November 24, 2014

V. Burns Hargis, Ph.D.
President
Oklahoma State University
Office of the President
107 Whitehurst Hall
Stillwater, OK 74078

Dear President Hargis,

At its meeting on October 23-26, 2014 the Commission on Accreditation conducted a review of the Counseling Psychology Ph.D. program at Oklahoma State University. This review included consideration of the program's most recent self-study report, the preliminary review of August 14, 2013 and the program's response to the preliminary review on August 27, 2013, the report of the team that visited the program on November 7-8, 2013 and the program's response to the site visit report on January 28, 2014, the Defer for Information letter of May 5, 2014 and the program’s response to the Defer for Information letter of August 25, 2014.

I am pleased to inform you that, on the basis of this review, the Commission on Accreditation (CoA) voted to award accreditation to this program. In so doing, the Commission scheduled the next accreditation site visit to be held in 2020. During the interim, the program will be listed annually among accredited programs of professional psychology in the American Psychologist and 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.

Dr. Tammi Vacha-Haase recused and therefore did not participate in the discussion and vote on your program.

Dr. Jacqueline Wall, Designated Director of the Office of Program Consultation and Accreditation, recused and therefore was not present for the discussion on your program.

The Commission would like to provide the program with a summary of its review. This is provided below according to each of the accreditation domains. At the end of the letter, the program will be provided with an itemized list of any actions that the program needs to take prior to the next accreditation review.
Domain A: Eligibility
As a prerequisite for accreditation, the program's purpose must be within the scope of the accrediting body and must be pursued in an institutional setting appropriate for the doctoral education and training of professional psychologists.

The program offers doctoral level training in counseling psychology, and is housed in the School of Applied Health and Educational Psychology, which is housed in the Oklahoma State University College of Education. The program typically admits eight (8) students per year and appears to have the necessary facilities to ensure meaningful interaction and socialization. The program admits students at both the bachelor’s and master’s levels, but requires an additional year of prerequisite study by all bachelor’s students. Typically students complete a minimum of 3 years in residency at the institution. The program engages in actions that indicate respect for and understanding of cultural and individual diversity and appears not to engage in actions that restrict program access on grounds irrelevant to success. Formal, written policies are available concerning admissions and degree requirements; financial and administrative assistance; and student performance evaluation, feedback, advisement, retention, and termination; which includes due process and grievance procedures for students. Faculty due process and grievance procedures are available from the university more generally.

The program is consistent with the provisions of this domain.

Domain B: Program Philosophy, Objectives and Curriculum Plan
The program has a clearly specified philosophy of education and training, compatible with the mission of its sponsor institution and appropriate to the science and practice of psychology. The program's education and training model and its curriculum plan are consistent with this philosophy.

The program espouses a scientist-practitioner model of training that is clearly represented in the program’s overarching goal, objectives, and competencies. Students develop individual plans of study that adhere to the Guidelines and Principles for Accreditation (G&P), and which are sequential, cumulative, and graded in complexity. The program’s core training comprises biological, social, cognitive, and affective aspects of behavior – all of which are in compliance with Domain B.3 of the G&P. The program’s 4-course requirement in the required curriculum area of techniques of data analysis is particularly noteworthy. The program provides practical and didactic training in theories and methods of assessment, diagnosis, and intervention as well as consultation and supervision. The program’s dedication of a practicum course to the topic of consultation along with a dedicated course on theories and methods of supervision are both noteworthy.

The program has developed a wide network of practicum placement opportunities in a variety of settings, which are inclusive of the university, the community, as well as medical and forensic settings. The program employs primarily course grades in defining its minimal levels of achievement, but also includes ratings from program faculty and practicum supervisors.
The program is consistent with the provisions of this domain.

**Domain C: Program Resources**

*The program demonstrates that it has resources of appropriate quality and sufficiency to achieve its education and training goals.*

The program has an identifiable core faculty, including a designated psychologist as program leader, who function as an integral part of the academic unit. The program typically matriculates eight new students per year, and the size of the core faculty appears appropriate relative to the size of the student body. Program faculty have diverse academic and theoretical perspectives and research interests that are commensurate with the program's goals and objectives. Students appear prepared for entry into the program by aptitude, interest, and prior achievement. The program provides faculty and students with adequate resources necessary to implement the program, including physical facilities, physical settings, technical and administrative support services, and training materials.

The program is consistent with the provisions of this domain.

**Domain D: Cultural and Individual Differences and Diversity**

*The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists.*

The program exceeds in its attention to diversity and cultural and individual differences. There is evidence that the program engages in long-term and systematic efforts related to the recruitment and retention of both diverse staff and students. The program also embeds components of individual and collective diversity in formal courses as well as in individualized practicum training experiences. The program ensures a supportive learning environment for the training of diverse individuals who represent a broad cultural and individual spectrum.

The program is consistent with the provisions of this domain.

**Domain E: Student-Faculty Relations**

*The program demonstrates that its education, training, and socialization experiences are characterized by mutual respect and courtesy between students and faculty and that it operates in a manner that facilitates students' educational experiences.*

The program recognizes the rights of students and faculty to be treated with courtesy, respect, collegiality, and ethical sensitivity. The program holds annual meetings of faculty and students; these meetings create a venue for student and faculty voices to be jointly heard and to identify aspects of the training program in need of improvement or further consideration. The director of training holds regular meeting with students, and the program provides for student representation during faculty meetings. Students are provided with written policies and procedures regarding their expected performance, periodic evaluation, and any plans for remediation if needed. The
program has received no formal complaints or grievances since the last review period, but maintains a secure storage system should complaints be received.

The program is consistent with the provisions of this domain.

**Domain F: Program Self-Assessment and Quality Enhancement**
The program demonstrates a commitment to excellence through self-study, which assures that its goals and objectives are met, enhances the quality of professional education and training obtained by its students, and contributes to the fulfillment of its sponsor institution’s mission.

The program involves students in multiple aspects of its regular ongoing self-studies and appears sensitive to the changing needs of professional psychologists in local, regional, and national settings.

**Domain F.1(a): Outcome Data**
The program, with appropriate involvement from its students, engages in regular, ongoing self-studies that address its effectiveness in achieving program goals and objectives in terms of outcome data (i.e., while students are in the program and after completion).

The program has a history of collecting proximal and distal data in an effort to evaluate its success in producing competent program graduates, and so appears to have the necessary infrastructure in place to engage in continued data collection.

In response to the deferral for information, the program provided revised proximal data that align to the goals, objectives, and competencies listed in Table B.2. While these data appear to generally meet the requirements of Implementing Regulation (IR) C-32 (attached), the Commission has noted outstanding questions based on the manner in which the data are presented. Of note, for many of the outcome measures for which data are provided, the “applicable n” is not sufficiently described. For example, the “applicable n” for competency 1 measure 1 (i.e., successful completion of coursework in general psychology core”) is 23 for the 2011-2012 academic year and 24 for the 2012-2013 academic year; as the program typically accepts 8 students in each cohort, it is unclear which cohort(s) these data are representative of. Additionally, the data presentation demonstrates how not all students regularly meet the minimum levels of achievement (MLAs) for each outcome measure, and it is unclear whether students are allowed to progress in the program when a MLA is not reached. By September 1, 2015, the program is asked to provide revised proximal data that clarify which cohorts/academic years are included in the “applicable n” for each outcome measure. Furthermore, the program should discuss those situations where not all students meet the required MLA, including how students who do not meet the minimum levels receive appropriate remediation. Please note that the Commission defines and evaluates minimum levels of achievement as the level that all students are required to meet in order to satisfactorily progress through and complete the program.
Domain G: Public Disclosure
The program demonstrates its commitment to public disclosure by providing written materials and other communications that appropriately represent it to the relevant publics.

The program, in its public materials, provides information about all facets of training, and appropriately cites both its accreditation status and the contact information for the Commission. Relevant information is presented in a manner that allows applicants to make informed decisions about entering the program.

The program is consistent with the provisions of this domain.

Domain H: Relationship with Accrediting Body
The program demonstrates its commitment to the accreditation process by fulfilling its responsibilities to the accrediting body from which its accredited status is granted.

The program abides by the Commission's published policies and procedures and has maintained a record of communicating any changes that could affect program implementation or quality to the CoA in a timely manner. All fees associated with the maintenance of the program's accreditation status are up-to-date.

The program is consistent with the provisions of this domain.

In order to keep the Commission informed of the program's commitment to the ongoing self-study process, the program is asked to address the following issues in a narrative response by September 1, 2015 for formal review by the Commission:

- Provide revised proximal data that clarify which cohorts/academic years are included in the “applicable n” for each outcome measure. Furthermore, the program should discuss those situations where not all students meet the required MLA for a given outcome measure, including how students who do not meet the minimum levels receive appropriate remediation.

While this item is considered an addendum to the data provided in the Annual Report Online (ARO), it is not to be submitted online. The program's response to the item listed above should be identified as 'Narrative Response - Program Review' and mailed or faxed to the Office of Program Consultation and Accreditation by the designated due date.

The accreditation website (www.apa.org/ed/accreditation) 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.
A copy of Implementing Regulation C-19 (Notification of Changes to Accredited Programs) is attached for your information.

In closing, on behalf of the Commission on Accreditation, I extend congratulations to the faculty and students of the professional psychology 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,

Susan F. Zlotlow, Ph.D.
Director, Office of Program Consultation and Accreditation

cc: Gary Sandefur, Ph.D., Provost
    C. Robert Davis, Ph.D., Interim Dean
    John Romans, Ph.D., Chair
    Julie Koch, Ph.D., Program Director
    M. Carole Pistole, Ph.D., Site Visit Chair
    Eric Sauer, Ph.D., Site Visit Member
    Linda Beckman, Ph.D., Site Visit Generalist
C-32. Outcome Data for Doctoral Programs
(Commission on Accreditation, October 2012)

The United States Department of Education (USDE) requires recognized accrediting bodies (such as 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. Therefore, CoA requires all accredited programs to provide outcome data on the extent to which the program is effective in achieving its goals, objectives, and competencies. This Implementing Regulation clarifies the type of data CoA needs to make an accreditation decision for doctoral programs.

As stated in the Guidelines and Principles (G&P) for doctoral programs (F.1a):

The program, with appropriate involvement from its students, engages in regular, ongoing self-studies that address:
(a) Its effectiveness in achieving program goals and objectives in terms of outcome data (i.e., while students are in the program and after completion);

Accredited doctoral programs specify their goals, objectives, and competencies as part of Domain B. It is each program’s responsibility to collect, present, and utilize: (1) aggregate proximal outcome data that are directly linked to program goals, objectives, and competencies, including the content areas specified in Domain B.3, and (2) aggregate distal outcome data that are directly linked to program goals and objectives.

Definitions and Guidelines:

Proximal data are defined as outcomes for students as they progress through and complete the program, that are linked to the program’s goals, objectives, and competencies.

- Proximal data typically include evaluations of students’ performance by others (e.g., by course instructors, thesis/dissertation committees, supervisors) and may also include more objective performance indicators (e.g., numbers of peer-reviewed presentations, publications).

- These data are most easily evaluated by CoA when evaluation methods clearly parallel the program’s goals, objectives, and competencies. For example, individual rating scale items might include language that parallels the program’s stated goals, objectives, and competencies. Some evaluation methods may be broader than a specific competency (e.g., course grades or dissertation defense pass/fail outcomes); or may be relevant to multiple competencies (e.g., successful dissertation defense may relate to competencies in scholarly literature, research methods, data analysis methods). In these instances, the program should describe how the evaluation method is specifically linked to the relevant goals, objectives, and competencies.
- Although student self-ratings of either satisfaction with training, or attainment of program competencies, may be a part of proximal assessment, these ratings are not considered sufficient outcome data in this context because the ratings do not address the program's success in achieving its goals, objectives, and competencies beyond the student's own perspective.

- 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 provide 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 that the program is achieving its goals and objectives by ensuring that students are achieving expected competencies.

Distal data are defined as outcomes for students after they have completed the program, which are linked to the program’s goals and objectives.

- Distal data typically include information obtained from alumni addressing former students' assessments of the degree to which the program achieved its goals and objectives in its training of them. Distal data may also include graduates' professional activities and accomplishments (e.g., licensure, employment activities and products, professional memberships and affiliations).

- However, the data that are requested in the required self-study Table 9, Program Graduates: Employment, are insufficient alone because it is unlikely that they fully reflect achievement of all of a program's goals and objectives.

- Distal data are most easily evaluated by CoA when evaluation items clearly parallel the program's goals and objectives. For example, individual alumni survey items might include language that parallels the program's stated goals and objectives. For evaluation methods that may not be as clearly linked to specific objectives and instead may be broader, explanation of how the evaluation method is linked specifically to the relevant goals and objectives can facilitate CoA's evaluation of the extent to which distal data reflect the program's effectiveness in meeting its goals and objectives.

- Although alumni surveys assessing former students' overall satisfaction with the training program may be an important component of a program's ongoing self-study process, these surveys are not considered sufficient outcome data in this context because the program's success in achieving its goals and objectives is not addressed. However, as noted above, former students' perceptions of how well the program achieved its goals and objectives with respect to the former students' training could be considered appropriate distal data.
• Although CoA does not specify the interval at which distal data should be collected, the program should demonstrate that data are collected regularly and in an ongoing and timely manner such that the program can use the data to make needed changes consistent with requirements of Domain F.

Aggregate data are compilations of proximal data and compilations of distal data across students, which may be presented by cohort, program year, or academic year. Aggregate data demonstrate the effectiveness of the program as a whole, rather than the accomplishment of an individual student over time.

• To the extent possible, data should be presented in table form using basic descriptive statistics (e.g., sample sizes, means, percentages). The program should choose statistics that best demonstrate the program’s success in meeting its goals and objectives, and how students are acquiring competencies in relation to the program’s defined minimal levels of achievement. For example, presenting percentages of students achieving a competency is clearer than simply presenting numbers of students achieving a competency (i.e., without a denominator). Similarly, some data are useful for understanding general student performance (e.g., means), but do not clearly indicate that all students are reaching minimal levels of achievement for all 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 are reaching these minimal levels of achievement.

• If data are aggregated over a number of years (i.e., not presented by cohort or academic year), the program must demonstrate how aggregating the data in this way facilitates the program’s self-improvement.

Specificity of Data:

CoA recognizes that programs vary widely in the specificity of their goals, objectives, or competencies. It is expected that an accredited program will provide data at a level of specificity sufficient to allow the program and CoA to assess the program's effectiveness in achieving its outcomes.

If a program describes broad competencies like the foundational or functional competencies presented in the competencies benchmark document (Fouad et al., 2009), then data should be provided at the competency level. If a program lists these broad competency areas as objectives and then for competencies, lists specific skills related to the broad competency areas, the program may prefer to aggregate the data across the particular skills reflective of each competency.
For example:

- Program A identifies an objective to train versatile professionals who are competent in areas of assessment, intervention, research and consultation. This program might then list each of these areas (i.e., assessment, intervention, research and consultation) as the specific competencies in the program. For Program A, data should be provided at the competency level (i.e., separately for competencies of assessment, intervention, research, consultation). Aggregating data across these four areas would prevent the program from determining whether students achieve each competency.

- Program B identifies an objective to train students who are competent in assessment, and then lists as competencies several particular skills connected to assessment (e.g., demonstrates ability to: evaluate the validity and reliability of different instruments, administer and score a variety of reliable and valid instruments, write a coherent and useful assessment report, provide meaningful feedback to a referral source). Program B could then aggregate data across these particular skills to demonstrate students’ achievement of the assessment competency.

Programs may have one or multiple data points relevant to each objective and competency, and data may be relevant to more than one objective or competency. In any case, the program must explain how the data presented are sufficient to allow the CoA, and the program, to evaluate the program’s effectiveness in meeting each of its goals and objectives for developing student competencies.

**Presentation of Data:**

Presentation of the data should facilitate the CoA’s evaluation of the program’s effectiveness in meeting its goals and objectives. Programs may elect to present data in various formats, including tables, graphs, narrative, or a combination of these formats.

C-19. Notification of Changes to Accredited Programs
(Commission on Accreditation, February 2005; revised October 2006)

In accordance with Domain H.2 of the Guidelines and Principles for Accreditation (G&P) and Section 4.7(b) of the Accreditation Operating Procedures (AOP), all accredited programs (doctoral, internship and postdoctoral residencies) 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 model, 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. For internship/postdoctoral programs, this includes new, additional, or eliminated rotation or training sites. For example, consortium programs must inform the CoA of any substantial changes in structure, design or training sites.

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 domains. The CoA will review the program change(s) and may request additional information or a new self-study. In the case of a substantive change (such as a change in consortium membership), the Commission may also determine that a site visit is needed to assess whether the revised program is consistent with the G&P. Upon completion of this review, the Commission will note the proposed change and include the information in the next scheduled review or inform the program of any needed immediate additional actions.

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 G&P. The CoA will then proceed as above.

Consultation on program changes is available from the Office of Program Consultation and Accreditation.