

Graduate Executive Committee
March 14, 2014
Minutes

In Attendance: Robert Block, Karen Sangermano, Barbara Prinari, Jenny Janssen, Ron Koch, Terry Schwartz, Katie Kaukinen, Jeremy Bono, Bob Camley, Craig Elder, Peggy Beranek, Mandi Elder, Sherry Morreale, Mike Kisley, Wangyun Chao, Sylvia Martinez, Scott Trimboli, Greg Plett, Steve Miller, Cindy Zomchek, Christina Jimenez, T.S. Kalkur, Eddie Portillos, Lori Bryan, Charles Benight, KrisAnn McBroom, Kelli Klebe

Announcements

- Taryn has left. We expect to be able to rehire.
- Last night (3/13) we had the open house for UCCS students and community people. Thank you for attending or sending representatives. We had about 30 attendees and our speaker was from the Public Administration program. If you have ideas on format or how to get more people let us know.

Business

- Trauma Option in Psychology PhD program (Chip Benight; see attachment)
 - Chip Benight gave a short presentation proposing the addition of a Trauma option in the Psychology PhD program. The proposal was approved unanimously.
- Revisions in Graduate Certificate in Electric Drivetrain Technology (Greg Plett; see attachment)
 - Request made to revise the current graduate certificate in Electric Drivetrain Technology to include collaboration with Utah State University. The proposal was approved unanimously.
- Graduate School Services Survey (please complete survey and return to us today)
 - If you have any suggestions on services you believe the graduate school should or should not be offering, please let us know.
- Ballot to vote for changes:
 - The GEC examined the document and made suggestions for changes in formatting. They approved the final content to be sent out for a full vote (see below).
- International Student Policies
 - Full time status: Make sure that your program has international students follow their visa rules in regards to enrollment. Full time status does not necessarily mean the 5 hours that Financial aid requires. The student must be enrolled full time in that they can finish the program in the intended time limit of your program.
 - English proficiency: The graduate school would like to set some minimum standards up around English proficiency to ensure that we are letting in

students who are able to be successful at UCCS. The GEC agreed that minimums would be helpful and the Dean will write up policies for approval.

- The graduate school office will examine all policies and procedures to make sure that they are applicable to all students. Programs are also recommended to do this to ensure that their policies are clear and meet the needs of all students (domestic and international) in their program.
- Grades transferred from CU System Schools
 - A discussion was started on whether we should hold CU system credits to the same standard as UCCS courses or as any other transfer credits. The conversation made it clear that programs have different standards in this area and more discussion may be necessary.

Spring GEC Meetings (10:00 – 11:30, Dwire 204)

April 11 May 9

Graduate School Minimum Requirements Survey

Graduate School policy requires that all programs meet the minimum requirements and also inform the Graduate School where the program standards are higher. This survey has all Graduate School standards listed at each bulleted point and allows you to easily tell us where your standards are similar or higher. Please respond to each question below about the requirements of your program. The form is set to allow you to simply check the box that applies to your program's requirements. If you have multiple programs to respond for, please fill out a separate survey for each program, unless the standards are the same in all programs.

Program: _____ Person Completing: _____

Admissions

- Baccalaureate degree or master's degree from an accredited college or university or demonstrate completion of work equivalent to the baccalaureate or master's degree given at this university.

Students must have bachelor's or master's degree: ☐

Standards used to evaluate equivalency of work if you accept without an equivalent degree:

- Graduate School GPA standard for admission: Undergraduate GPA of 2.75 or better (on 4.0 scale)

SAME STANDARD ☐

HIGHER STANDARD ☐ List your requirements: _____

LOWER STANDARD ☐ Will change by: *Click here to enter a date.*

OR

Have an undergraduate GPA and score on a national standardized admissions test that meet criteria determined by the program

Do not allow this option ☐

Allow this option ☐ List your requirements: _____

OR

Completed 15 semester hours of relevant graduate course work at an accredited university with a GPA of 3.0 or better.

Do not allow this option ☐

Allow this with the same requirements ☐

Allow this with higher standards: ☐ List your requirements: _____

Allow this with lower standards: ☐ Will change by: *Click here to enter a date.*

- Number of recommendation letters required with application: ☐0 ☐1 ☐2 ☐3 ☐4 or more

- How do you determine English proficiency?

- Do you require any of these tests? (check all that may apply even if only 1 is required of options)

☐ GRE cut-off (if applicable) _____

☐ GMAT cut-off (if applicable) _____

☐ Other: _____

- Statement of purpose (or equivalent)

Required ☐

Not required ☐

- Any other required application materials:

Transfer Credits

From outside university

- No more than 9 credits can be transferred from an outside university

Same Standard ☐

Higher Standard (fewer credits) ☐ List your requirement: _____

Lower Standard (more credits) ☐ Will change by: *Click here to enter a date.*

- Must have a B or above in all transferred credits

Same Standard ☐

Higher Standard (higher grade) ☐ List your requirement: _____

Lower Standard (lower grade) ☐ Will change by: *Click here to enter a date.*

- Must be within six-year time limit or be validated and approved by program faculty

Same Standard ☐

Higher Standard (less time) ☐ List your requirement: _____

Lower Standard (more time) ☐ Will change by: [Click here to enter a date.](#)

From within university (nondegree or from other CU)

- No more than 12 credits from a CU campus or as nondegree student

Same Standard ☐

Higher Standard (fewer credits) ☐ List your requirement: _____

Lower Standard (more credits) ☐ Will change by: [Click here to enter a date.](#)

- Grade of B or above in courses taken as nondegree or from other CU campus

Same Standard ☐

Higher Standard (higher grade) ☐ List your requirement: _____

Lower Standard (lower grade) ☐ Will change by: [Click here to enter a date.](#)

- Must be 5000/0500 level or higher

Same Standard ☐

Higher Standard (higher level) ☐ List your requirement: _____

Lower Standard (lower level) ☐ Will change by: [Click here to enter a date.](#)

Degree Requirements

Master's Degree:

- 30 credit hours

Same Standard ☐

Higher Standard (more credits) ☐ List your requirement: _____

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

- 24 credits must be at graduate level

Same Standard ☐

Higher Standard (more credits) ☐ List your requirement: _____

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

- Minimum of 6 thesis credits (to change soon if passes full vote)

Same Standard ☐

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

Not Applicable ☐

Doctoral Degree:

- 75 credit hours (will soon change to 60 if passes full vote)

Same Standard ☐

Higher Standard (more credits) ☐ List your requirement: _____

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

Not Applicable ☐

- 30 dissertation credits (if PhD program)

Same Standard ☐

Higher Standard (more credits) ☐ List your requirement: _____

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

Independent study:

- No more than 25% of minimum credit hours required for the degree can be independent study

Same Standard ☐

Higher Standard (more credits) ☐ List your requirement: _____

Lower Standard (fewer credits) ☐ Will change by: [Click here to enter a date.](#)

Grades in Program

- Minimum GPA: 3.0

Same Standard ☐

Higher Standard (Higher GPA) ☐ List your requirement: _____

Lower Standard (Lower GPA) ☐ Will change by: [Click here to enter a date.](#)

- C or better in all courses at master's level

Same Standard ☐

Higher Standard (higher grade) ☐ List your requirement: _____

Lower Standard (lower grade) ☐ Will change by: [Click here to enter a date.](#)

- B- or better in all courses at doctoral level

Same Standard ☐

Higher Standard (higher grade) ☐ List your requirement: _____

Lower Standard (lower grade) ☐ Will change by: [Click here to enter a date.](#)

- B or better in undergraduate level courses used towards degree
 - Same Standard ☐
 - Higher Standard (higher grade) ☐ List your requirement: _____
 - Lower Standard (lower grade) ☐ Will change by: [Click here to enter a date.](#)
- If an Incomplete is given for a grade the student has one calendar year to complete the course.
 - Same Standard ☐
 - Higher Standard (higher grade) ☐ List your requirement: _____
 - Lower Standard (lower grade) ☐ Will change by: [Click here to enter a date.](#)
- Incompletes can be given for which of the following reasons in your department (check all that apply)
 - ☐ The student requests an incomplete grade
 - ☐ Reasons for not completing course requirements are beyond the student's control
 - ☐ A substantial amount of the coursework has been completed at a passing level by the student
 - ☐ The instructor sets the conditions whereby the course work will be completed, including deadlines of less than one year
 - ☐ Other (please specify): _____
- In Progress "IP" grades are changed only after full thesis or capstone project is finished?
 - ☐ Yes
 - ☐ Allow grade to be given when milestone is met. If checked this, also check one of the following:
 - ☐ Have a written policy guiding this; provide link to policy or tell where students would find the policy: _____
 - ☐ Program is working on written policy; expect to be finished: [Click here to enter a date.](#)

Probation:

- If student falls below a 3.0 after completing 9 credits they are put on probation
 - Same Standard ☐
 - Higher Standard (higher GPA) ☐ List your requirement: _____
 - Lower Standard (lower GPA) ☐ Will change by: [Click here to enter a date.](#)
 - Other reasons for placing on probation: _____
- Student is given a maximum of one calendar year to bring up their GPA to be taken off probation
 - Same Standard ☐

Higher Standard (higher GPA) ☐ List your requirement: _____
Lower Standard (lower GPA) ☐ Will change by: [Click here to enter a date.](#)

Dismissal: What policies do you have for dismissal?

- If student's GPA stays below 3.0 after the one-year probationary period they are subject to automatic dismissal.

Same Standard ☐
Higher Standard (higher GPA; less time) ☐ List your requirement: _____
Lower Standard (lower GPA; more time) ☐ Will change by: [Click here to enter a date.](#)

Other reasons for which you have written policies (check all that apply):

- ☐ Academic Misconduct
- ☐ Professional Misconduct
- ☐ Receives an F in any course
- ☐ Fails to make satisfactory academic progress
- ☐ Has too many withdrawals or incompletes
- ☐ Does not enroll for more than a specified number of semesters
- ☐ Other (please specify): _____

- A dismissed student is eligible to reapply for admission after one year

Same Standard ☐
Higher Standard (never; or longer time) ☐ List your requirement: _____
Lower Standard (less time) ☐ Will change by: [Click here to enter a date.](#)

Examinations:

- Which of the following comprehensive exams does your Master's program use (select all that apply)
 - ☐ Thesis
 - ☐ Capstone project
 - ☐ Comprehensive exam
- Which of the following comprehensive exams does your doctoral program use (select all that apply)
 - ☐ Preliminary dissertation examination
 - ☐ Comprehensive dissertation examination
 - ☐ Specialty examination

- ☐ Dissertation proposal
- ☐ Dissertation defense
- ☐ Capstone proposal
- ☐ Capstone defense

Time limits for completion of degree

How many years do you expect for the completion of this degree? _____
(i.e., full time students taking courses and courses offered on schedule so a student could get done in this time frame)

Satisfactory academic progress

How do you determine whether satisfactory academic progress is being made? (check all that apply)

- ☐ No standard for satisfactory academic progress
- ☐ Meets Financial Aid Requirements
- ☐ Number of classes completed
- ☐ Continuous enrollment
- ☐ GPA of 3.0 or better
- ☐ Thesis/dissertation proposal completed satisfactorily in timely manner
- ☐ Thesis/dissertation defense completed satisfactorily in timely manner
- ☐ Other: _____

Full Faculty Vote for Proposed Graduate Policy changes

CURRENT: Number of required thesis credit hours is currently 6 credits

PROPOSED CHANGE: Change the number of required master's thesis credits to a **variable range of 3 to 6 credits**

☐ Yes

☐ No

☐ Abstain

CURRENT: Students are required to **complete 75 semester** hours of graduate level credit, including dissertation credit. Each doctoral program shall determine how many credits from an earned Master's degree may be included in the total.

PROPOSED CHANGE: Students are required to **complete 60 semester** hours of graduate level credit, including dissertation credit. Each doctoral program shall determine how many credits from an earned Master's degree may be included in the total.

☐ Yes

☐ No

☐ Abstain

Dissertation Credit Hour Requirements Proposed Changes to graduate policy manual (changes in red):

Every candidate pursuing a doctoral degree is required to write a dissertation based upon original investigation and showing mature scholarship and critical judgment, as well as familiarity with tools and methods of research. The subject must be approved by the student's program director. Each dissertation presented in partial fulfillment of the requirements for a doctoral degree must satisfy the specifications of the University of Colorado Colorado Springs Thesis and Dissertation Manual. The dissertation shall represent a minimum of 30 semester credit hours of work for Ph.D. candidates, but may be less in other doctoral programs.

Doctoral Dissertation Credit Hour Requirements

1. Dissertation credits are expected to be taken when a student is working on the dissertation project.

~~1.2.~~ A doctoral student may take no more than one half of the total number of dissertation credit hours required for the degree prior to or during the semester in which the comprehensive examination is passed.

3. Following successful completion of the doctoral comprehensive examination, a student must register each fall and spring semester for five1 to ten semester10 units of dissertation credit in a semester (no more than 7 credits hours in summer); until the requirements for the degree are completed.

~~2. A student may register for no more than ten dissertation credit hours in any semester and for no more than seven credit hours during a summer semester.~~

~~1. If, following the completion of the doctoral comprehensive examination, there is a semester during which a student will be using no university resources, the student may petition to register for a minimum of one unit of dissertation credit. Such a request must be approved by the program director.~~

~~3.4.~~ A student must be registered for at least 51 dissertation ~~hours~~credit or candidate for degree status during the semester (or summer session) in which the dissertation defense is held.

5. Students must follow departmental policies and procedures for maintaining satisfactory progress through the program. Departments should communicate these procedures and standards to students.

6. A doctoral student is typically expected to be enrolled continuously; however, students are considered inactive after 12 months of no enrollment has occurred. If a student is classified as inactive, they will need to reapply to the program using the online application (other materials not required) and receive the department's approval for continuing in the program to be reclassified as active.

Doctoral Capstone.

Students pursuing clinical doctoral degrees are required to complete a capstone project in partial fulfillment of the requirements for a clinical doctorate at the University of Colorado Colorado Springs. The capstone courses shall represent 10 semester credit hours of work. Style requirements and format for the Capstone are determined by the department.

Please vote on the above changes to the dissertation credit hour requirements

☐ Yes

☐ No

☐ Abstain

To: UCCS Graduate Executive Committee

Re: Request to modify existing *Graduate Certificate in Electric Drivetrain Technology*

Dear members of the Graduate Executive Committee,

In the fall of 2011, Prof. Scott Trimboli and I, along with colleagues Profs. Regan Zane and Dragan Maksimović at CU-Boulder, were awarded a Department of Energy grant that involved, in part, creating a *Graduate Certificate in Electric Drivetrain Technology*. This certificate was approved by the UCCS Graduate School in the fall of 2011.

To be awarded the certificate, a student must complete the following four courses with grade “B” or better:

- ECE 5710: *Modeling, Simulation, and Identification of Battery Dynamics* (UCCS), and
- ECE 5720: *Battery Management and Control* (UCCS), and
- ECEN 5017: *Power Electronics for Electric Drive Vehicles* (CU-Boulder), and
- ECEN 5737: *Adjustable Speed AC Drives* (CU-Boulder).

In 2013, Prof. Zane moved from CU-Boulder to Utah State University (USU) to accept a prestigious “USTAR” endowed professor position. Since his arrival at USU, he has created an equivalent to Boulder’s ECEN 5017 at his new campus, and plans to create an equivalent of Boulder’s ECEN 5737.

Since the faculty involved in these certificate courses remain unchanged (Plett/ Trimboli/ Zane/ Maksimović), and since the CU-Boulder and USU courses themselves have the same content, we would like to modify the present UCCS graduate certificate as follows. “To be awarded the certificate, a student must complete the following four courses with grade “B” or better:

- ECE 5710: *Modeling, Simulation, and Identification of Battery Dynamics* (UCCS), and
- ECE 5720: *Battery Management and Control* (UCCS),

and either

- ECEN 5017: *Power Electronics for Electric Drive Vehicles* (CU-Boulder), or
- ECE 5930: *Power Electronics for Electric Drive Vehicles* (USU),

and either

- ECEN 5737: *Adjustable Speed AC Drives* (CU-Boulder), or
- ECE 5xxx: *Adjustable Speed AC Drives* (USU course number not yet available).”

The student would need to submit official transcripts of the non-UCCS courses to UCCS to validate completion of the courses with acceptable grades before the student is awarded the certificate.

Thank you for considering this request.

Dr. Gregory L. Plett

Professor, Department of Electrical and Computer Engineering

Director, GATE Center of Excellence in Innovative Drivetrains in Electric Automotive Technology Education

University of Colorado Colorado Springs

1420 Austin Bluffs Parkway, Colorado Springs, CO 80918



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IMPLEMENTATION PLAN

PhD in Clinical Psychology with Curricular Emphasis in Trauma Psychology

Prepared for the Graduate Executive Committee
January 30, 2014

Charles C. Benight, PhD

Trauma Psychology Track

Clinical Psychology Ph.D.

Need for the Trauma Track

An estimated 85,000 to 100, 000 military members live in the Pikes Peak region with their families. Approximately 78,000 veterans live in El Paso County, comprising close to 20% of the County's population. The recent Operation Iraqi Freedom and Operation Enduring Freedom conflicts in Iraq and Afghanistan have required multiple deployments and unique blast injury warfare that has increased the behavioral health needs of these warriors. Many return with psychological and/or physical challenges that exceed previous conflicts. Indeed, the level of suicides in the military has reached record high levels.

The Peak Military Care Network Assessment Report (2011) stated that behavioral health and social service needs were critical, immediate, and long term. They suggested that these needs were taxing the current service delivery systems: "There is a shortage of qualified providers and/or practitioners in the community. Professional providers are burning out."(page 13). With upcoming military downsizing, the veteran population in El Paso County will escalate and compound the already high need for specially trained mental health professionals.

In addition to the need for mental health care for veterans and their families, other considerable trauma challenges exist in El Paso County. The county has one of the highest suicide rates in the country. The El Paso County Sheriff's office crime statistics offer a glimpse at the types and level of trauma in our area. In just the first quarter of 2013, there were 95 assaults, 26 attempted suicides, 34 cases of child abuse, 194 cases of domestic violence, 4 homicides, and 29 sexual offenses reported to the El Paso County Sheriff's office. Within the City of Colorado Springs, the Police Department (CSPD) responded to 15,000 domestic violence calls last year. Conservative estimates are that only 1 in 10 incidents are reported to the police. Within the city limits, there may have been a total of 150,000 or more domestic violence incidents. Additionally, the major wildfire and flooding disasters we have experienced in the last 2 years may contribute to the need for trauma-specific mental health care.

The addition of a curricular track in Trauma Psychology into our existing Clinical Psychology PhD program directly addresses a local community need as well as a national challenge regarding a paucity of specially trained mental health professionals. The Veterans Health and Trauma Clinic at the Lane Center for Academic Health Sciences will provide students with a unique opportunity to focus their training on the specific challenges faced by traumatized veterans. In addition to seeing veterans and their families, students in the Trauma Psychology track will work with survivors of other traumas and local disasters using evidence-based trauma treatments. Possible clinical training opportunities at the Veterans Administration in Colorado Springs, Peak Vista Women's Health Clinic, the UCCS Counseling Center, TESSA and the Denver Veterans Administration will provide unique, focused clinical experiences and direct clinical services to our community.

Goals of the Trauma Track

Aligned with the goals of the UCCS Clinical Psychology PhD program, this track encompasses goals to:

1. Produce graduates who have the requisite knowledge and skills for entry into the professional practice of clinical psychology.
2. Produce graduates who are capable of conducting, evaluating, and disseminating research.
3. Produce graduates who demonstrate competence in knowledge and skills in Trauma Psychology.

Upon completion of the program, students will be trained to work in a range of settings, including mental health clinics and clinical practices, the U.S. Department of Veterans Affairs, domestic violence settings, hospitals, colleges and universities, state offices, research institutes, and as consultants to a wide variety of social service providers that interact with traumatized populations.

Objectives of the Trauma Track (Goal #3 above)

This document only addresses the objectives and plans for Goal #3 relating to APA Accreditation because the criteria for the first two objectives are the same as for the Trauma Track and the Geropsychology Track. No changes will be needed for the first two goals and objectives. Students in the Trauma Track will become experts in Trauma Psychology who are prepared to provide services, conduct research, and educate others about the specific needs of this population. They will be extremely well prepared for competitive internships that have targeted training in Trauma Psychology.

Specifically:

Objective 3-A: *Acquire knowledge and skills in professional practice consistent with competencies associated with graduate training in Trauma Psychology*

Objective 3-B: *Acquire knowledge and skills to conduct empirical research in Trauma Psychology*

Competencies Expected for Goal# 3 Objectives

Objective 3-A1: Demonstrated knowledge of theory and research in social/psychological, biological, and health-related aspects of traumatic stress (e.g., neurobiological developmental understanding of traumatic stress, psychopathological consequences of traumatic stress, strength based approaches to traumatic stress, social and cultural consequences of traumatic stress, review of all major theoretical approaches to traumatic stress).

Objective 3-A2: Demonstrated knowledge of theory and skills in applying assessment instruments to diverse populations of trauma survivors, including trauma-specific assessments related to common psychopathology and strength adaptation related to trauma (e.g., Posttraumatic Stress Disorder, Major Depression, General Anxiety Disorder, Substance Abuse/Dependence Disorder, Dissociative Identity Disorder, Posttraumatic Growth).

Objective 3-A3: Demonstrated knowledge of theory and skill in using empirically supported clinical interventions for trauma in at least two practice settings

Objective 3-A4: Demonstrated knowledge of theory and knowledge of effects of systems and environments on clinical work with diverse populations of traumatized adults, and consultation strategies appropriate to them (e.g., working with combat veterans and their families, working with domestic violence survivors).

Objective 3-B1: Demonstrated knowledge of major theoretical approaches to empirical research in trauma psychology.

Objective 3-B2: Demonstrated knowledge of advanced statistical modeling of change (e.g., latent growth curve modeling, structural equation modeling, multi-level modeling).

Objective 3-B3: Demonstrated knowledge of longitudinal research methodologies (e.g., multi-time point studies and management of missing data, cross lagged panel designs) and clinical research methods (e.g., randomized clinical trials conforming to Consort guidelines).

Objective 3-B4: Successful completion of independent research project in trauma psychology demonstrating clear understanding and application of a contemporary theory of traumatic stress, sophisticated research methodology, and appropriate statistical analyses.

How Outcomes are Measured and Minimum Thresholds for Achievement for these Objectives/Competencies

Objective 3-A1: Demonstrated knowledge of theory and research in social/psychological, biological, and health-related aspects of traumatic stress (e.g., neurobiological developmental understanding of traumatic stress, psychopathological consequences of traumatic stress, strength based approaches to traumatic stress, social and cultural consequences of traumatic stress, review of all major theoretical approaches to traumatic stress).

Proximal: Grades in trauma psychology basic science courses: Trauma Psychology I and Trauma Psychology II; Dissertation Defense ratings of knowledge and skill (item focusing on “integration of basic psychological science.”).

Distal: Alumni Survey information about effectiveness of program in training students to acquire specialized knowledge and skills in trauma psychology.

Objective 3-A2: Demonstrated knowledge of theory and skills in applying assessment instruments to diverse populations of trauma survivors, including trauma-specific assessments related to common psychopathology and strength adaptation related to trauma (e.g., Posttraumatic Stress Disorder, Major Depression, General Anxiety Disorder, Substance Abuse/Dependence Disorder, Dissociative Identity Disorder, Posttraumatic Growth).

Proximal: Grades in Clinical Trauma Psychology (6610); Performance in Clinical Practicum (6740) based on supervisor ratings (main section on Clinical Skills) on the Supervisor Evaluation of Practicum Student Form; Mean faculty ratings of student performance on clinical portions of Comprehensive Exam sections A (Assessment Case Analysis, specific domain focusing on Assessment) and C (Clinical Case Presentation, specific domain focusing on Assessment). Note that the Comprehensive Exam cases always have a trauma psychology focus.

Distal: Alumni Survey information about effectiveness of program in training students to acquire specialized knowledge and skills in trauma psychology.

Objective 3-A3: Demonstrated knowledge of theory and skill in using empirically supported clinical interventions for trauma in at least two practice settings.

Proximal: Grades in Clinical Trauma Psychology (6610) and in Trauma Evidence-based Treatment (winterim courses); Performance in Clinical Practicum (6740) based on supervisor ratings (main section on Clinical Skills) on the Supervisor Evaluation of Practicum Student Form; Mean faculty ratings of student performance on clinical portions of Comprehensive Exam sections B (Psychotherapy Theory Paper) and C (Clinical Case Presentation, specific domain focusing on Treatment Formulation and Implementation).

Distal: Alumni Survey information about effectiveness of program in training students to acquire specialized knowledge and skills in trauma psychology.

Objective 3-A4: Demonstrated knowledge of theory and knowledge of effects of systems and environments on clinical work with diverse populations of traumatized adults, and consultation strategies appropriate to them (e.g., working with combat veterans and their families, working with domestic violence survivors).

Proximal: Grades in Clinical Trauma Psychology (6610) and in Trauma Evidence-based Treatment (winterim courses).

Distal: Alumni Survey information about effectiveness of program in training students to acquire specialized knowledge and skills in evidence based care for trauma psychology.

Objective 3-B1: Demonstrated knowledge of major theoretical approaches to empirical research in trauma psychology.

Proximal: Successful completion of comprehensive examination section on theoretical approaches to trauma psychology.

Distal: Alumni Survey information about activity in presenting or publishing research.

Objective 3-B2: Demonstrated knowledge of advance statistical modeling of change (e.g., latent growth curve modeling, structural equation modeling, multi-level modeling).

Proximal: Grades in advanced statistical modeling course, utilization of advanced modeling in at least one meeting presentation (poster or paper) and/or submitted manuscript.

Distal: Alumni Survey information about utilization of advanced modeling statistics in presentations or published research.

Objective 3-B3: Demonstrated knowledge of longitudinal research methodologies (e.g., multi-time point studies and management of missing data, cross lagged panel designs) and clinical research methods (e.g., randomized clinical trials conforming to Consort guidelines).

Proximal: Grades in methods sequence course, successful completion of comprehensive examination section on methodological approaches to trauma psychology.

Distal: Alumni Survey information about utilization of longitudinal designed studies or RCT's in presentations or published research.

Objective 3-B4: Successful completion of independent research project in trauma psychology demonstrating clear understanding and application of a contemporary theory of traumatic stress, sophisticated research methodology, and appropriate statistical analyses.

Proximal: Successful defense of doctoral dissertation before a faculty committee; Dissertation Defense ratings of knowledge and skill (all items).

Distal: Alumni Survey information about activity in presenting or publishing research.

Minimum Thresholds

Proximal: Grades \geq B in specified courses for all students (100% of students); 100% pass rate on dissertation final defense (based on unanimous approval by committee); Dissertation Defense mean ratings are \geq 3 with no more than 15% of ratings below a mean of 3; For clinical supervisor ratings of students at end of each semester of clinical training, at least 75% of the ratings indicate “satisfactory” or “strong” performance in the relevant section (Clinical Skills); Mean Comprehensive Exam ratings of Competent or Outstanding (at least 75% of ratings on 3 major domains (Assessment Case; Psychotherapy Theory Paper; Clinical Case Presentation) are \geq 3.

Distal: For Alumni Survey ratings of program effectiveness in training students to acquire specialized knowledge and skills in trauma psychology, at least 75% of alumni report that the program was “moderately effective” or “extremely effective.” For Alumni Survey information about activity in presenting or publishing research, at least 75% of alumni report presenting their research at a national convention or meeting.

Assessment of Trauma Track

In addition to the measures and minimum thresholds indicated above, the following mechanisms will be established to evaluate the success of the program:

- Faculty will evaluate comprehensive examination materials and dissertations to ensure specific program goals are being met.
- National accreditation will be maintained from the American Psychological Association, requiring external review of the program on a regular basis.
- Faculty and administrators will monitor rates of completion of internship and licensure.
- Alumni contributions to the field of Trauma Psychology will be surveyed bi-annually.

Student Demand

Application pools to doctoral programs in psychology are strong within this state, as well as nationally. For example, the programs at Colorado State University and CU-Boulder have some of the most competitive admissions in the country (500 applicants for fewer than 18 slots in clinical or counseling psychology within the two institutions in 2012; <http://www.colostate.edu/Depts/Psychology/apply.shtml>; <http://psych.colorado.edu/~clinical/docs/OutcomesData.pdf>). Trauma Psychology is a new area of focus within the American Psychological Association. Division 56 was established in 2007. Based on our review, there are a significant number of faculty at different APA approved clinical programs who focus on some aspects of trauma. For example, the Clinical Program at Boston University is particularly strong in terms of faculty with a Trauma Psychology focus. However, we were unable to find any programs that list Trauma Psychology as an emphasis that is central to students’ program of study. Thus, we will be one of the first (if not the first) with this particular curricular emphasis. We will also provide unique education and training relative to the needs of military veterans and their families.

The Psychology program at CU-Colorado Springs already attracts a large graduate applicant pool. On average, 90 applicants compete annually for 8-12 slots in the existing M.A. program and approximately 100 students applied in 2012 for only 2 to 3 slots in our Clinical Ph.D. program with a curricular emphasis in Geropsychology. The success of our Ph.D. program over the past 9 years has demonstrated the ability of our faculty to train doctoral level students.

TRAUMA TRACK OPERATIONAL IMPACT

Trauma Track Oversight

Dr. Charles C. Benight, Professor and Chair of Veteran Health and Trauma, will be dedicated to overseeing this new track of the Ph.D. program and will also work to provide national exposure to the focus and intent of the program. Dr. Benight will work cooperatively with the Director of Clinical Training (DCT) to enhance communication within the entire PhD program and to manage issues and concerns within the trauma track. Broad issues will default to the DCT; trauma-track specific issues will be coordinately managed. Student admissions, outcomes, and other data will be collected and tracked with support from THHC administrative staff and in conjunction with existing systems in the department.

Enrollment Projections Years 1-5

The table below shows the projected enrollment for the first 5 years of the program.

This program will attract psychology graduates who are motivated to meet and address the growing and critical needs of traumatized populations. It is our expectation that with current resources (discussed in more detail below), we would have a steady state of approximately 10 students enrolled in the program at any one time after 2020. This projection is based on a cohort approach beginning each fall with graduation in 5-5.5 years.

We are projecting that 2 psychology graduate students would be accepted into this track in the first year. With current resources and planned sustainability efforts, we are expecting to grow this number by 2 students each year. Students will be funded by a revenue recapture through the new Veteran Health & Trauma Clinic which is opening Spring 2014 in addition to research, teaching, or clinical assistantships and fellowships.

Table 1: Initial 5-year enrollment projection

Academic Year	2015-2016 (Yr1)	2016-2017 (Yr2)	2017-2018 (Yr3)	2018-2019 (Yr4)	2019-2020 (Yr5)
<u>New</u> students entering the program	2	2	2	2	2
<u>Cumulative</u> students in the program	2	4	6	8	10

Graduation Projections

It is projected that by AY 2021, 2 students will have earned their doctoral degrees, followed by the subsequently enrolled students at 2-3 graduating each year. This projection is based on a cohort approach beginning each fall with graduation in 5-5.5 years.

Financial Impact and Resources Available

Given the current financial resources available to provide departmental relief and student research and teaching assistantships (see Table 2 below), as well as the ability to utilize the existing Ph.D. program support infrastructure and resources within the college, the financial impact to the campus or department attributable to this program will be minimal. This additional track will increase the demands on administrative staff and faculty within the department, see page 17 of this Plan for details, but as with any growth opportunity, the impact needs to be mitigated and accommodated. The new trauma faculty member being recruited as a result of the gift funding will assist in easing financial burdens by bringing in new grants and contributing to the indirect cost returns to the department and college. These ICR funds can be used to support the additional infrastructure demands in the department as detailed in a later section. The new faculty member will also contribute through teaching classes in the department. The

THHC will offer temporary administrative support resources for the track; however, this growth opportunity will give the department leverage to pursue base-budgeting of additional administrative positions to support this growth over the long term.

Because of the generous support received through the UCCS Veteran Health and Trauma Clinic Fund gifted by Lyda Hill, the Psychology Department will be able to fund a new Chair position in Veteran Health & Trauma. This enables the department to utilize salary savings from Dr. Benight's existing position to hire a new faculty member with a specialization in Trauma Psychology to support this track in the department. This amounts to approximately \$85,322 a year in salary funds available to support this program. Current gift funding in THHC is budgeted to cover the Chair salary through November 2016. The salary of Professor Benight's Chair position will continue to be funded by the Provost's budget beginning in December 2016, which will allow for funding of the new faculty member to continue in the department long-term. Also built into the Lyda Hill gift funding is student stipend support in the amount of \$80,000 to be used through the summer of 2016.

Through continuing fundraising efforts, planned revenue recapture budgeted in the Veteran Trauma Health Clinic (VHTC) through clinical services, as well as indirect cost recovery from expected funded research, we would be able to sustain the student stipend funding well into the future. We will also be implementing aggressive fundraising efforts for veteran health and trauma student stipends.

Table 2: Projected Contributions

	2015-2016 Yr1	2016-2017 Yr2	2017-2018 Yr3	2018-2019 Yr4	2019-2020 Yr5
<u>Current Gift Support:</u>					
Student Stipend Support	\$40,000	\$40,000			
Faculty Salary Relief	\$85,322	\$85,322			
<u>Central Admin Support:</u>					
Faculty Salary Relief			\$85,322	\$85,322	\$85,322
<u>Other Sources:</u>					
Student Stipend Gifts/Fundraising ¹⁾		\$50,000	\$50,000	\$50,000	\$50,000
Student Stipends-VHTC			\$40,000	\$140,000 ²⁾	\$140,000
Research ICR			\$10,000	\$10,000	\$10,000
TOTAL PROJECTED CONTRIBUTIONS	\$125,322	\$175,322	\$185,322	\$285,322	\$285,322

Table 3: Student Stipend Support

<u>Total Student Stipend Support</u>	\$40,000	\$90,000	\$100,000	\$200,000	\$200,000
(# students supported, projected)	(2)	(4.5)	(5)	(10)	(10)

¹⁾ Beginning in 2016, student stipend gift funding of \$50,000 will be acquired through ongoing fundraising efforts. The fundraising efforts will include graduate stipends written into external grant proposals to agencies and foundations, philanthropy efforts, and the possibility of ongoing support from the campus.

²⁾ 2018 would be the 5th year of VHTC; these funds are budgeted for within the VHTC 5-year operations plan. Billable student time will generate revenue that contributes to this allocation. The difference between the revenue generated compared to the CUAC is that the VHTC includes several licensed clinical staff members who will be billing insurance for reimbursement. This has not been part of the CUAC revenue model.

Track Approved:

Edith L. Greene, Chair, Psychology

Date

Peter Braza, Dean, College of Letters, Arts
and Sciences

Date

Kelli Klebe, Dean, Graduate School and
on behalf of Graduate Executive Committee

Date

Mary Coussons-Read, Provost and Executive
Vice Chancellor for Academic Affairs

Date

Pamela Shockley-Zalabak, Chancellor

Date

Required courses for PhD in Clinical Psychology with Curricular Emphasis in Trauma Psychology

Course Name	Total Credits
5210 Trauma Psychology (open to MA students)	3
5220 Trauma Psychology II (open to MA students)	3
5710 Clinical Skills Laboratory	3
5810 Research Statistics and Methodology I	4
5820 Research Statistics and Methodology II	4
5830 Applied Multivariate Techniques I	3
6030 Research Practicum	3
6xxx Core Content Courses	12
6100 Developmental Psychology	
6110 Cognition	
6120 Neuroscience	
6130 Social Psychology	
6510 History of Psychology	3
66xx Clinical Trauma Psychology	4
66xx Analysis of Change Statistics	3
6xxx Trauma Evidence-based treatment (different topic each winterim alternating EMDR, Prolonged Exposure, CPT)	1.5
6720 Ethics and Practice Standards: Professional Development I	3
6730 Diversity of Culture and Family: Professional Development II	3
6740 Practicum in Clinical Psychology	Varies
6780 Advanced Psychopathology	3
6790 Psychopharmacology	1
6850 Clinical Interviewing and Personality Assessment	3
6860 Cognitive Assessment	3
6870 Clinical Neuropsychology	3
6880 Clinical Neuropsychology Lab***	4.5
6920 Psychotherapy	3
7000 Masters Thesis	6
7030 Doctoral Research Practicum	3
8000 Dissertation**	30
9500 Independent Study***	1-7
Minimum credits required for Ph.D. in Clinical Psychology	126

* Each core content course is worth 3 credits and students are required to take each of the four courses, for a total of 12 credits. These courses ensure broad coverage in many core content areas of psychology (i.e., developmental psychology, cognitive psychology, biological psychology, and social psychology).

**A maximum of 15 dissertation credit hours may be taken before the Comprehensive Examination is completed.

*** Optional depending on student interests, space/supervision availability and credits needed for program completion.

Suggested Clinical Curriculum			
YEAR 1			
Fall	Winterim	Spring	Summer
5810 Research Statistics and Methodology I (4)	6xxx Trauma Evidence-Based Treatment (1.5)***	5820 Research Statistics and Methodology II (4)	6740 Practicum in Clinical Psychology (1.5)**
5710 Clinical Skills Laboratory (3)		6920 Psychotherapy (3)	9500 Independent Study (1-3)**
6780 Advanced Psychopathology (3)		6850 Clinical Interviewing and Personality Assessment (3)	
5210 Trauma Psychology I (3)		5220 Trauma Psychology II (3)	

YEAR 2			
Fall	Winterim	Spring	Summer
6030 Research Practicum (3)	6xxx Trauma Evidence-Based Treatment (1.5)***	6870 Clinical Neuropsychology (3)	6740 Practicum in Clinical Psychology (1.5)**
6860 Cognitive Assessment (3)		6730 Diversity of Culture and Family: Professional Development II (3)	6880 Clinical Neuropsychology Lab (1.5)**
6740 Practicum in Clinical Psychology (1.5)		6740 Practicum in Clinical Psychology (1.5)	
6720 Ethics and Practice Standards: Professional Development I (3)		7000 Master’s Thesis (4)	
7000 Master’s Thesis (2)		9500 Independent Study (1-7)**	
YEAR 3			
Fall	Winterim	Spring	Summer
66xx Clinical Trauma Psychology (3)	6xxx Trauma Evidence-Based Treatment (1.5)***	66xx Analysis of Change Statistics (3)	6740 Practicum in Clinical Psychology (1.5)**
6740 Practicum in Clinical Psychology (1.5)		6740 Practicum in Clinical Psychology (1.5)	6880 Clinical Neuropsychology Lab (1.5)**
6xxx Core content course(3) *		6xxx Core content course (3) *	
8000 Dissertation (3)		7030 Doctoral Research Practicum (3)	
5830 Applied Multivariate Techniques I (3)		8000 Dissertation (6)	
6880 Clinical Neuropsychology Lab (1.5)**		6880 Clinical Neuropsychology Lab (1.5)**	
9500 Independent Study (1-6)**		Comprehensive Examination	

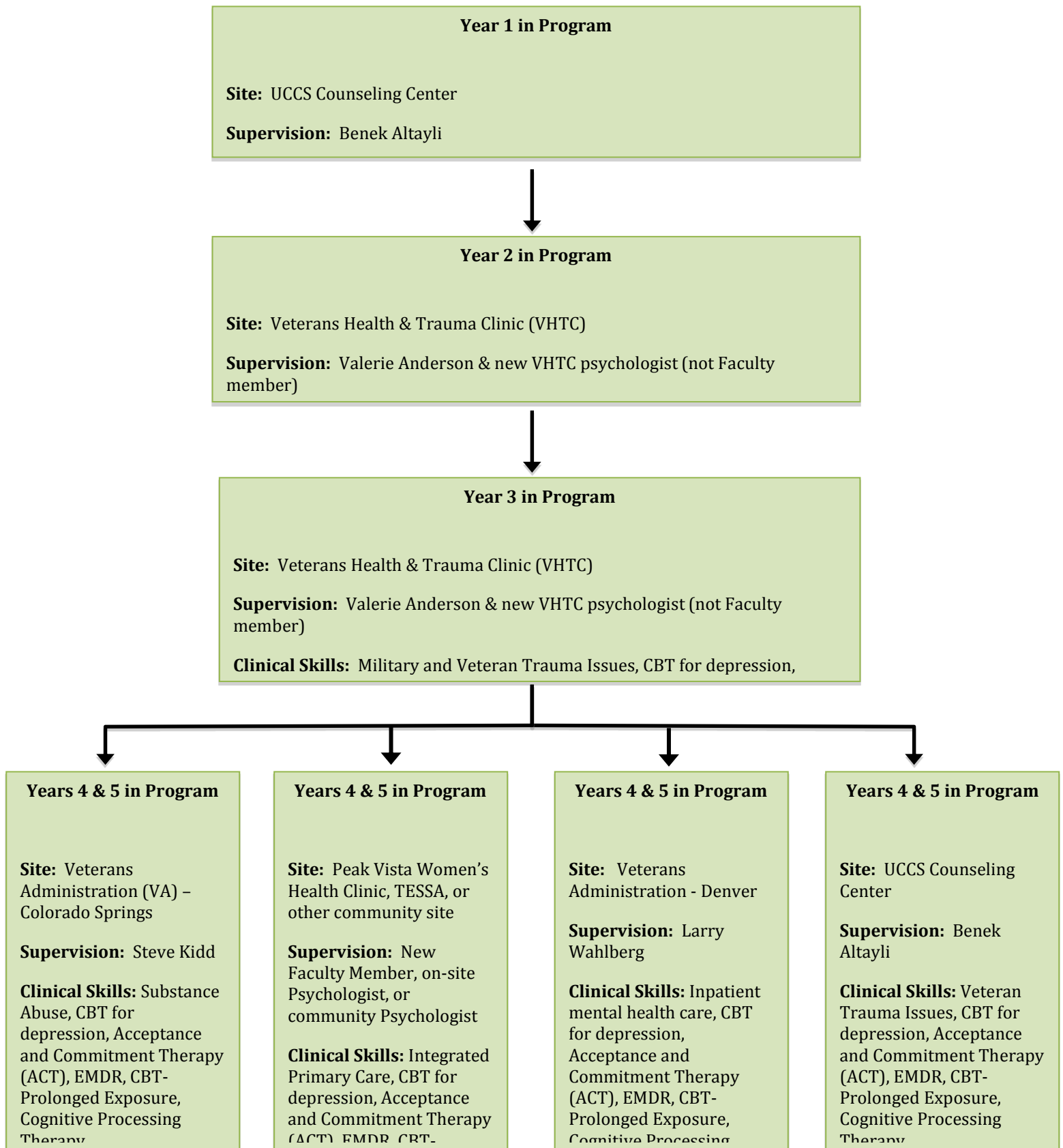
YEAR 4 and YEAR 5			
During these years, the student completes her/his dissertation requirements and the remaining courses			
Fall	Winterim	Spring	Summer
6510 History of Psychology (3) 6740 Practicum in Clinical Psychology (1.5) 8000 Dissertation (6) 6xxx Core content course (3)*	6xxx Trauma Evidence-Based Treatment (1.5)***	8000 Dissertation (6) 6740 Practicum in Clinical Psychology (1.5) 6790 Psychopharmacology (1) 6xxx Core content course (3)*	6740 Practicum in Clinical Psychology (1.5)** (end of 4 th year only)
YEAR 6			
INTERNSHIP			
<p>* Core content courses may have to be taken in a different sequence based on availability. They may be taken in Years 4 or 5 if the student chooses, based on availability.</p> <p>** These courses are optional for the students. They may select among them based on their clinical and research interests in order to complete the required credit number for graduation. The Clinical Neuropsychology rotation can only be taken for a maximum of 2 years and only on a space-available basis.</p> <p>*** These courses are only required for 3 winterim sessions (to cover all three in-depth topics), however students will have flexibility regarding which winterims they take them (from the Winterim of Year 1 to the Winterim of Year 4).</p>			

Multi-Year Plan for Launching the Trauma PhD Track (Fall 2015 – Summer 2020)

	Trauma Track Launches - Year 1			Year 2			Year 3		
	Fall 2015	Spring 2016	Summer 2016	Fall 2016	Spring 2017	Summer 2017	Fall 2017	Spring 2018	Summer 2018
Faculty or Instructor									
Benight	Trauma Psych 1 - current course as a grad pro-sem OR Senior Seminar						Trauma Psych 1		
Altayli		Trauma Psych 2						Trauma Psych 2	
New Trauma Faculty Member	Trauma Psych 1 OR Available to teach Psych course(s)	603 and/or 703		Clinical Trauma Psychology*	603 and/or 703		Clinical Trauma Psychology	603 and/or 703	
		Available to teach Psych course(s)		Clinical Supervision at community site*†			Clinical Supervision at community site		
				Available to teach Psych course(s)	Available to teach Psych course(s)		Available to teach Psych course(s)	Available to teach Psych course(s)	
New Quantitative or Developmental Faculty Member					Advanced Statistics: Analysis of Change*				
Lecturer/Expert in evidence based treatment			Trauma Evidence-Based Treatment-EMDR‡			Trauma Evidence-Based Treatment-CPT			Trauma Evidence-Based Treatment-Prolonged Exposure
*If 2015 entering student already has MA. Analysis of Change course will be offered every other year.									
†One course spread throughout the year (e.g. 1.5 credits in Fall, 1.5 credits in Spring)									
‡ Three different topics will be offered in an alternating fashion. This is an example of what the order <i>might</i> look like.									

	Year 4			Year 5			NOTE: New Trauma Faculty will be required to have a 3/2 course load starting in Fall 2015, but will only need to cover 1-2 per semester for the Trauma Track. There will be time for teaching other Psychology classes, even if the candidate comes in with grant funding that allows a course offload.
	Fall 2018	Spring 2019	Summer 2019	Fall 2019	Spring 2020	Summer 2020	
Faculty or Instructor							
Benight				Trauma Psych 1			
Altayli					Trauma Psych 2		
New Faculty Member							
	Clinical Supervision at community site	603 and/or 703		Clinical Supervision at community site	603 and/or 703		
	Clinical Trauma Psychology	Available to teach Psych course(s)		Clinical Trauma Psychology	Available to teach Psych course(s)		
	Available to teach Psych course(s)			Available to teach Psych course(s)			
New Quantitative or Developmental Faculty Member		Advanced Stats: Analysis of Change					
Lecturer/Expert in evidence based treatment			Trauma Evidence-Based Treatment-EMDR			Trauma Evidence-Based Treatment-CPT	

Practicum Sequence for PhD in Clinical Psychology with Curricular Emphasis in Trauma Psychology



Internship Sites Available for Students Completing the Trauma Track

There is a broad range of internship opportunities for students completing the Trauma Track. A search of the APPIC site with “trauma” in the program description displays 107 training sites. A search with “veteran” in the program description returns 21 training sites. Included among these sites are many top-tier clinical training programs including:

Boston Consortium in Clinical Psychology/VA Boston Healthcare System: We provide training in professional psychology in the following rotations for 2013 - 2014: Clinical Child Psychology; General Mental Health; Ctr for Returning Veterans (OEF/OIF); Adult Trauma - (Behavioral Sciences Div. and Womens Health Sciences Div. of the National Ctr for PTSD); Medical Psychology / Behav Med; Substance Abuse Treatment Programs Resid & Outpt; Dual Diagnosis (PTSD/Substance Use Disorder); Inpatient Mental Health - Therapeutic Recovery; Neuropsychology; Geropsychology; Rehabilitation Psychology; Our rotations are located at the Boston Medical Center (Child rotation); VA Boston Healthcare System - Brockton, Jamaica Plain (Boston), and West Roxbury campuses; plus, a child clinical externship at Boston University (Center for Anxiety & Related Disorders).

VA Palo Alto Health Care System: There are opportunities for training in interventions with adults and families and in psychological/neuropsychological assessment within: geriatric settings; medically-based settings including primary care, specialty medical clinics, and rehabilitation; inpatient, residential, and outpatient mental health settings; trauma treatment settings; and substance use disorder treatment settings.

Yale University/Child Study Center: During the internship year, 10-15 hours per week are dedicated to specific areas of specialization: Early Childhood, Pediatrics, Autism/Developmental Disorders, or Children and Trauma.

WJB Dorn VA Medical Center South Carolina: There are two year-long main rotations to choose from: General Outpatient Mental Health & Primary Care Intergration (PACT/BH). Two six-month specialty rotations will also be selected from the listed choices: Post-Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), Pain Psychology, Serious Mental Illness (PRRC), and Traumatic Brain Injury (TBI).

New York Presbyterian Hospital/Weill-Cornell Medical Center: The Hospital serves a large, diverse group of patients, insuring each intern the opportunity of working with patients representing a broad range of diagnoses, clinical problems, and varied ethnic and socio-economic backgrounds. Interns participate in a core curriculum of evaluation, diagnosis, assessment, psychotherapy and experience in the Psychiatric Emergency Room. Elective rotations are offered in many areas including the Anxiety and Traumatic Stress Program with CL work in the Burn Center, the Psychiatry Consultation Liaison Service, Geropsychiatry, Child Psychiatry, Inpatient Adolescent, Adult Inpatient Unit, HIV/AIDS, Women's Health, Women's CBT Inpatient Unit, Sexual Health, Public Health Psychiatry, Psycho-Oncology and the Personality Disorders Institute.

Philadelphia VA Medical Center: Four 6-month rotations will be selected based on intern training needs and interests. One rotation will be working in a patient-centered medical home model of care (Primary Care-Mental Health Integration or Health Promotion/ Disease Prevention) and one rotation will be Evidence-Based Therapies. Other rotations include: PTSD Clinical Team, Inpatient Psychiatry, Comorbid PTSD and Substance Use Disorders, Community-Based Outpatient Clinic, Sleep Clinic, Polytrauma and Neuropsychology, and Residential Rehabilitation Treatment Program.

South Texas Veterans Health Care System/Audie L. Murphy Memorial Veterans Hospital Division:

We offer training in General Clinical Psychology (1 slot) and General Clinical Psychology training in three specialty-focus areas including: Primary Care/Health Psychology (1 slot), Trauma (1 slot), and Geropsychology-Palliative Care (1 slot). Regardless of the area selected, all interns receive training and supervision in psychological assessment, interprofessional consultation, group and individual psychotherapy, research techniques and scientific writing, teaching and supervision skills, career planning and administration, and ethics, law, and diversity issues.

Potential Demand on Psychology Department Resources with Trauma Track Implementation

1. Additional Committee Involvement:

Trauma will take 2 students per year in the new track. This is equivalent to the Aging track. Departmental committee commitments will potentially double for:

- a. Comprehensive Exam Committees
- b. Dissertation Committees
- c. Clinical Student Review Committee – PhD Load
- d. Admissions – separate committees for Aging and Trauma tracks to review applications and make selections. Interviewing could possibly be on the same day for both tracks.

2. Additional Director of Clinical Training Workload:

The DCT currently collects, maintains, and analyzes the data used in the APA assessment reports. Dr. Benight is willing to assist with the DCT position for the first 5 years of the Trauma track to ease the added workload and to help streamline the tracking for future DCTs. This would maintain the current model of a single DCT who receives “unofficial” administrative support working through the initial transition years. The Trauma Track committee discussed other possible DCT options to balance the work load and ease the transition. These options will be brought to the full clinical committee for consideration.

3. Additional Administrative responsibilities:

- a. David Dubois – PhD program admissions for two separate tracks; tracking students’ progress through the program and keep track of related data. Elyse will shadow David during the 2014 Gero PhD admissions process in preparation for taking on the management and organization of the 2015 PhD Trauma program admissions process.
- b. Andrea Williams – PhD student financial management (stipends/tuition) and financial aid; additional scheduling, course planning, and student meetings that considers Trauma track students
- c. Laura Chandler – additional instructional support related to the new courses

4. Additional resources needed:

- a. Class scheduling to include the growth of the Trauma Psychology class to a full-year class, a new Clinical Trauma Psychology class, and a winterim Trauma Evidence-Based Treatment class (different topics each winterim). There are multiple options for paying faculty/ lecturers who teach the winterim course. A VHHC clinician or adjunct paid through the THHC may teach this.
- b. Office space for the new PhD students in the Psychology Department. The THHC can also provide some office space and then VHHC has dedicated student office spaces available.
- c. Other – assistance provided to DCT with data tracking/collection. See d below.
- d. Elyse or other THHC staff will be available to provide administrative support to the psychology department for activities related to the trauma track (e.g., admissions, tracking students’ progress in classes and practica).
- e. Funding for an additional work study student will be provided by the THHC to assist with administrative tasks, such as assisting the DCT with data tracking/collection, preparation of student applications, etc. However, as noted

above, the PhD program growth and additional administrative demands create an opportunity for the Psychology Department and Dr. Benight through the THHC to pursue additional base-budgeted psychology administrative positions to sustain the growth. Dr. Benight will work with the Psychology Chair to communicate the need for enhanced infrastructure and the additional costs to the college associated with a new track.

Introductory Courses

Sections	Broad Topics	Subtopics	References
Trauma	Introduction to Trauma Work	Historical Perspective	<ul style="list-style-type: none"> Friedman, Resick, Keane, 2007¹. PTSD: Twenty-five years of progress and challenges. Van der Kolk, 2007.¹ The history of trauma in psychiatry. Monson, Friedman, Bash, 2007¹. A psychological history of PTSD.
		Epidemiology	<ul style="list-style-type: none"> Norris, 1992. Norris & Slone, 2007¹. The epidemiology of trauma and PTSD. <p>*Ordered Julian Ford's 2009 book through our library; may have more up-to-date info</p>
	Psychological Trauma Theories	Overview	<ul style="list-style-type: none"> Benight, 2012 Brewin & Holmes, 2003 Cahill & Foa, 2007¹. Psychological theories of PTSD.
		Resilience and strength-based theories and models	<ul style="list-style-type: none"> Benight & Bandura, 2003. Bonanno, 2005³. Resilience in the face of potential trauma. Mancini & Bonanno, 2012⁶. Differential pathways to resilience.
	DIVERSITY		Osterman & de Jong, 2007 ¹ . Cultural Issues and PTSD
Pretrauma	Individual characteristics	Development and Attachment	<ul style="list-style-type: none"> Deklyen & Greenberg, 2008⁵. Attachment and psychopathology in childhood. Lyons-Ruth & Jacobvitz, 2008⁵. Attachment disorganization: Genetic factors, parenting contexts, and developmental transformation from infancy to adulthood. Mikulincer & Shaver, 2008⁵. Adult attachment and affect regulation.
		Self regulation and emotion regulation	<ul style="list-style-type: none"> Carver & Scheier, 2011⁴. Self-regulation of action and affect. Koole, van Dillen, & Sheppes, 2011⁴ The self-regulation of emotion.
Peritrauma	Types of trauma	Malevolence of others	See Chip's syllabi for articles
		Human Errors	See Chip's syllabi for articles (may need a boost)
	Trauma Response	Natural disasters	See Chip's syllabi for articles
		Neuropsychology of PTSD	<ul style="list-style-type: none"> Southwick, Rasmusson, Barron, & Arnsten, 2005⁷. Neurobiological and neurocognitive alterations in PTSD: A focus on norepinephrine, serotonin, and the hypothalamic-pituitary-adrenal axis. Shin, Rauch, & Pitman, 2005⁷. Structural and functional anatomy of PTSD: Findings from neuroimaging research.
Posttrauma	Acute Stress Disorder		
	PTSD dx discussion		<ul style="list-style-type: none"> Sptizer et al, 2007 2013 ISTSS webinar: Ask the Experts: Trauma and Stress or Related Disorders in the DSM-5 with Matthew Friedman, MD, PhD, Ruth Lanius, MD, PhD, Patricia Resick, PhD, ABPP and Dean Kilpatrick, PhD.
	DIVERSITY		Hinton & Lewis-Fernandez, 2011 ⁸ . The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5.
	Dissociative D/o		<ul style="list-style-type: none"> DePrince & Freyd, 2007¹. Trauma-induced dissociation. Braude, 2009². The conceptual unity of dissociation: A philosophical argument. Carlson, Yates, & Sroufe, 2009². Dissociation and the development of the self.
	Comorbidity	PTSD & Substance Use	
		PTSD & Depression	
		PTSD & Chronic Pain	
		PTSD & TBI	
		PTSD & Borderline PD	
		PTSD & Eating D/o	

INTRODUCTORY CLASSES

1. Friedman, M.J., Keane, T.M., & Resick, P.A. (Eds.) (2007). **Handbook of PTSD: Science and practice**. New York: The Guilford Press. *Note: There seems to be a 2010 reprint edition.*
2. Dell, P.F. & O'Neil, J.A. (Eds.) (2009). **Dissociation and the dissociative disorders: DSM-V and beyond**. New York: Routledge.
3. Bonanno, G.A. (2005). Resilience in the face of potential trauma. **Current Directions in Psychological Science**, **14**(3), 135-138.
4. Vohs, K.D. & Baumeister (Eds.) (2011). **Handbook of self-regulation: Research, theory, and applications** (2nd ed.). New York: The Guilford Press.
5. Cassidy, J. & Shaver, P.R. (Eds.) (2008). **Handbook of attachment: Theory, research, and clinical applications** (2nd ed.). New York: The Guilford Press.
6. McMackin, R.A., Newman, E., Fogler, J.M. & Keane, T.M. (Eds.) (2012). **Trauma therapy in context: The science and craft of evidence-based practice**. Washington D.C.: American Psychological Association.
7. Vasterling, J.J. & Brewin, C.R. (Eds.) (2005). **Neuropsychology of PTSD: Biological, cognitive, and clinical perspectives**. New York: The Guilford Press.
8. Hinton, D.E. & Lewis-Fernandez, R. (2011). The cross-cultural validity of posttraumatic stress disorder: Implications for DSM-5. **Depression and Anxiety**, **28**, 783-801.

CLINICAL CLASSES

	Broad Topics	Subtopics	References
Assessment	Crisis and Emergency assessment	Assessment of crisis and emergency	<ul style="list-style-type: none"> • Kleespies and Richmond, 2009⁷. Evaluating behavioral emergencies. • Sullivan & Bongar, 2009⁷. Assessing Suicide risk in the adult patient.
	PTSD		<ul style="list-style-type: none"> • Newman, Briere, & Kirlic, 2012⁴. Clinical assessment as a form of listening and intervention. • Keane, Brief, Pratt & Miller, 2007¹. Assessment of PTSD and its comorbidities in adults.
	Depression		Steel, Dunlavy, Stillman & Pape, 2011 ⁸ . Measuring depression and PTSD after trauma: Common scales and checklists.
	Dissociation		Frankel, 2009 ² . Dissociation and dissociative disorders: Clinical and forensic assessment with adults
	TBI DIVERSITY		Wilson, 2007 ⁹ . The lens of culture: Theoretical and conceptual perspectives in the assessment of psychological trauma and PTSD.
Treatment	Crisis and Emergency intervention, relapse prevention	Definition and conceptualization, of crisis and emergency Risk management strategies Principles of interventions Inpatient vs outpatient, discharge planning	<ul style="list-style-type: none"> • Callahan, 2009⁷. Emergency intervention and crisis intervention. • Rudd, Joiner, Trotter, Williams, & Cordero, 2009⁷. The psychosocial treatment of suicidal behavior: A critique of what we know (and don't know).
	PTSD	General overview, description of specific treatment modalities we want them to focus on.	<ul style="list-style-type: none"> • Litz & Maguen, 2007¹. Early intervention for trauma. • Hobfoll et al, 2007³. Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. • Park, 2012⁴. Promoting resilience through early intervention. • Resick, Monson & Gutner, 2007¹. Psychosocial treatments for PTSD • Cloitre, Courtois, Ford, et al., 2012¹⁰. The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults • Miller, 2007⁵. Traumatic stress disorders. • Engle & Follette, 2012⁴. Acceptance and Commitment therapy for trauma-related problems.
		Overview of Specific Tx	
	Comorbidity	PTSD & Substance Use	Najavits, 2012 ⁴ . Posttraumatic stress disorder and substance use disorder comorbidity treatment: Principles and practices in real-world settings.
		PTSD & Deression	
		PTSD & Chronic Pain	Treatment of co-occurring posttraumatic stress disorder and chronic pain
		PTSD & TBI	Treatment of co-occurring posttraumatic stress disorder and traumatic brain injury
		PTSD & Eating D/o	
		PTSD & Borderline PD	<ul style="list-style-type: none"> • Fusco & Freeman, 2007⁵. The crisis-prone patient: The high-arousal cluster B personality disorders. • Linehan, Bohus, Lynch, 2007⁶. Dialectical behavior therapy for pervasive emotion

		dysregulation: Theoretical underpinnings.
	Pharmacology	Freedman & Davidson, 2007 ¹ . Pharmacotherapy for PTSD.
	Neuropsychological perspective for Tx of PTSD	MacDonald, Franz, & Vasterling, 2012 ⁴ . Assessment and treatment of neuropsychological deficits in posttraumatic stress disorder.
	DIVERSITY	Ippen, 2012 ⁴ . Integrating a diversity-informed approach into evidence-based practice.

1. Friedman, M.J., Keane, T.M., & Resick, P.A. (Eds.) (2007). **Handbook of PTSD: Science and practice**. New York: The Guilford Press. *Note: There seems to be a 2010 reprint edition.*
2. Dell, P.F. & O'Neil, J.A. (Eds.). **Dissociation and the dissociative disorders: DSM-V and beyond**. New York: Routledge.
3. Hobfoll, S.F., Watson, P., Bell, C.C., Bryant, R.A., Brymer, M.J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. **Psychiatry**, **70**(4). 283-315.
4. McMackin, R.A., Newman, E., Fogler, J.M. & Keane, T.M. (Eds.) (2012). **Trauma therapy in context: The science and craft of evidence-based practice**. Washington D.C.: American Psychological Association.
5. Datillio, F.M. & Freeman, A. (2007). **Cognitive-behavioral strategies in crisis intervention** (3rd ed.). New York: The Guilford Press.
6. Gross, J.J. (Ed.) (2007). **Handbook of emotion regulation**. New York: The Guilford Press.
7. Kleespies, P.M. (Ed.) (2009). **Behavioral emergencies: An evidence-based resource for evaluating and managing risk of suicide, violence, and victimization**. Washington D.C.: American Psychological Association.
8. Steel, J.L., Dunlavy, A.C., Stillman, J., & Pape, H.C. (2011). Measuring depression and PTSD after trauma: Common scales and checklists. **Injury**, **42**(3).
9. Wilson, J.P. & Tang, C.S. (Eds.) (2007). **Cross-cultural assessment of psychological trauma and PTSD**. New York: Springer.
10. Cloitre, M., Courtois, C.A., Ford, J.D., Green, B.L., Alexander, P., Briere, J., Herman, J.L., Lanius, R., Stolbach, B.C., Spinazzola, J., Van der Kolk, B.A., Van der Hart, O. (2012). The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults. Retrieved from <http://www.istss.org/>

Notes:

1. See page 572 of **Dissociation and the dissociative disorders: DSM-V and beyond**. How much of this will they learn in general assessment classes?
 2. DSM-5 should probably be a starting point in all discussions that are psychopathology related; so I did not add it in every time.
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3. Added: Pharmacotherapy
Depression comorbidity info for tx and assessment
Diversity materials for each course

