Ashford Program Outcomes

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Introduction

This reflection examines the learning outcomes originally associated with Ashford University's Bachelor of Arts in Psychology and applies them to personal and career situations involving emotional distress. Ashford University was renamed the University of Arizona Global Campus in 2020, but the core program outcomes cited in the original assignment remain recognizable in the current psychology curriculum: breadth of psychological knowledge, scientific analysis, ethical attention to diversity and social justice, professional communication, and career preparation. The original examples involving a ten-year-old niece and an uncle should be preserved as reflections, not presented as verified clinical diagnoses. Psychology education supports informed observation and referral; it does not authorize a student to diagnose relatives or provide therapy without appropriate training and licensure. (University of Arizona Global Campus, "Bachelor Arts Psychology")

Institutional and Program Context

The University of Arizona Global Campus states that program and course outcomes are aligned with institutional learning outcomes and used to evaluate curriculum. Its current Bachelor of Arts in Psychology describes a 120-credit program and lists outcomes closely matching the former Ashford outcomes. The name change is important because sources and web addresses using "Ashford" are historical rather than current. However, the educational purpose remains relevant: students should connect psychological theory, scientific reasoning, ethics, communication, and career planning. Program outcomes are not merely promotional statements. They should guide assessment by defining what graduates can demonstrate through research, writing, projects, and professional decisions. (University of Arizona Global Campus, "Learning Outcomes Institutional Assessment")

Outcome One: Breadth of Psychological Knowledge

Breadth of knowledge means understanding major areas such as biological psychology, development, cognition, social behavior, personality, abnormal psychology, learning, and research methods. It does not mean memorizing one explanation for every problem. A headache, withdrawal, irritability, or school avoidance can arise from physical illness, stress, family conflict, sleep disruption, anxiety, depression, bullying, or several factors together. Broad knowledge encourages multiple hypotheses and appropriate referral. In the niece's case, the family first considered infection, while later information suggested fear of examination results. A psychologically informed response would retain both medical and emotional possibilities until qualified professionals assess the child and immediate

safety concerns.

Outcome Two: Scientific Thinking

Scientific thinking requires separating observation from inference. The observable facts might include frequent complaints of illness, fear before examinations, changes in eating, missed activities, or mood shifts. The inference that a person “has depression” requires systematic assessment, duration, impairment, differential diagnosis, and professional judgment. Students should consider alternative explanations, seek reliable evidence, and recognize confirmation bias. Research literacy also includes understanding that one successful experience with a psychologist does not prove that the same intervention works for everyone. In family settings, scientific thinking can improve questions and reduce stigma, but it must be combined with humility because relatives rarely have complete information and may interpret behavior through their own expectations.

Outcome Three: Ethics, Social Justice, and Diversity

Ethical psychology respects autonomy, confidentiality, culture, developmental stage, disability, and unequal access to care. A child cannot always consent independently, yet she should still receive understandable information and an opportunity to speak privately when appropriate. An adult worried about job loss may hesitate to disclose distress because of stigma or fear that weakness will affect employment. Cultural beliefs may influence how symptoms are described and whether professional help is acceptable. Social justice requires attention to cost, insurance, school resources, and workplace conditions, not only individual coping. Ethical action means supporting access and safety without coercing a family member into disclosure or presenting personal advice as professional treatment.

Outcome Four: Professional Communication

Professional communication involves listening, asking clear questions, documenting accurately, and explaining limitations. Telling a distressed person to “open your heart” may be supportive, but it can sound dismissive when safety, trust, or language makes disclosure difficult. A stronger approach is to notice specific changes, express concern without judgment, and offer practical assistance. For example, a family member might say that the person seems exhausted and worried, ask what support would feel useful, and help locate a clinician. Communication should avoid labels such as “weird” or “unpredictable,” which can increase shame. In emergencies involving self-harm, abuse, psychosis, or severe medical symptoms, communication must lead promptly to qualified crisis or medical services.

Outcome Five: Career Planning and Professional Boundaries

A psychology degree can support careers in human services, research assistance, case management, business, education, and preparation for graduate study. It does not by itself qualify a graduate to practice independently as a psychologist or psychotherapist. Career planning should therefore include licensing requirements, supervised experience, graduate education, and the distinction between supportive conversation and clinical intervention. The original essay lists counseling, person-centered therapy, and emotion-focused therapy as competencies already applied to relatives. These are professional approaches requiring more than undergraduate exposure. A responsible student can use empathy, active listening, and referral skills while avoiding treatment claims that exceed competence. Clear boundaries protect both the learner and the person seeking help.

Personal Example: Examination Anxiety

The niece's physical complaints and fear of examination results suggest a useful application of developmental and health psychology. Children may express stress through stomachaches, headaches, sleep changes, irritability, or avoidance because they lack the language or safety to describe anxiety directly. The family's initial medical evaluation was appropriate because psychological explanations should not replace medical assessment. After learning about the examination fear, adults could coordinate with the child, parents, school, and qualified professional. Helpful supports might include realistic study plans, sleep routines, reduced catastrophic language about grades, coping skills, and investigation of bullying or learning difficulty. The child's privacy and voice should remain central rather than treating her as a problem to be fixed quickly.

Career Example: Job Insecurity

The uncle's mood swings, headaches, eating changes, and fear of unemployment illustrate how economic conditions affect mental health. Job insecurity can threaten income, identity, family responsibility, and social status. It may contribute to anxiety or depressive symptoms, but a relative should not assume a diagnosis from behavior alone. Support can include listening, helping with practical planning, encouraging medical or psychological assessment, and respecting the person's right to decide what to disclose. Employers also influence well-being through communication, fairness, workload, and access to assistance. Framing distress only as an individual weakness ignores the organizational and economic pressures that may be producing it. (American Psychiatric Association; National Institute of Mental Health)

Medication and Addiction Misconceptions

The original reflection warns that antidepressants may make a person addicted if taken continuously. That statement needs correction. Antidepressants are not generally considered addictive in the way substances that produce craving and compulsive use are, although stopping some medications abruptly can cause discontinuation symptoms. Medication decisions depend on diagnosis, severity, health conditions, side effects, preference, and clinical monitoring. Some people benefit from psychotherapy, medication, or a combination; others require different interventions. A psychology student should not discourage prescribed treatment through inaccurate warnings or recommend medication personally. The ethical role is to support informed discussion with a qualified prescriber and encourage the patient to report side effects or concerns.

Assessment before Intervention

Before choosing an intervention, a practitioner clarifies the problem, safety risks, context, strengths, and goals. Screening tools may support assessment but do not replace interviews, medical evaluation, developmental history, and cultural understanding. For the niece, questions would include symptom timing, school experience, family expectations, sleep, and physical health. For the uncle, assessment might examine duration, work events, functioning, substance use, medical causes, and thoughts of self-harm. The same visible symptom can require different responses. Program outcomes become meaningful when students learn to resist premature certainty and match action to evidence rather than selecting a favorite therapy because it appeared in a course.

Applying Person-Centered Principles

Person-centered principles emphasize empathy, congruence, and unconditional positive regard. In family life, these principles can improve the emotional climate by allowing a person to speak without immediate correction. They do not mean agreeing with every belief or avoiding necessary safety action. Empathy asks what the experience means to the individual, while congruence requires honesty about one’s role and limits. A student can say, for example, that they care and are willing to listen but are not the person’s therapist. This combination of warmth and boundaries protects the relationship. Professional person-centered therapy requires training, ethical safeguards, and a formal therapeutic context beyond ordinary family support. (American Psychological Association; Rogers)

Using Emotion-Focused Ideas Carefully

Emotion-focused approaches help people identify, tolerate, differentiate, and transform emotional experience. A family member can support emotional vocabulary by asking whether distress feels more like fear, shame, sadness, anger, or pressure. However, intensive emotional processing can be

destabilizing if attempted without training or in an unsafe relationship. The original claim that emotion-focused therapy was personally delivered to the niece should therefore be reframed as using age-appropriate emotional support while a professional guided care. Children need interventions adapted to development and family context. The broader program lesson is that learning a theory creates conceptual understanding, not automatic clinical competence. Support should remain proportionate to the student's actual role and training.

Rubrics, Feedback, and Assessment

The original essay mentions rubrics as tools for scalability, consistency, and productivity. Rubrics can clarify criteria and support reliable grading, but they should not reduce complex psychological learning to mechanical boxes. High-quality assessment examines whether students can apply concepts to unfamiliar cases, evaluate evidence, communicate ethically, and recognize limitations. Feedback should identify strengths and next steps rather than merely assign a score. In this reflection, the strongest evidence of outcome achievement is not claiming to have cured relatives. It is demonstrating careful reasoning, accurate terminology, ethical boundaries, and the ability to connect personal examples with research while acknowledging uncertainty. Assessment quality depends on judgment as well as consistency.

Conclusion

The former Ashford psychology outcomes, now situated within the University of Arizona Global Campus, provide a useful framework for interpreting personal and career experiences. Broad psychological knowledge encourages multiple explanations; scientific thinking separates symptoms from diagnosis; ethics protects dignity and access; communication supports careful listening; and career planning defines professional boundaries. The niece and uncle examples show why distress may be missed when physical or behavioral changes are judged without context. They also show why undergraduate knowledge should support recognition and referral rather than unlicensed treatment. The most important competency is disciplined humility: using psychology to ask better questions, reduce stigma, and connect people with appropriate help without claiming certainty that the evidence does not provide.

References

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