

Grant No: G02HP27942

Project Title: Serving Children, Adolescents and Transition Age Youth with Behavioral Disorders
William James College (formerly Massachusetts School of Professional Psychology)

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Work Plan Progress Summary

The Health Resources and Services Administration (HRSA) granted William James College (WJC), until recently the Massachusetts School of Professional Psychology (MSPP), funding for twenty-two internship positions for the period of 9/30/14-9/29/17. The first six of these positions were funded from 9/30/14-9/29/15. This report will describe the use of those funds as well as the challenges to be met. There will be a planned expansion of the program during the second grant year, from 9/30/15-9/29/16, with the addition of 10 new internship slots at 4 new sites that further focus on the needs of underserved youth and minorities. In submitting this grant report it is noted that William James uses a two-year half-time internship model. Data presented in this report are for activities that occurred during the first internship year, as interns near the mid-point of their two year internship experience. In addition, this is a consortium internship model, with the participation of several training sites under the WJC umbrella, all as accredited by the American Psychological Association. Please see pages 4-10, Operations, for a detailed description of work plan progress in Year One, 2014-2015 to date.

WJC has successfully met all of its objectives to date for the Year One grant period. Six interns were placed at two new internship sites. In aggregate, they have provided 1,635 hours of direct clinical service, attended 809 hours of training seminars, and received 818 hours of clinical supervision. WJC has expended \$115,467 of HRSA funds to date and no unobligated balance is anticipated for the close of grant Year One.

As regards upcoming 2015-2016 budget year, WJC has recruited and is prepared to receive 10 interns to be placed at six sites; five of these sites are new. Nine objectives, with related activities, resources, milestones, and outcomes are listed in Revised Work Plan in Appendix 7. The objectives include placement of the 10 interns, supporting interns' interest in working with children, adolescents and transition age youth by helping them secure appropriate post-doctoral placements, and increasing the inter-professional aspect of training. We anticipate no substantive obstacles in meeting our goals and objectives for the time remaining or the upcoming budget year.

Current Staffing

Current staffing remains the same in the original grant proposal. The staff, their responsibilities, and the percent of effort each staff member spends on this project are as follows:

- Dr. Sonia Suri, Project Director and Co-Principal Investigator, is the Senior Research and Evaluation Associate in WJC's Office of Research. She will serve as co-principal investigator and Evaluation Specialist for this grant. In addition to overall project management, Dr. Suri's primary responsibilities include the development, administration, management, analysis and timely reporting on both process and outcome performance measures. Percent of effort dedicated to Project: 10%.
- Dr. Bruce Ecker, Co-Principal Investigator, directs the child clinical concentration, Children and Families of Adversity and Resilience (CFAR). Dr. Ecker will serve as a co-principal investigator on this contract and will work with Dr. Suri to oversee all aspects of the contract (design, implementation, and evaluation) to ensure that the federal reporting and evaluation requirements are met. In addition, Dr. Ecker has primary responsibility for academic content through coursework, seminars and continuing education offerings. Percent of effort dedicated to Project: 10%.
- Dr. Randi Dorn, Director of Field Education/Internship, is WJC's Director of Training (DOT) and Director of the WJC Consortium in Clinical Psychology. She is responsible for establishing the training goals of the Consortium; managing the selection process; scheduling Consortium seminars; insuring programmatic quality control; serving as liaison with the Consortium sites, the APA Office of Accreditation and the Massachusetts Board of Registration for Psychology. Additionally, she is the liaison with other APA-accredited internships in the community. Percent of effort dedicated to Project: 4%.
- Dr. Edward De Vos, WJC's Associate VP for Research, will provide oversight in the development and implementation of a set of evaluation and performance measures appropriate to the needs of this contract, and assure continuity with existing institutional indicators and metrics. Percent of effort dedicated to Project: 1%.
- Dr. Stacey Lambert is the Chair of WJC's Clinical Psychology Program. She will provide structural oversight and administrative support to the two Co-Principal Investigators Dr. Ecker and Dr. Suri. Dr. Lambert will also interface with the APA to ensure that these internships meet their requirements. Percent of effort dedicated to Project: 1%.
- Cheryl MacDonald, M.B.A., will serve as the Project Administrator. She will oversee the gathering and tracking of evaluations of interns, trainings and sites, and other measurable outcomes related to recruitment and post-doctoral placement. Percent of effort dedicated to Project: 4%.
- Debra Boyce, will serve as the Grant Financial Administrator and will be responsible for submitting all the financial data and invoicing through the PMS system. She will work with Dr. Suri to ensure that the grant funds are expended to match the federal budget terms. Percent of effort dedicated to Project: 5%.

Vacancy: There is currently a vacancy for the administrative support /research assistant, who is to apportion 24% of her/his time to this project. However, this position is in the process of being filled. The administrative support/research assistant will spend a disproportionately large amount of time on the project between 6/15/15 and 9/29/15, thus concentrating her/his time to cover the .24 FTE apportioned.

New Personnel: None

Operations

Significant Changes: The Massachusetts School of Professional Psychology (MSPP) changed its name to William James College (WJC) on May 7, 2015, by action of the Massachusetts Board of Higher Education. The administrative structure, non-profit status, educational program, and services of WJC all remain the same.

Work Plan Progress to Date: The HRSA-supported component of the WJC Consortium in Clinical Psychology has been designed to provide a comprehensive training experience that assures the development of knowledge, skills and attitudes across the basic areas of Professional Child Psychology. In 27 hours of Internship per week, the interns receive formal training in the areas of assessment, treatment, consultation, applied clinical research, supervision, administration and culturally competent practice with children, adolescents, and transition age youth and their families from diverse populations. In our consortium model, interns serve at primary sites while doing rotations at two secondary sites. The primary and secondary sites for each intern during this budget year are presented in Table 1. There will be a change in rotations for the second half-time year.

Table 1: Primary and Secondary Consortium Training Sites 2014-15

Intern	CP	MK	ML	EH	BQ	EG
Primary Site	Brenner	Brenner	Brenner	Brenner	Freedman	Freedman
Secondary Site	Rhode Island College	Y.O.U. INC.	Roger Williams College	Y.O.U. INC	Franklin-Roosevelt Elementary, Boston Public Schools	Division of Child and Adolescent Psychiatry, Newton-Wellesley Hospital

Objective 1 (Year One): The placement of six William James students into six American Psychological Association (APA) accredited internship slots at two sites: the Richard and Joan Freedman Center for Family Development and the Dr. Leon O. Brenner Center for Psychological Assessment and Consultation. WJC has successfully placed graduate student interns into six APA-accredited internship slots; two at the Richard and Joan Freedman Center for Child and Family Development and four at the Dr. Leon O. Brenner Center for Psychological Assessment and Consultation. This success is documented in performance data maintained by interns on an ongoing basis as well as evaluations by their supervisors and the interns' evaluation of their experience at each site. All of these interns began the first of their two-year 1,000 hour half-time (27 hours per week) placements on September 30, 2014.

To date, the interns have completed an average of 960.46 hours per intern (see Table 2 below); WJC has drawn down HRSA funds of \$76,729 as of May 31 to pay the stipends of these interns. They are well on track to reach their required 1,000 hours within the remaining four weeks of the first year of their half-time placements. WJC has also drawn down \$10,000 to pay for one training seminar, \$20,184 to pay for salaries and fringe, and \$8,554 for indirect costs. There are expected to be no unexpended funds from Year One of the award.

Please note that all interns have dedicated at least 25 percent of their internship training to providing clinical treatment or doing face-to-face assessment with clients, as is consistent with American

Psychological Association (APA) standards. While there is some variability in the number of hours of supervision received, that number is above the required one hour for each 16 hours of placement required by the APA for all interns. We note also that support activities include administrative tasks, assessment report writing, chart review, case management, clinical writing/progress reports, coordination of community resources etc. These data are presented in Table 2.

Table 2: Intern, Placement Sites, and Description of Internship Placement Hours

PLACEMENT	BRENNER				FREEDMAN		TOTAL HOURS	
	STUDENT	EH	MK	ML	CP	EG		BQ
INTERVENTION		185.50	179.50	138.50	193.00	295.75	303.50	1295.75
ASSESSMENT		65.00	85.00	70.00	93.50	12.00	14.00	339.50
SUPPORT		609.00	497.50	676.50	555.00	504.25	467.00	3309.25
SUPERVISION		149.50	181.75	109.00	107.00	132.00	139.00	818.25
TOTAL HOURS		1009.00	943.75	994.00	948.50	944.00	923.50	5762.75

In general, the performance of HRSA supported interns has been better than expected at the end of their first Internship year. Specifically, by the end of this year all WJC interns are expected to have a proficiency rating of 3.0 to be on track towards their internship mastery in all of the goals listed in Table 3 below. Based on aggregated evaluation data collected 5/27/15, all HRSA interns meet or exceed that standard. Please review summary data (see Table 3) for additional performance details. Individual items and variability data are available on request.

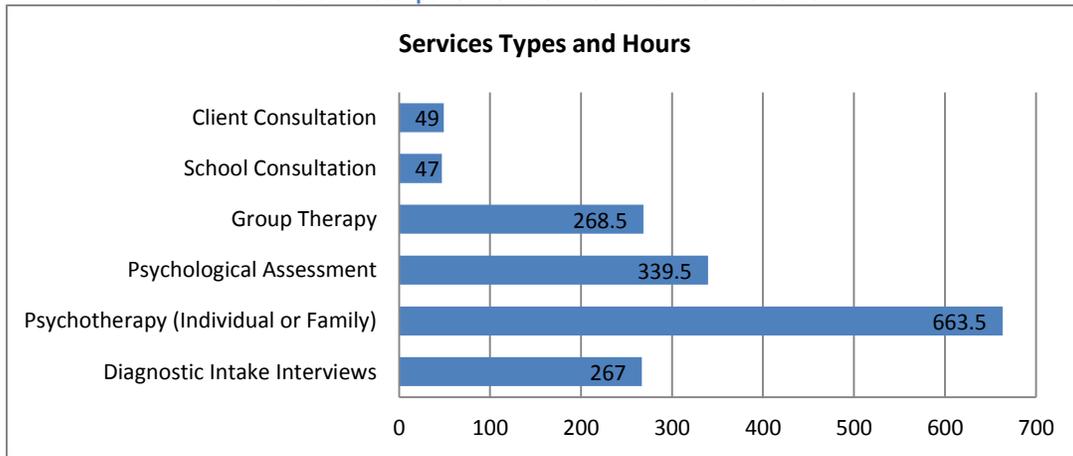
In addition, field site evaluations done by all six interns indicate that they were satisfied with their overall site experience. Interns rated their site supervisors experience separately. Field site ratings were made by analyzing student responses to positive statements including the extent of administrative support, physical resources, communication within the agencies, training, safety etc. These response ranged from 1 (strongly disagree) to 5 (strongly agree); 3 was neutral (neither agree nor disagree). The mean rating was 3.96. Ratings of supervisors were higher; expressed via a similar scale with items ranging from the amount of empathy and respect received from the supervisor to punctuality and the quality of advice, the mean rating across the six interns and the 19 items on the scale was 4.67. Both primary and secondary supervisors received stellar evaluations. Interns had a high regard for their supervisors and indicated that they were punctual, thorough, respectful, culturally competent and able to relate to the interns' site experience. The interns indicated further that their supervisors were able to provide direction, provide feedback on clients, help manage client caseload and understand their reactions to clients.

Table 3: Intern Performance Review

Intern Internship Goals	N	Mean
Goal 1: Development of Psychological Testing/Diagnostic Assessment Skills	6	3.67
Goal 2: Development of Psychotherapeutic Intervention skills	6	3.83
Goal 3: Establishment of Appropriate Professional Relationships/Development of Personal Identity	6	4.00
Goal 4: Culturally Competent Work with Diverse Populations	6	3.50
Goal 5: Ethical Standards of Practice	6	3.75
Goal 6: Development of Consultation, Education, Program Development and Evaluation Skills	6	3.50
Goal 7: Development of Applied Research Skills	6	3.50

Objective 2 (Year One): HRSA-supported interns will provide clinical care to children, adolescents, and transition age youth. At least 70 percent of clients served will fall into one of the three categories listed above. As of the date of this report, before completing the first half of their internships, the six HRSA-supported interns have provided 1,634.5 hours of clinical service to children, adolescents, transition age youth, and their families that would not otherwise have been provided. Data on specific activity types are presented in Chart 1.

Chart 1: Descriptive Breakdown of clinical service hours



Each intern completed an average of 44.5 intake interviews; this provides the intern with broad experience in different patient types and presenting problems. Interns had experience with three types of psychotherapy: individual, group, and family, with an average of 155 hours per intern. Psychological assessment represents the third service category; interns did an average of 56.5 hours of psychological assessment each, including testing of intelligence, academic achievement, neuropsychological functioning, and social and emotional functioning.

In all, these services were provided to 193 individual clients of whom 52% were male and 48% female. Eighty-four percent of these clients were in the 0-25 target age range. These data are presented in Table 4.

Table 4: Client Age Distribution n=193

Age	3-5	6-12	13-17	18-25	26-64	65+
Percentage	9%	24%	26%	26%	14%	2%

Clients served by our interns represent a higher proportion of minority individuals than is present in the general Massachusetts population (2013 State census); these data are presented in Table 5.

Table 5: Client Ethnicity Data compared with Massachusetts Census Data (n=145)

RACE/ETHNICITY	African American	Asian	Latino	European	Biracial	Native American	Other
WJC Client Percentage	16%	5%	18%	51%	6%	0%	5%
Massachusetts Population 2013 Census	8%	6%	10.5%	75%	2%	0.5%	0%

Objective 3 (Year One): Training sites will provide both intra- and inter-professional mental health training, particularly in the provision of services to high need high demand patients. Intra- and inter-professional training is integrated into all aspects of this internship experience. This is done in treating clients in both our primary and secondary sites, where psychology interns interface with physicians, social workers, attorneys, and teachers as part of their ongoing case work, as well as in training seminars. Inter-professional care is endemic to the inter-disciplinary work in the Freedman Center, where students receive referrals and provide feedback to pediatricians through our Interface referral and case consultation system and also have rotations in both the Division of Child Psychiatry in a local community hospital (Newton-Wellesley Hospital) and a Boston Public School. Interns at the other 2014-2015 site, the Brenner Center, similarly take referrals from pediatricians, psychiatrists, and school personnel and then collaborate with these professionals in case planning.

Our Consortium interns receive extensive case-focused supervision; as they near the mid-point of their two-year half-time internships, our interns have totaled 818.25 of supervision in both individual and group format, with an average of 136.38 hours per trainee. Based on their total of 1,635.25 hours of direct service, this represents one hour of supervision for every 2 hours of direct patient service, a generous ratio. This also represents one hour of supervision for every 7 hours on site. Supervisors are all licensed clinicians; they are as follows:

Chart 2: HRSA Site Primary and Secondary Supervisors

Freedman Center and secondary sites:	Brenner Center and secondary sites:
Nadja Reilly PhD	Kelly Casey, PhD
Richard Ginsburg, PhD	Ellen Goldberg, PhD
Jaime Siegel, PsyD	Sam Moncata, PhD
Heather Byrns, LMHC	Lionel Joseph, PhD
Richard Reilly, PhD	Dorian Crawford, LMHC
Rebecca Witte, LICSW	Ryan Porell, PsyD
	Elizabeth Cheyne, PsyD
	Christopher Bailey, PhD

Interns participate in three sets of seminars: those sponsored by the Consortium as a whole, those sponsored by primary sites, and those sponsored by secondary sites. To date, interns have attended 809 hours of training seminars, for a total of 135 hours each. It is noted that this sum counts attendance

as we near the end of the first half of the interns’ placements. A similar schedule of seminars, with different content, is scheduled for the second half of their half-time experiences; thus, their full-time seminar totals are estimated to be 270 hours per trainee.

Seminars provide both intra- and inter-professional training, emphasize the needs of children, adolescents, and transition age adults, and include content on multi-culturalism. Descriptive data on the seminars are presented in Table 6 (note that there is overlap between these training types):

Table 6: Combined Seminar (Consortium, Primary, and Secondary Sites)

Type of Training	# Meetings	# Hours	% Meetings
Intra-Professional	73	125	63
Inter-Professional	42	45	37
Child/Adolescent/Transition Age Youth/Family-Oriented	82	104	71
Adult-Oriented	33	66	29
Multi-Cultural Focus	14	24	12

Interns rated the quality of each of the Consortium seminar sessions, attended by all interns regardless of whether at the Freedman or Brenner Centers as their primary site. A sample of those seminar sessions together with presenters and satisfaction ratings, from 1 (low) to 100 (high), are presented in Table 7.

Table 7: Sampling of Consortium Seminars

Topic	Presenter	Mean Satisfaction Rating
Mental Health Concerns for returning veterans and their families	Bob Dingman, Ph.D.	87%
How to work respectfully with transgender, gender-queer & gender variant clients	Joseph Winn, LICSW, AASECT Certified Sex Therapist	84%
Complementary and alternative medicine in psychology: Islamic therapies for non-Muslims	Carrie York Al-Karam, Ph.D.; Elizabeth Hughes, M.A.	47%
The ARC model (Attachment, Self-Regulation, Competence), an evidenced-based practice for child and family trauma treatment	Rachel Paster, Psy.D. Kurt Nelson, LICSW	69%
Treating the consequences of psychological coercion in cases of human trafficking	Michelle Contreras, Psy.D.	76%

Objective 4 (Year One): The number of graduate psychology students who express an in interest in meeting the needs of children, adolescents and transitional age youth will increase. As can be seen below, the number of internship applicants was relatively stable from 2013 to 2014, followed by a significant increase of 92% from 2014 to 2015. This seems due entirely to the addition of HRSA -funded slots, as no additional positions were added other than those funded by HRSA. These data are in Table 8:

Table 8: Impact of HRSA on APA Accredited Internship Participation by WJC Interns

	2013	2014	2015
Students Eligible for Internship	75	91	73
# of initial internship applicants to all Consortium sites	35	38	73
# Consortium internships awarded	8	19	27

There were also positive changes as regards to the number of applicants to the clinical psychology doctoral program at WJC who expressed an interest in working with children, adolescents and transition

age youth. It is noted that the availability of HRSA-funded Consortium internship slots was emphasized in admissions marketing. As can be seen in the table below, while the total number of applications to the clinical doctoral program declined by 3.2% between 2014 and 2015, the year affected by the HRSA grant, the number of those who expressed interest in working with children, adolescents and transitional age youth increased by 59%. Similarly, while the number of applicants who were offered admission increased by a small 1.9%, those who were offered admission who had expressed an interest in working with children, adolescents and transitional age youth increased by 27.8%. Finally, the number of clinical doctoral students who accepted the offer of admission and enrolled decreased by 8% while the number who enrolled who expressed an interest in working with children, adolescents and transition age youth increased by 5.4%. These data are presented in Table 9. Please note that we are not yet able to collect a third type of data, i.e., whether our interns pursue careers in working with children, adolescents and transitional age youth, as they are currently only at the mid-point of their internship in our two-year part-time model. These data will be collected in subsequent years.

Table 9: Impact of HRSA Funding on Student Interest in Working with Children, Adolescents and Transition age Youth.

	Fall 2014	Fall 2015	Percent Change
Total number of Clinical Psychology PsyD applications	368	356	-3%
Total number of Clinical Psychology PsyD applicants who expressed interest in joining our program to meet the needs of children, adolescents and transition age youth (CFAR)	78	124	+59%
Total number of Clinical PsyD applicants offered admission	209	213	+2%
Total number of Clinical Psychology PsyD applicants who expressed interest in joining our program to meet the specific needs of children, adolescents and transition age youth (CFAR) and were offered admission.	61	78	+28%
Total number of Clinical Psychology PsyD applications that enrolled	107	99	-8%
Total number of enrolled Clinical PsyD students who expressed interest in joining our program to meet the needs of children, adolescents and transition age youth (CFAR)	35	37	+5%

Minority Applicants and Interns: Minority race and ethnicity status was determined on a self-identified basis. In Year One, one of the six HRSA-supported interns is Latino. None of the Year One interns is non-white (African-American or Asian). Looking ahead, current Year One recruitment efforts for the cohort of Year Two interns resulted in an increase in the Latino proportion (three of 10). However, Year One recruitment for Year Two did not result in any non-white interns, as none of the applicants was non-white. Nonetheless, there is reason for optimism in increasing the minority representation in future intern cohorts. The HRSA-supported internship cohort draws exclusively from WJC doctoral students, primarily those in our child clinical concentration, Children and Families of Adversity and Resilience (CFAR). As is seen in Table 10, the number of CFAR non-white and Latino applicants and enrolled students has increased substantially; this increase ranges from 34.1 to 154.0% across relevant categories. These students will begin their internships in 2018. In addition, see page 13 in the Upcoming Year Plan section for a description of the actions we intend to take to recruit minority interns in Year Two for the Year Three cohort.

Table 10: Distribution of Self-identified WJC non-white and Latino/Latina Applicants and Students

	Entering 2014	Entering 2015
% WJC applicants non-white	19.8	18.3
%WJC applicants Latino	11.5	13.9
% WJC enrolled non-white	15.1	16.0
% WJC enrolled Latino/a	13.9	14.1
% WJC CFAR applicants non-white	14.2	23.8
% WJC CFAR applicants Latino	12.9	17.3
%WJC CFAR enrolled non-white	14.8	24.1
% WJC CFAR enrolled Latino	13.6	34.6

Objective 5 (Year One): WJC will provide a minimum of five inter-disciplinary in-service programs focusing on the needs of underserved populations including children, veterans, and Latinos. WJC presented five inter-disciplinary in-service programs to date that focus on the needs of HRSA-grant relevant underserved populations since the start of this grant year. Please see page 11 for our plans for additional programs by September 29, 2015.

Program Evaluation results for four of the five are displayed in Table 11. The fifth conference that was held, titled “DSM-5 and Cultural Formulation: From Theory to Practice in Working with Latino Immigrants” was attended by 75 participants, but evaluation data are in process.

Table 11: Overall Conference Experience for Continuing Education programs focusing on Minority/Special Needs populations.

Overall Experience	N	Mean	Very Poor	Poor	Fair	Good	Very Good
Helping Military Veterans and Their Families Recover from the Losses of War	54	4.85	0%	0%	1.90%	11.11%	87%
Expressive Arts Therapy for Women Veterans and their Children	14	4.93	0%	0%	0%	7%	93%
It Takes a Village: Addressing the Mental Health Needs of Haitian Children, Adolescents & Families	36	4.86	0%	0%	0%	13.88%	94.12%
Lessons in Resilience: Global & Local Perspectives	35	4.89	0%	0%	0%	11.50%	88.50%

Plans for the Time Remaining

Plans for the time remaining, from now (6/3/15) until the end of the current budget year (9/29/15) are as follows:

1) The 2014-2015 Year One interns will complete the first of their part-time 27 hour per week years, totaling at least 1,000 hours each, on 6/26/15. All training and patient care activities for the Year One cohort will continue until 6/26/15. These include direct care hours, supervision sessions, and both intra- and inter-professional training seminars. All Year1 HRSA funds will be expended; we anticipate no unobligated balance at the end of the year. A count of these activities to date as well as the estimated number of events for each of these activities for the remainder of the current grant year are represented in Table 12.

Table 12: Activities to date and estimated number of events/activity for time remaining

	# Hours On-site	# Direct Care Hours	# Supervision Hours	# Seminar Hours	# Public Continuing Education Conferences	Funds Expended
9/30/14-5/31/15	5,763	1,635	818	170	5	\$115,467
6/1/14-9/29/15 (estimated)	720	204	102	21	2	\$57,625
9/30/14-9/29/15 (estimated)	6,483	1,839	920	191	7	\$173,092

2) The Year One interns will commence the second of their part-time 27 hour per week internship years in September, 2015, with a second year orientation preceding the start of their formal training and service provision time. These will be at the Freedman Center and the Brenner Center.

3) The 10 interns in the 2015-2016 cohort will begin the orientation of their first year part-time internship in September, 2015. These will be at the Joseph Smith Health Center, the Edward Kennedy Health Center, Youth Opportunities Upheld Inc. (Y.O.U. Inc; 2), The Trauma Center at the Justice Resource Institute (2), Wediko Children’s Services, and the Freedman Center. The Joseph Smith Center, The Kennedy Center, the Freedman Center, and the Trauma Center are all described in the original grant proposal, dated 6/3/14. Y.O.U. Inc. and Wediko Children’s Services are described on page 14 of this grant continuation request.

4) Two relevant public continuing education conferences will be held: “Collaborative & Proactive Solutions: A Model for Understanding & Helping Kids with Social, Emotional & Behavioral Challenges” and “Crossing Borders: Meeting the Needs of Immigrant and Refugee Communities from Across the Globe.” The number of continuing education programs is recorded in Table 12 above.

Plans for the Upcoming Budget Year:

Our nine objectives for the upcoming budget year (Year Two) along with anticipated changes and improvements are presented here. In general, the number of internship slots planned for the second year of the project will increase to 10 with the addition of four new primary internship sites. As with the

first year sites, all four will be a part of WJC Internship Consortium umbrella. We are maintaining the same number of Year Two internship slots originally planned despite the 12.11% reduction in funds. All of the project components will be maintained although with some changes and improvements. These, along with the Year Two objectives and related activities, milestones, and expected outcomes, are described below.

Year Two Objectives: Nine objectives are planned for Year Two; these, together with major activities, milestones, and outcomes, are presented here:

Objective 1 (Year Two): Interns at the six half-time placements that began in 2014-2015 will complete their second half-time year placement, all at the same sites as in the first half-time year. The intern cohorts are identified by the year they began, so this group is termed “Year 1” as they enter their second half-time year to differentiate them from the cohort of interns who will begin in Year Two (2015-2016). The Director of Training (DOT) and Co-Principal Investigators (PIs) will use our established model for monitoring all project components. The training year begins on September 30, 2015 and ends in June, 2016. All Year One interns will complete their second half-time 1,000 hour training commitment. These Year One interns will provide 1,500 hours of direct client care in aggregate, predominantly (at least 70%) to high need children, adolescents, and transition age youth.

Please refer to Table 5 on pg. 7 Regarding another underserved group, interns did not report service provision to veterans in this first half of their experience; this represents a barrier, which we intend to improve in the next grant year.

Objective 2 (Year Two): Graduating Year One HRSA-supported interns will continue to serve high need children, adolescents, and transition age youth in their post-doctoral activities. To facilitate this, the PIs will meet with the Dean of Students, who is responsible for graduate placement, and the Director of Alumni Relations to plan for post-doctoral placement support. Placement support staff will be identified and then meet with interns to facilitate their post-doctoral activities. Placement support meetings will commence with interns in December, 2015 with tracking of outcomes commencing in May, 2016. No less than 67% of Year One interns, who graduate in June, 2016 will have post-doctoral placements that involve clinical service to children, adolescents, and transition age youth.

Objective 3 (Year Two): Ten interns will begin and complete their first part-time placement year at: Edward M. Kennedy Health Center (2), Joseph Smith Health Center (2), the Trauma Center (2), Youth Opportunities Upheld (YOU Inc.; 2) the Freedman Center (1), and Wediko Children’s Services (1). Please note that two of these sites were changed from those planned in the original grant proposal; this change is detailed in the relevant section on page 14 below. Staff at field sites will provide sufficient intern training infrastructure, supply interns with client referrals, and provide sufficient ongoing supervision and didactic seminars. Interns will provide 2500 hours of direct client care in aggregate, predominantly to high need children, adolescents, and transitional age youth as the second of their two major outcomes.

Objective 4 (Year Two): Six interns will be selected to begin their first half-time placements at the Brenner and Freedman Centers in Grant Year Three. The DOT initiates the Year Three application process in fall, 2015. The DOT will additionally meet with site supervisors to make Year Three placement decisions in February, 2016, when six Year Three interns will be selected. The successful placement of these interns is the outcome measure for Objective 4.

Objective 5 (Year Two): The minority representation in the Year Three HRSA intern cohort will be substantive. Year Two recruitment efforts will be enhanced in order to increase the percentage of minority interns for Year Three. Towards, those ends the PIs will collaborate with the DOT to design activities that increase minority representation among HRSA-supported cohort. These activities include identifying promising students and making extra efforts to recruit them and see that they feel welcome and supported in their sites. In addition, as the general WJC clinical psychology student body is the group from which interns are chosen, the PIs will collaborate with the WJC Director of Admissions to design activities that increase minority representation in the group of clinical psychology graduate students who declare interest in working with children, adolescents, and transition age youth, i.e., those in our CFAR concentration. Planning meetings will be held starting in October, 2015. Four outcome measures will be applied: The non-White representation in the Year Three HRSA intern cohort will increase above that in Year Two to at least one of the six interns; the Latino representation in the Year Three HRSA cohort will be maintained at the Year Two level (three of 10) or higher; the number of non-White students enrolled in the WJC CFAR Concentration will be 20% or higher for the 2016 entering class, and the number of Latino students enrolled in the WJC CFAR Concentration will be 20% or higher for the 2016 entering class. Please note that current data for these indicators is displayed in Table 10 on page 10.

Objective 6 (Year Two): Training sites will provide both intra- and inter- professional mental health training, particularly in the provision of services to high need high demand clients. The weekly Consortium and site-specific seminars will be planned prior to the start of the internship year on September 30, 2015 and continue until it ends. Training seminars will involve no less than 25% inter-professional topics and no less than 50% content on working with children, adolescents and transition aged youth. Further, they will include no less than 25% topics on multi-culturalism.

Objective 7 (Year Two): The number of graduate psychology students who express an interest in meeting the needs of children, adolescents and transitional age youth will increase. A recruitment/marketing plan will be developed no later than October, 2015. This plan will be implemented from October to March, with the entering 2016 class finalized in April, 2016. The outcome measure will be a 10% increase in the number of graduate psychology student enrollees who express an interest in meeting the needs of children, adolescents and transitional age adults over the Fall 2015 level.

Objective 8 (Year Two): WJC will provide a minimum of five inter-disciplinary continuing education programs, open to the public, focusing on the needs of underserved populations including children, veterans, and Latinos. These will occur in the period between October, 2015 and September, 2016. Evaluation data will be collected for each program. As regards outcome, these programs will be held and the evaluation ratings will be at least 4.0 on a 5-point scale for each program.

Objective 9 (Year Two): WJC will engage in education programs that raise awareness and propose solutions for the lack of a sufficient number of doctoral psychology training sites to meet the needs of children, adolescents, and transitional age youth. HRSA grant staff will meet together with the Director of Continuing Education to plan these programs. The first of two outcomes for this objective is that one continuing education program on solutions to the problem of an insufficient number of American Psychological Association accredited internships will be conducted. Second, HRSA-grant staff will make presentations at relevant meetings of professional organizations, such as the American Psychological Association and the Association of Psychology Postdoctoral and Internship Centers.

Improvements. Three improvements are planned at this point in time. The first is collection of more reliable client data on race/ethnicity, gender, and veteran status. We will also make a better attempt to track clients in group therapy. This will be accomplished by re-writing the data entry manual, giving interns ample in-service training on the data system use, and monitoring compliance on a no less than bi-weekly basis. Second, we will endeavor to improve the already substantive amount of inter-professional training with more consistency across Consortium internship sites. Regular consultation between the PIs and Consortium staff and the provision of training materials that will explain the need for inter-professional training as well as detailing methods for providing such training will drive the improvement. The third improvement will be to increase the non-white representation both among HRSA-supported interns and among the WJC student population that expresses an interest in working with children, adolescents, and transition age youth. A collaborative plan will be developed with the WJC Director of Admissions and Marketing Department prior to the commencement of the next admissions cycle (2016 entry).

Changes: Following the receipt of the grant award in September, 2014, two of the originally planned sites experienced administrative changes and decided to withdraw their earlier intent to participate. Note that neither of the sites that withdrew sponsored placements in the 2014-2015 grant year. As a result, one additional new site was secured (YOU, Inc.), one intern was assigned to a site we started in 2014-2015 (The Freedman Center) and one intern was assigned to another Consortium site (Wediko). These changes will have no substantive effect on the grant project's goals, objectives, activities, timeframe, performance or budget. A description of the two sites new to the grant program, YOU, Inc., and Wediko, follows. As is true of all other sites, YOU, Inc. and Wediko will be part of the over-arching WJC Consortium and are fully accredited by the American Psychological Association.

Youth Opportunities Upheld, Inc. (YOU, Inc.) Youth Opportunities Upheld, Inc. (YOU, Inc.) is a private, non-profit child welfare and behavioral health organization serving troubled and at-risk children, adolescents and families in the Central Massachusetts area since 1971. YOU, Inc. offers specialized services at 32 different sites with a comprehensive array of educational, vocational, therapeutic, and residential programs that serve more than 13,000 young people and their families each year. There is a significant degree of diversity among the families who utilize our services in terms of culture, ethnicity, race and sexual orientation. Most of the youths we see come from lower to middle income families, and the majority has some history of trauma. Training activities include direct service (individual, family and group psychotherapy, and psychological testing), as well as individual supervision, workshops and didactic seminars. In addition to these training opportunities, interns have several seminars and training experiences offered specifically to them, including the Family Institute, the Clinical Work with Children and Families Series, Psychological Assessment Seminar, Trauma-Focused Treatment Seminar, and Psychiatric Grand Rounds.

Wediko Children's Services: Wediko Children's Services has provided behavioral health services for children, adolescents and families since 1934. Through a continuum of flexible services and multidisciplinary training programs, Wediko develops enduring partnerships with children, families, schools and the community. Wediko strives to capture success and restore a sense of competence and hope. The psychology interns are part of a clinical team that provides services in Boston and several surrounding communities, primarily through Wediko's School-Based Program. The majority of Wediko's direct service is with students who are most at risk for failure due to social/emotional and behavioral difficulties. The population served by Wediko is both racially and ethnically diverse as well as socio-economically disadvantaged. All students meet criteria for "serious emotional disturbance", according

to federal (IDEA) and Massachusetts (Chapter 766) guidelines. In 2013-2014, Wediko's School-Based Program provided services to over 800 children and families. The Wediko School-Based program provides interns training in individual, dyad, group, and family therapy; crisis prevention and intervention; and case consultation. Clinicians are expected to collaborate on a weekly basis with school staff, families, and/or outside providers. Comprehensive training in psychological assessment is also provided.