency elements, and give feedback to students at the level of elements, but report to CoA at the level of the superordinate competency.

Aggregation of Data

Aggregated data are compilations of proximal or distal data across students, which may be broken down by cohort, program year, or academic year. Aggregate data are used to demonstrate the effectiveness of the program as a whole in accomplishing its Aims and Competencies, rather than the accomplishment of an individual student over time. Overaggregation of data can obscure differences that are important for the program to recognize in evaluating its effectiveness over time. To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., % meeting the minimum level of achievement, N). The program should choose statistics that allow for evaluation of whether all students are acquiring competencies in relation to its defined minimal levels of achievement for all program competencies (i.e., discipline-specific knowledge, profession wide competencies and any program-specific competencies). The program should provide meaningful data in such a way that the CoA can determine that by the time of program completion, all students have attained these minimal levels of achievement. If data presented indicate that in a particular year or cohort less than 100% of students have reached the minimum level of achievement for a content area, the program should describe how those students who did not meet the minimum level of achievement either did not continue to progress in the program or were able to remediate and later meet the minimum level of achievement.

Discipline-Specific Knowledge

When a program is reviewing its outcome data to evaluate its effectiveness in promoting discipline-specific knowledge, it is expected that multiple data points from multiple sources may be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, comprehensive exam scores in discipline-specific knowledge areas), should be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each discipline-specific knowledge area, demonstrating its overall outcomes of success in promoting student attainment of substantial knowledge at the graduate-level

- If data are aggregated over a number of years (i.e., not by cohort or year), the program needs to explain how aggregating the data in this alternate way facilitates the program's self-improvement and demonstrates that all students meet the MLAs by the time of graduation.

Profession-Wide Competencies and Program Specific Competencies

When a program is reviewing its outcome data to evaluate its effectiveness in promoting profession-wide competencies and program-specific competencies (if any), it is expected that multiple data points from multiple sources for multiple elements will be used, and that basic descriptive statistics (e.g., means and standard deviations for course grades, clinical competency examination scores, practicum evaluations ratings, alumni ratings of preparation for practice in competencies), will be used. When presenting aggregated data to the CoA, it is expected that programs will present single data points for each profession-wide competency and program-specific competency (if any), demonstrating its overall outcomes of success in promoting student attainment of competencies.

- Proximal data and distal data should be presented separately. For distal data, the presentation should clearly differentiate between data for those who are 2 years post-graduation and those 5 years post-graduation.
- If data are aggregated over a number of years (i.e., not by cohort or year), the program must explain how aggregating the data in this alternate way facilitates the program's self-improvement.

C-27 D. Notification of Changes to Accredited Programs

(formerly C-19; Commission on Accreditation, February 2005; revised October 2006, November 2015, July 2021)

In accordance with Standard V.B.2 of the Standards of Accreditation (SoA) and Section 8.7 D of the Accreditation Operating Procedures (AOP), all accredited programs, whether under a single administrative entity or in a consortium, must inform the accrediting body in a timely manner of changes that could alter the program's quality.

The Commission on Accreditation (CoA) must be informed in advance of major program changes such as changes in degree offered, policies/procedures, administrative structure, faculty resources, supervision resources, area of emphases, or tracks/rotations. In the case of doctoral programs, this includes changes in the areas of emphasis.

Programs must submit to the Office of Program Consultation and Accreditation a detailed written description of the proposed change(s) and the potential impact upon the relevant accreditation standards. The CoA will review the program change(s) and may request additional information or a new self-study. As noted in Section 1.1 of the AOP, if the report is not complete or raises questions about the program's continued consistency with the SoA, the CoA may, at any time, request additional information or request an invitation for a site visit. Such action may take one of the following forms:

- Defer reaffirmation pending receipt of additional information from the program
- Reaffirm but ask the program to provide information in its next annual report
- Defer reaffirmation pending a special site visit
- Defer reaffirmation and request that the program invite the CoA to conduct the program's regular site visit earlier than originally scheduled
- Defer reaffirmation and ask the program to show cause why it should not be placed on probation

The only exception to the policy of informing the Commission in advance is the occurrence of an unavoidable event beyond the reasonable control and anticipation of the program (e.g., educational/training site unexpectedly withdrawing from a consortium because of financial crisis; resources affected by a natural disaster). In such circumstances, it is incumbent upon the program to immediately inform the CoA in writing of the change and to include in its notification a proposed plan for maintaining program consistency with the SoA. The CoA will then proceed as above. Consultation on program changes is available from the Office of Program Consultation and Accreditation.