

Submission date: January 31, 2020; updated February 7, 2020

Program/s in this review: Clinical-Community Psychology Ph.D.

Specialized accrediting agency (if applicable): American Psychological Association (APA)

Campuses where the program is delivered: Anchorage

Members of the program review committee:

- Vivian Gonzalez, Professor and Program Director, Anchorage
- Eric Murphy, Professor and Director, Anchorage

1. Centrality of Program Mission and Supporting Role (700 words or less)

The Ph.D. Program in Clinical-Community Psychology prepares scientist-practitioners who integrate theory, practice, and research to meet the behavioral health needs and improve the well-being of Alaskan, rural, Indigenous, circumpolar, and culturally diverse peoples and communities. In contrast to Ph.D. degrees in most other disciplines, a Ph.D. in clinical psychology is an academic as well as a professional degree, with graduates eligible to pursue professional state licensure to practice clinical psychology. **The dual focus on research and practice assures well-rounded graduates, who in Alaska must often fulfill the roles of scientist and practitioner in a single position. We are both the only Ph.D. program in psychology (any discipline) and the only program accredited by the American Psychological Association (APA) in the state of Alaska.**

The **program contributes to the behavioral health workforce in Alaska.** The program started in 2006 specifically to ensure that Alaska workforce needs for behavioral health are met. Nationally, Alaska has one of the highest rates of adult and child sexual assault and abuse, suicide, and alcohol misuse. **Our graduates are uniquely trained for Alaskan behavioral health needs** and the unique context of Alaska (e.g., to work in rural locations and with Alaska Native communities).

The Ph.D. Program is on the forefront of creating, enriching and disseminating knowledge that is: locally relevant; focused on public service; sensitive to the unique environments of Alaska; and concerned with acknowledging, fostering, and celebrating diversity. The program also strives to be a world-class clinical psychology program that will enhance UAA's reputation as an international research center that contributes to building knowledge relevant to the North and its diverse peoples.

Student Success and Support of Other Academic Programs

The program is integral to the departmental and institutional missions, and provides needed psychological services to their respective student bodies and communities through the department's Psychological Services Center (PSC), which is one of the few options in Anchorage for free or low cost mental health services. Half of the PSC's clients are UAA students and half are community members. The PSC is entirely staffed by Department of Psychology graduate students (Ph.D. and MS), who are supervised by department faculty. **Our graduate students and faculty directly contribute to student success by addressing student mental illness and student distress associated with college.**

Our program co-offers courses with the M.S. in Clinical Psychology program (total of 15 credits) and all students admitted to the Ph.D. program complete the M.S. in Clinical Psychology by using Ph.D. courses. Additionally, the Ph.D. program faculty teach undergraduate courses and involve undergraduates in research.

Partnerships with Outside Agencies/Organizations and Extramural Funding for the Program

The program has demonstrated excellence by creating many partnerships in the community as part of its delivery. These partnerships serve local agencies and help them provide needed mental health services in our communities. These agencies are:

- Alaska Child & Family of Anchorage
- Alaska Christian College
- Alaska Geriatric Education Center
- Alaska Native Justice Center
- Alaska Native Tribal Health Consortium
- Alaska Psychiatric Institute
- Alaska VA Healthcare System
- Aleutian Pribilof Island Association
- Anchorage Community Mental Health, Inc.
- Anchorage Gospel Rescue Mission
- Catholic Social Services
- Cook Inlet Tribal Council
- Joint Base Elmendorf/Ft. Richardson
- North Star Behavioral Health
- Programs for Infants and Children, Inc.
- Providence Family Medicine Center/Alaska Family Medicine Residency
- Providence Medical Center
- Providence Cancer Center of Anchorage
- SouthCentral Foundation

Sources of continued extramural support for the program include the Alaska Mental Health Trust Authority and state appropriated funding is provided to support a graduate student assistant for the PSC. The program established a partnership with the Alaska Native Health Consortium (ANTHC) in 2012 that provides doctoral students with assistantships, and provides visibility and credibility to our program.

Program faculty also created community partnerships to fund the Alaska Native Community Advancement in Psychology (ANCAP) Program to address the significant shortage of Alaska Native psychologists in Alaska, particularly in rural Alaska. ANCAP provides mentoring and tutoring to underrepresented and first- generation students as well as assistantship support to Alaska Native students. The program also provides financial support for student research that is aligned with its mission. Funding for this program comes from partnerships with the Alaska Mental Health Trust Authority, Arctic Slope Regional Corporation, Doyon Limited, Arctic Slope Community Foundation, and the Rasmusson Foundation.

2. Program Demand (including service to other programs), Efficiency, and Productivity (7 year trend; 1400 words or less)

From 2006-2019 the program was jointly offered by UAA and UAF. Following a UAF Special Program Review in academic year 2016-2017, the University of Alaska Board of Regents voted to discontinue the program at UAF effective January 2019 and the program was consolidated to the UAA campus.

As such, it is important to consider UAA and UAF graduates when evaluating the program's efficiency. UAF-based students were taught, advised, and mentored by UAA-based faculty. UAA faculty have taught at least ½ of the curriculum for all students, as well as served on all dissertations and chaired three UAF-based student dissertations. Thus, UAF's graduates also are our graduates. Between 2013-2019 the program graduated 25 students (14 UAA-based, 11-UAF based).

The program began increasing its number of graduates in 2017. For **Fiscal Year 2020, the program has graduated seven students** (four UAA-based, three UAF-based) **and is anticipating** three more graduates by May 2020 (two UAA-based, one UAF-based) for **a total of 10 graduates**.

For the **Fiscal Year 2021**, we will have eight students graduate by August 2020 (five UAA-based, three UAF-based) and are anticipating three more graduates by May 2021 (all UAA-based) for a **total of 11 graduates**.

Given that we are a Ph.D. program, it is important to put our graduation numbers in context. As there are no other standalone Ph.D. programs at UAA, we calculated the average graduation rate of Ph.D. students at UAF per year to provide a context. **Between 2013-2018 there were an average of 2.4 to 3.3 Ph.D. graduates per Ph.D. program at UAF per year**. Thus, examining our graduation rate from 2013-2019, while considering our graduation for 2020 and the anticipated graduation rate for 2021, our program is productive in regard to graduates and at least on par with any other Ph.D. program in the UA system.

The Ph.D. requires 115 credits, with few credits allowed as transfer credits. Students in the Ph.D. program earn their M.S. in clinical psychology while in our program. IR data may be capturing credits associated with the first two to three years of their education as M.S. credits rather than credits associated with our program. However, credits used to meet M.S. degree requirements are Ph.D. courses (69%) or are co-offered courses (31%) by either core Ph.D. or M.S. faculty. On average during the review period, the number of semesters per degree is 12 and the average years per degree is 7.

It is important to note that the IR data provided only reflect UAA-based students and does not capture UAF-based students. On average, the program has 50 students enrolled each year.

Based on the IR data provided it appears some of the required courses may have been omitted. The omission appear to include practicum, internship, and dissertation courses where students more frequently are assigned DF's until all course requirements are met. To date, we have not had a student who earned a D or an F in any course and non-passing grades (Cs) are extremely rare (3 students since 2013).

Students must be admitted to the Ph.D. program to enroll in our courses. The program has found efficiencies wherever possible by sharing courses with the M.S. in Clinical Psychology program (15 credits), while maintaining accreditation standards. Thus, internal demand (approximately 17.3%) is primarily coming from our M.S. in Clinical Psychology program.

The Ph.D. program generated an average of 576 SCH per year during the review period. There is no evidence of an increasing or decreasing trend as the program admits 5 students per year. This cohort size is consistent with the degree offering and accreditation standards. The Ph.D. program is able to thrive because of the Department of Psychology's robust undergraduate program. The Departments' undergraduate program (please see the Dept. of Psychology B.A./B.S. EPR) is highly efficient and is among the highest SCH producers at UAA.

The program's mean SCH/FTEF is 206.4 over the review period, while the mean for all UAA graduate programs is 219.7 and the mean for CAS graduate programs is 191.3. Our mean FTES/FTEF is 12.2 over the review period, while the mean for all UAA graduate programs is 9.2 and the mean for CAS graduate programs is 8.0. Our mean Enrollment/FTEF is 64.0 over the review period, while the mean for all UAA graduate programs is 74.4 and the mean for CAS graduate programs is 52.0. Thus, our numbers are similar to those of other graduate programs at UAA, despite our offering a Ph.D. rather than a master's degree.

Class sizes are limited because this is a Ph.D. program that is both a terminal clinical and research degree. As such, our program has a number of labor intensive requirements, including a research project (similar to a master's thesis in scope), clinical and community competency exams, dissertation, and clinical practice courses. In addition, we have extensive assessment and outcome tracking because of accreditation requirements.

Our admission rates are consistent with national averages for this field of study; however, our number of advisees per faculty member far exceed national averages. Averaging from the 2019 student enrollment for UAA-based students and the number of faculty whose primary workload duties are with the Ph.D. program (i.e., core faculty as defined by APA), the faculty to student ratio is 7.75 students per faculty member (4 core faculty, 31 students). Comparing this ratio with data collected by the Council of University Directors of Clinical Psychology, our faculty to student ratio is at the 95th percentile, meaning 95% of clinical psychology programs in the U.S. have more faculty per student. Thus, while our class sizes may appear low in comparison to undergraduate or even master's level programs, our student body relative to faculty is markedly high compared to the rest of the country.

Based on the IR data provided, our mean cost/SCH is 827.0 over the review period, while the mean for all UAA graduate programs is 767.2 and the mean for CAS graduate programs is 703.3. Please see the narrative below regarding inaccuracies in the IR data, which markedly miscalculates program delivery costs.

Based on the IR data provided, our mean Tuition Revenue/SCH is 444.3 over the review period, while the mean for all UAA graduate programs is 490.4 and the mean for CAS graduate programs is 440.7.

IR markedly miscalculates total faculty pay for the Ph.D. program because of how the following courses are used to calculate faculty workload: internship (PSY A686; 18 credits), dissertation (PSY A699D; 18 credits), research credits (PSY A698; variable), and independent study credits (PSY A697; variable). These credits make a minimum of 31% of the required 115 credits. Each of these courses generates student tuition revenue but was not credited on faculty workloads over the review period (e.g., dissertation credits taken by a student are counted as "informal teaching" without workload credits assigned). However, IR adds each of these classes as 10% of the faculty member's workload.

Total pay unrestricted funding (TPUF) when including PSY A686, A697, A698, A699D was \$2,985,816 and tuition revenue was \$1,494,292. However, when these courses were not included when calculating TPUF, the total was \$1,717,846. Thus, the IR data overestimate the TPUF by 1.74 times. Further, these numbers do not capture tuition revenue generated by Ph.D. program faculty teaching undergraduate courses.

To accurately calculate program costs based on IR data, we included all Ph.D. courses. Since 2014, the TPUF was \$1,717,846. Subtracting \$1,717,846 from \$1,494,292, which is the total tuition generated (including A686, A697, A698, A699D), gave us a total of \$-223,554 for tuition vs. TPUF. Dividing by 7 to generate average tuition vs. pay per year over the review period gave us \$-31,936. Based on this, our 100% tuition efficiency is 0.87 and based on 80% tuition efficiency is 0.70.

Ph.D. programs in general, and those in clinical psychology in particular, are not designed to be revenue generators. However, we rely on the support of a robust psychology undergraduate program that generates revenue that not only covers the Ph.D. program but generates more than enough revenue to cover the cost of the entire department (B.A./B.S., MS, and Ph.D.). Even with two expensive graduate programs, the entire Department of Psychology generated \$2.9 million in revenue versus \$1.9 million in total UGF faculty pay in AY 18-19. Therefore, the department supports itself and generates surplus revenue for both CAS and UAA (see Psychology B.A./B.S. EPR).

3. Program Quality, Improvement and Student Success (1500 words or less)

Specialized accreditation and currency of the curriculum

The program is the only APA accredited program in the state of Alaska. APA accreditation is crucial, as federal agencies (e.g., Veteran's Administration, Indian Health Services) require psychologists to have graduated from an APA accredited program for employment. **In 2019, our program was reaccredited for 10 years** after a lengthy and in-depth vetting process, which is the longest period of time granted by the APA. This **demonstrates excellence** through our high quality of our curriculum; outcomes, including student success; and program improvement initiatives. Further, **the curriculum was substantially revised in 2017 to meet the revised APA Standards of Accreditation** for Health Service Psychology.

Program Student Learning Outcomes Assessment and Student Success

Based on our annual program assessment (described below), students are doing well and making timely degree progress. **Across most domains, 100% of students are meeting the program's training goals**, with remediation conducted for the minority of students who are not. It is a requirement for our accreditation that all students who graduate meet all training goals.

Program assessment of student learning outcomes is done in a formal manner at least annually by the program's Outcomes Committee. Further, assessment is also an ongoing point of discussion at faculty meetings. Outcomes Committee assessment and reports are based on data from multiple sources, including: (1) review of student milestones; (2) APA Profession-Wide Competencies; (3) Program-Specific Competencies; (4) annual Student Survey results, and (5) surveys of alumni. Additional sources of data for program assessment include (1) supervisor ratings of students' clinical and community practicum; (2) faculty ratings on competency portfolios; (3) student success rate in obtaining internship placements, particularly APA-accredited placements; (4) annual student professional development evaluations; and (5) student course evaluations, which provide instructors with data to aid in course improvement.

Modifications made as a result of the annual Outcomes Committee assessment are formally re-evaluated by the Outcomes Committee the following year as part of the outcomes evaluation process. Measures taken to improve a given outcome and its success are evaluated at this time. In addition to this annual reevaluation, the program uses its regular faculty meetings to discuss the need for modifications to improve outcomes and to evaluate the success of program modifications.

A noteworthy example of how outcomes data have been used to modify the program include our efforts to reduce the number of students who are all-but-dissertation (ABD) or who are ABD as well as needing to finish their Research Portfolio. This issue was raised in faculty meetings and solutions were generated based on an examination of students for whom this was an issue. One adopted program modification was to change from the extant cohort model to a mentorship model whereby faculty select students in part on the basis of a match with research interests. The benefit of this modification is that students are

then involved in research earlier in the program and under more focused mentorship. A second modification was to make the Research Portfolio an independent research project, with the evaluated product being a manuscript worthy of submission to a journal for peer-review. This ensures all students have a research project that they have worked on intensively and with close faculty mentorship prior to the dissertation to increase skill in research and decrease anxiety and avoidance of work on the dissertation, which we found to be a common problem for those who were ABD. Third, the research project is now required before advancement to candidacy and students are allowed to sign up for dissertation credits. Fourth, passing the dissertation proposal was made a pre-requisite to applying for internship. ABD status is now formally evaluated as part of the Outcomes Committee report each year to better track more advanced students' progress.

Other examples of how outcomes data have been used to modify the program include:

- 1) Adding a Mid-Year First-Year Professional Development Review for first-year students, in addition to the typically performed Annual Student Professional Development Review.
 - This feedback is detailed enough for students to understand strengths and opportunities to improve within each area being evaluated and, if warranted, avenues for remediation. The review indicates whether students are making satisfactory progress towards their degree, including expected milestones associated with year in the program
- 2) Separating the Clinical-Community Competency Portfolio into two separate portfolios.
- 3) Revising the structure and content of the Clinical Portfolio.
- 4) Requiring first-year and third-year students to attend an Integration Seminar that introduces current trends and practice in community, clinical, and multicultural psychology.
- 5) Creating a Dissertation Proposal Defense Checklist to help students write their proposal and successfully pass this defense.
- 6) Revising the Student Handbook to clarify program requirements.
- 7) Changing the sequencing of courses based on student feedback (e.g., moving PSY 657 Quantitative Analysis and PSY 658 Qualitative Analysis to two separate semesters).

Finally, the program has a systematic, multiyear plan implemented and sustained over time, designed to attract students from a range of diverse backgrounds. The program annually assesses its success in recruiting diverse students, its retention of students, and attrition, with an aim toward addressing any areas of concern. Consistent with our program mission and our success in demonstrating respect for cultural and individual diversity, we have recruited and retained a large number of culturally diverse students. **Of our current students, 51% are ethnic minorities and 23% are Alaska Native.**

The program uses a number of methods to ensure that diverse students successfully complete the program:

- The program uses both a faculty mentorship and student cohort model. Mentorship is noted as a best practice in retention of diverse students. Likewise, a cohort model encourages mutual support, which aids in retention of diverse students.
- The mid-year performance review for first-year students was implemented in part to help retain students from diverse backgrounds. We implemented this review, which is in addition to the regular yearly review, in an effort to: 1) identify students who may need additional support early in their graduate school career, and 2) increase the likelihood that any such students will successfully develop the competencies needed to succeed in the program.
- Students are encouraged to apply for funding for diverse students, and faculty are encouraged to aid students in these efforts. Program students have been highly success in obtaining funding through the Ford Fellowship, the APA Minority Fellowship, the American Indian-Alaska Native Clinical and

Translational Research Program (funded by the National Institutes of Health), and the Indian Health Services Scholarship Program.

- Recruiting and retaining a diverse faculty. Of the four core faculty members with the program, 50% are from diverse backgrounds and were the first two faculty members hired for the program in 2007. Best practice methods used by the program to maintain diversity among its faculty, as well as a supportive work environment, include efforts that support diverse faculty to achieve tenure and promotion. One means that the program uses to encourage retention of diverse faculty is to support their research and teaching in areas related to diversity and inclusion. This in turn aids the program to retain diverse students.

Because of the nature of our program and accreditation, we employ effective strategies to ensure student competence and success. This includes:

- Training that is sequential, cumulative, and graded in complexity
- Close mentorship and advising by a designated core faculty member
- Tracking of individual student progress and competencies in clinical skills, research, and community skills
- Formal annual student feedback regarding progress and development
- Individualized remediation planning for students who are not making timely progress or who need additional instruction to reach competence
- Integration of empirical evidence in practice
- Supervised practice in clinical and community assessment and intervention skills
- Closely mentored research projects and dissertations

Student Accomplishments

Based on results from our Alumni Survey, **all graduates reported having obtained a job in the field immediately after graduation. Consistent with the program mission, 66% of graduates reported working with rural populations and 78% reported working with Indigenous populations.** Our graduates are working as licensed clinicians, researchers/behavioral scientists, community health administrators, and academic faculty.

The training provided by the program prepares students for career paths that include research and/or clinical and community practice. One of our program aims centers on producing cultural competent scientists who can contribute to the body of knowledge in psychology in a culturally competent manner. Currently, **83% of our graduates are licensed psychologists**, and remaining graduates are either in positions that do not require licensure or are working toward it.

Seven students have been recipients of APA's Minority Fellowship Program (MFP). The MFP is a highly successful federally funded training program for ethnic and racial minority researchers and service providers.

4. Program Duplication / Distinctiveness (300 words or less)

The Ph.D. Program in Clinical-Community Psychology is the only Ph.D. program in psychology and the only American Psychological Association accredited doctoral program in the state of Alaska. The program, as originally designed, was jointly offered by UAA and UAF – in part because UAA could not confer Ph.D.'s and UAF did not have the faculty resources to deliver the program without a partnership with UAA. In 2014, the Northwest Commission on Colleges and Universities (NWCCU), granted UAA the ability to confer doctoral degrees. However, following a UAF Special Program Review in academic year 2016-2017, the University of Alaska Board of Regents (BoR) voted, in view of the seriously compromised budget of the State of Alaska at the time, to discontinue the program at UAF. The program was fully consolidated onto the UAA campus effective January 2019. As such, **there is no duplication or overlap in the UA system or in the state.**

5. Summary Analysis (500 words or less)

The Ph.D. Program in Clinical-Community Psychology ensures student success for all of our students – consistent with APA accreditation standards. We have demonstrated excellence with our recent reaccreditation. Excellence is also demonstrated by our recruitment and retention of diverse students and faculty, as well as a large number of community partnerships. Our faculty are highly productive in research and nationally recognized for their research expertise. Also consistent with the 2020 core values, our program is highly successful in the area access. Half of our students are from diverse ethnic or racial backgrounds and we have been successful in retaining these students through concerted efforts to remove barriers to success while ensuring competency.

The program was previously jointly offered with UAF, but was consolidated to UAA by the Board of Regents in 2019. As such, the program has recently been streamlined to maximum efficiency and we are currently the only standalone (i.e., not jointly offered) Ph.D. program at UAA. The program began producing graduates in 2010 and has graduated 39 Ph.D. students (23 UAA-based students, 16 UAF-based students). These graduates represent diverse backgrounds, which is an important accomplishment of our program. Based on surveys of our alumni, all graduates are employed with positions commensurate with their degree.

The program started in 2006 and was specifically designed to meet the needs of the behavioral health workforce of Alaska following an extensive needs assessment. Our graduates are uniquely trained for the context of Alaska, including working in rural locations and with Alaska Native communities. Prior to the inception of our program, many doctoral level psychologists were transplants from the lower 48 who had difficulty adjusting to the unique needs and contexts of Alaska. By training our own, we are able to meet the needs of our state and increase the likelihood of retention of these professionals in our communities. Of graduates, 62% are currently employed in the state. Further, 66% of graduates report working with rural populations and 78% report working with Indigenous populations.

The program is the only Ph.D. program in psychology (any discipline) in the state and we are the only American Psychological Association (APA) accredited program in the state of Alaska. The program was recently awarded 10 years of reaccreditation – the longest period of accreditation granted by APA. Given this, our program has proven itself to meet or exceed the standards of our field in the education of psychologists. This is highly important as the mental health needs of the people of our state are

among the very highest in the US. We have numerous partnerships with local agencies, as well as being interconnected with UAA's M.S. in clinical psychology program via shared courses. Our program allows UAA to offer the complete package of educational opportunities to students in the field of psychology, from bachelor's degree through Ph.D. This has allowed us to build the state's workforce as well as to increase the number of Alaska Native psychologists who are trained in Alaska to meet the needs of their own communities.