

OSU BHWET Program

Behavioral Health Workforce Education and Training Program

College of Social Work

College of Nursing,
Psychiatric Mental Health Nurse Practitioner Specialty

College of Education and Human Ecology
School Psychology Program

Principal Investigator &
Program Director

Mo Yee Lee, Ph.D.

Evaluation Lead:

Amanda Klein-Cox, Ph.D.

Co-Principal Investigators:

**Barbara Warren, Ph.D., Antoinette Miranda,
Ph.D., Lisa Durham, MS**

BHWET Leadership Team:

**Pam Lusk, Ph.D., Courtney Ruffalo-Miller, MA,
Kisha Radliff, Ph.D., Katie Klakos, MSW, LISW-S**

Program Manager:

Nancy Yates, MSSA, LISW

Other Contributors:

**Sara Friedman, MSW, Theresa Hazelwood, MSW,
Catherine Hechmer, LISW-S, Ashura Hughley,
MSW, LISW, Lauren McInroy, Ph.D., Nancy
Mendoza, Ph.D., Preston Osborn, MSW, LSW, Lois
Stepney, MSW, LISW-S, Susan Yoon, Ph.D.**

BHWET YEAR 1 EVALUATION REPORT

Contents

Executive Summary.....	3
Student Surveys.....	3
Training and Event Evaluations.....	5
KYSS Course Evaluations	5
Focus Groups.....	6
Site Surveys	6
Summary	6
Program Overview	7
Cohort 1 Participants.....	7
Evaluation Components.....	9
Cohort Surveys	9
Survey Scales	9
Survey Distribution	13
Data Analysis.....	14
Results.....	14
Training and Workshop Evaluations	22
Results.....	22
Course Evaluations	23
Focus Groups.....	23
Data Analysis.....	24
Results.....	24
Site Surveys	26
Results.....	26
Satisfaction Evaluation	28
Summary	30
References	31
Appendix A - Technology Scale Descriptive Statistics.....	32
Appendix B – Technology Use Frequencies	35

Executive Summary

The first cohort of Ohio State’s Behavioral Health Workforce Education and Training (BHWET) program is comprised of 24 students (“stipend students”) from the Colleges of Social Work, Nursing, and Education and Human Ecology. A comparison group is comprised of 31 students from the same programs as the stipend students who completed the first two waves of the student survey. The comparison group is slightly older and more racially diverse than the group of stipend students. While both groups are comprised primarily of women/cisgender women, the group of stipend students included more men/cisgender men and students with other gender identities, such as transgender men/transmasculine or those identifying as non-binary.

Five sources of information were used to compile this evaluation report:

- Student surveys, completed upon enrollment into the BHWET program (“baseline”) and just prior to the students’ graduation from their programs of student (“graduation”);
- Brief evaluations of BHWET trainings and learning experiences;
- Course evaluations from the required KYSS course;
- Focus groups conducted with the stipend students in April 2022; and
- Site surveys completed by each of the field/clinical instructors about their organizations

Student Surveys

The students completed nine survey scales on topics such as anti-racist behavior, work-related quality of life, self-efficacy in multicultural clinical experiences, cross-cultural communications, self-reflective behaviors, use of technology in clinical practice, perceptions of multidisciplinary education and practice, attitudes about evidence-based practices, and their career plans. **At baseline, statistically significant differences between the two groups were only found on the Multicultural Counseling Self-Efficacy Scale, but there was high variation among the scores of students in each group that may have contributed to the significance of the findings.**

At graduation, statistically significant differences were found on the following validated scales and subscales:

Sub-Scale	Stipend Students (Within Group)	Comparison Students (Within Group)	Stipend to Comparison Students (Between Group)
Anti Racism Behavioral Inventory (ARBI)			
Total	✓*		
Evidence-Based Practice Attitude Scale (EBPAS)			
Requirements		✓*	

Sub-Scale	Stipend Students (Within Group)	Comparison Students (Within Group)	Stipend to Comparison Students (Between Group)
Divergence		✓*	
Intercultural Effectiveness Scale (IES)			
Total	✓***		✓**
Behavioral Flexibility		✓**	✓*
Interaction Relaxation	✓***	✓***	✓**
Intercultural Effectiveness Scale (IES) - continued			
Interactant Respect	✓***		✓*
Message Skills	✓***		✓*
Interaction Management	✓*		
Multicultural Counseling Self-Efficacy Scale (MCSE)			
Total	✓***	✓**	✓***
Assessment	✓***		✓***
Intervention	✓***	✓**	✓***
Session Management	✓***	✓*	✓***
Professional Quality of Life (ProQOL)			
Compassion Satisfaction	✓*		
Self-Reflection & Insight Scale (SRIS)			
Total	✓*		✓**
Self-Reflection	✓**		✓**
Student Perceptions of Interprofessional Clinical Education (SPICE-R2)			
Total	✓***	✓**	✓**
Interprofessional Teamwork	✓***	✓***	
Roles and Responsibilities	✓***	✓*	✓**
Patient Outcomes	✓***		✓*

*p < .10, **p < .05, ***p < 0.01

Notably, the scales with the most significant results for the stipend students and between groups were reflective of topics that were addressed in depth in Year 1 of the BHWET program implementation, such as interprofessional education, and providing clinical services to diverse clients.

The following significant results were found on the two non-validated scales:

Item/Subscale	Stipend Students (Within Group)	Comparison Students (Within Group)	Stipend to Comparison Students (Between Group)
Career Decisions			
Area of Practice		✓*	
Professional Setting	✓*	✓***	
Goal Immediately Post-Grad	✓**	✓***	
Goal 5 Years Post-Grad		✓**	
Long-term Goal		✓***	
Using Technology to Deliver Care			
Technological Competence		✓**	
Professional Knowledge/Skills		✓**	
Accessibility and Availability	✓**	✓***	✓**
Functioning and Safety		✓***	
Wider Role of Technology	✓*		✓**

*p < .10, **p < .05, ***p < 0.01

Stipend students were also asked about their satisfaction with the BHWET program. **All students indicated that they were either “Satisfied” or “Very Satisfied” with their experience.**

Training and Event Evaluations

Stipend students were asked to complete brief evaluation forms after participating in each of the BHWET trainings, the coaching sessions, and at the conclusion of the interprofessional seminar series. **Students found the content of the trainings, coaching, and interprofessional seminar to be highly relevant to their goals and work in the field, and they felt that the instructors were very effective in conveying the information they learned.** Lower scores, as well as additional open-ended comments, were given about the logistics of many of these sessions, with the challenges of running a hybrid session and the scheduling of the seminar and some sessions being an area for improvement in Year 2.

KYSS Course Evaluations

While all students in the BHWET program took the KYSS course, not all of their feedback could be directly tied to them; as a result, this source of feedback was limited. However, the comments that were associated with BHWET students were very positive. This supported other feedback provided by stipend students about the usefulness of this course for their learning.

Focus Groups

A series of focus groups were conducted with the stipend students in April 2022. **The focus group findings suggest the BHWET program was beneficial and increased students' confidence in the delivery of mental and behavioral health services for adolescents, transition-age youth, and their families in the BIPOC and/or LGBTQ+ communities.** Stipend students saw great value in the skills and content they learned throughout the program, as well as the interprofessional experiences they had. Students found the stipend to be helpful in reducing economic stressors and allowing them to focus on their studies. Participants offered a number of helpful suggestions to improve the program for Year 2, including changing the schedule of the weekly seminar sessions and providing additional coaching sessions through the BHWET program.

Site Surveys

Field/clinical instructors were asked to complete surveys to share their experiences with their BHWET student and to provide more information about their agency or organization. One-third of the 21 sites were identified as a community-based mental or behavioral health clinic, and nearly 29% identified as a community-based organization. Over 90% serve clients with mental health challenges and/or substance use disorders. Fifteen sites offer opportunities for interprofessional learning and practice. **All respondents indicated that they were either “Very Satisfied” or “Satisfied” with the BHWET students who trained at their site.**

Summary

The data suggests that the first year of Ohio State’s BHWET program implementation was quite successful, demonstrating benefits on student self-efficacy and skills in providing culturally responsive mental and behavioral health services for the grant’s target populations. Students also shared – through multiple sources of feedback – the value they placed on what they learned and how they grew from participating in the program. To improve the program for Years 2 through 4, logistical concerns regarding training times and modalities, as well as opportunities for cohort members to connect and develop deeper relationships should be considered.

Program Overview

The Ohio State University was awarded the Behavioral Health Workforce Education and Training (BHWET) grant from the Health Resources and Services Administration (HRSA) in July 2021. The program is a partnership between three colleges – Social Work; Nursing; and Education and Human Ecology, housing School Psychology – as well as community agencies. **BHWET trains students to specialize in providing mental and behavioral health services to Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ (those identifying as lesbian, gay, bisexual, transgender, queer, or with other sexual and gender minorities) children, adolescents, and transitional-age youth and their families who reside in high need or high demand areas.** BHWET also aims to increase the responsiveness of the workforce to the needs of these populations by offering specialized training to faculty and field-based clinical staff.

In Year 1, BHWET students engaged in five program components:

- (1) **a three-credit hour online course** – NURS 7331: Assessment and Management of Child and Adolescent Mental Health Issues;
- (2) **two coaching sessions** to increase students’ cultural responsiveness and anti-oppressive approaches to service delivery in field placement;
- (3) **four training modules** – *Working with LGBTQIA+ Children, Adolescents, and Families* (three-hour online training), *Working with BIPOC Populations; Healing Justice* (two seven-hour, in-person trainings), and *Trauma Informed Care* (three-hour in-person training);
- (4) **interprofessional seminars** (one hour, weekly in-person seminar) to increase interprofessional education opportunities and knowledge of community resources; and
- (5) **field/clinical placement** – work in community agencies with clinical instructors to apply learned material and skills.

Students could also choose additional, optional coursework related to the target populations, such as SWK 7511: Clinical Practice with Children & Adolescents or SWK 5016: Affirmative Practice with LGBTQ Individuals, Couples, and Families.

Cohort 1 Participants

A total of 24 students were in the first BHWET cohort. The majority were students completing a Master of Social Work Degree (n=17). These 24 students comprise the intervention, or “stipend students” group. The comparison group consists of the 31 non-BHWET students from the same cohorts in all three programs who completed both surveys. Nursing students are slightly overrepresented, and social work students are slightly underrepresented in the comparison group.

Program Name	Stipend Students		Comparison Group	
	N	%	N	%
College of Education and Human Ecology: Doctor of Educational Studies, School Psychology (PhD)	1	4.2	1	3.2
College of Nursing: Master of Nursing, Psychiatric Mental Health Nurse Practitioner (PMHNP)	6	25.0	11	35.5
College of Social Work: Master of Social Work (MSW)	17	70.8	19	61.3

All but one stipend student and all comparison students graduated in Spring 2022, and the remaining stipend student graduated in Summer 2022.

Age

The average age of stipend students in Cohort 1 is 29.46 years old, with a range of 21 to 47 years. The comparison group is, on average, slightly older than the treatment group, with an average age of 32.81, and a range of 21 to 56 years.

Race and Ethnicity

Three-quarters of the BHWET Cohort identify as White, followed by 12.5% identifying as Black or African American and 8.4% identifying as two or more races. Respondents who selected multiple options were included solely in the “Two or more races” category.

There were slightly lower percentages of students in the comparison group identifying as White, Black or African American, or Two or more races. Nearly 10% of this group identified as Asian, compared to zero percent in the stipend student group.

Racial Identity	Stipend Students		Comparison Group	
	N	%	N	%
American Indian or Alaskan Native	0	0.0	0	0.0
Asian	0	0.0	3	9.7
Black or African American	3	12.5	3	9.7
Native Hawaiian or Other Pacific Islander	0	0.0	0	0.0
White	18	75.0	23	74.2
Two or more races	2	8.4	1	3.2
I prefer not to answer	0	0.0	0	0.0
Other (please specify)	1	4.2	1	3.2

Additionally, while no stipend students identified as Hispanic or Latinx, two students (6.5%) of the comparison identified their ethnicity in this way.

Ethnic Identity	Stipend Students		Comparison Group	
	N	%	N	%
Hispanic or Latinx	0	0.0	2	6.5
Not Hispanic or Latinx	23	95.8	28	90.3
Other (please specify)	0	0.0	1	3.2
I prefer not to answer	1	4.2	0	0.0

Gender

Approximately 71% of the BHWET Cohort identifies as a woman/cisgender woman, and 20.8% identifies as a man/cisgender man, compared to 74.2% and 19.4%, respectively, in the comparison group. One student in each group identified as non-binary, one stipend student identified as a transgender man/trans masculine, and one comparison group student identified as genderqueer.

Gender Identity	Stipend Students		Comparison Group	
	N	%	N	%
Genderfluid	0	0.0	0	0.0
Genderqueer	0	0.0	1	3.2
Gender Non-Conforming	0	0.0	0	0.0
Man/Cisgender Man	5	20.8	6	19.4
Non-Binary	1	4.2	1	3.2
Transgender Man/Trans Masculine	1	4.2	0	0.0
Transgender Woman/Trans Feminine	0	0.0	0	0.0
Woman/Cisgender Woman	17	70.8	23	74.2
I prefer not to answer	0	0.0	0	0.0
My gender identity is not represented in this list. My gender identity is:	0	0.0	0	0.0

First Generation College Goers

One third of Cohort 1 (n = 8) is among the first generation in their families to attend college. Approximately 29% of the comparison group (n = 9) were first-generation college students.

Professional Experience

The technology scale asked students how much time they spent each week supporting the mental health of children and youth, as well as their years of experience in the field. Stipend students had slightly more years of experience and time spent each week than the comparison group, but these differences were not statistically significant. Both groups indicated that they spend an average of two days per week working in this area and that they have between one and four years of experience.

Evaluation Components

A number of different data sources were used to understand the impact of programming in the first year of the project. These include extensive surveys of the cohort and a comparison group, evaluation forms for each of the program components, focus groups with participants, and surveys of the field/clinical sites.

Cohort Surveys

The primary method of data collection for the BHWET program evaluation is a three-wave survey for the treatment group (stipend students) and control/comparison group. Surveys are distributed upon enrollment into the program (referred to here as the “baseline” survey), just prior to the students’ graduation from their program of study (referred to here as the “graduation” survey), and nine months after graduation.

Survey Scales

The baseline survey instrument consisted of nine scales and a demographic questionnaire. Seven of the scales were used with author permission to measure particular concepts related to the BHWET program, including attitudes towards evidence-based practices, interprofessional practice, self-efficacy in working with multicultural populations, cultural consciousness and anti-racist beliefs, and professional quality of life.

Two additional scales were used: a series of questions about participants' career intentions that was created by the BHWET team and an adapted version of a scale (used with permission by the authors) measuring technology use in clinical practice.

The Graduation survey included the same nine scales and a different set of demographic questions, including the student's veteran status, that were required for HRSA's annual reporting. A final set of questions assessed the stipend students' satisfaction with the BHWET program.

Each scale is detailed below.

Anti-Racism Behavioral Inventory (ARBI)

The Anti-Racism Behavioral Inventory (ARBI) was designed to assess anti-racism awareness and behavior among students in counseling and counseling psychology (Pieterse et al., 2016). The 21-item scale has three subscales: Individual Advocacy, Awareness of Racism, and Institutional Advocacy. The ARBI uses a five-point Likert scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Uncertain*, 4 = *Agree*, and 5 = *Strongly Agree*.

The instrument provides a total of four scores, one for each subdomain and one total score. Scores are computed by reverse coding item 18, "I do not like to talk about racism in public" — the one item formulated as a negative — and summing items within each domain. A total score is computed by summing all items (Pieterse et al., 2016).

BHWET Program Satisfaction

Stipend students were asked to assess their experience with the BHWET program. They were asked about their overall satisfaction with their program experience, on a four-point scale from 1 = *Very Dissatisfied* to 4 = *Very Satisfied*. They were also asked to rank the program's components from least to most helpful and to provide open-ended feedback. Mean responses and frequencies were calculated for these items.

Career Decisions

The questions pertaining to students' career choices were developed by the OSU BHWET team based on pre-existing career surveys used at the College of Social Work. Students were asked to indicate how clear their career goals were in the short- and long-term on a five-point scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neither Agree/Disagree*, 4 = *Agree*, and 5 = *Strongly Agree*.

Additional career questions were added to the Graduation survey to support the reporting to HRSA; these included the status of students' post-graduation career plans, their place of employment (if applicable and known), and their interest in working with the target populations.

Mean responses were calculated and compared for each item in this section of the survey.

Evidence-Based Practice Attitude Scale (EBPAS)

The EBPAS scale was designed by Aarons (2004) to measure the attitudes of behavioral health professionals towards implementing evidence-based practices (EBP). The 15-question tool comprises four sub-scales: requirements for using EBP ("Requirements"), the appeal of using EBP ("Appeal"), respondents' openness to innovation in their work ("Openness"), and how divergent respondents considered EBP to be from normal practice ("Divergence") (Aarons, 2004). Respondents are asked to rate their agreement with each statement on a five-point Likert scale:

0 = Not at All, 1 = To a Slight Extent, 2 = To a Moderate Extent, 3 = To a Great Extent, and 4 = To a Very Great Extent.

Scoring the EBPAS consists of calculating the mean for the items in each subscale. To compute a total score, the mean of each subscale score is taken; before the total is calculated, the Divergence scale must be reverse-coded. An example of a statement requiring reverse coding is: “Research based treatments/interventions are not clinically useful” (Aarons, 2004).

Intercultural Effectiveness Scale (IES)

The Intercultural Effectiveness Scale (IES) was designed to measure intercultural communication competence. The IES has 20 items across six subscales: Behavioral Flexibility, Interaction Relaxation, Interactant Respect, Message Skills, Identity Maintenance, and Interaction Management (Portalla and Chen, 2010). The tool uses a five-point Likert scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Uncertain*, 4 = *Agree*, and 5 = *Strongly Agree*.

The IES scale is scored by reverse coding nine items before summing all 20 items across the six subscales. An example reverse coded item is: “I am afraid to express myself when interacting with people from different cultures.” Below, each subscale is defined (Portalla and Chen, 2010).

- ***Behavioral Flexibility*** is defined as the ability to observe and interact with the use of appropriate behaviors (Bochner & Kelly, 1974), be aware of intercultural interactions, and adapt to cultural contexts and situations. All behavioral flexibility items are reverse coded for scoring; one example is: “I am not always the person I appear to be when interacting with people from different cultures.”
- ***Interaction Relaxation*** is the ability to be self-aware and approachable and easily engage and identify with people from diverse cultures. One interaction relaxation item is: “I find it is easy to talk with people from different cultures.”
- ***Interaction Respect*** is defined as being able to show respect, value, acknowledge, and celebrate differences. An example of an interaction respect item is: “I use appropriate eye contact when interacting with people from different cultures.”
- ***Message Skills*** refers to communicating, verbally and nonverbally, in culturally appropriate ways with people from other cultures (Chen, 2007). All message skills items are reverse coded before analysis. One example is: “I have problems with grammar when interacting with people from different cultures.”
- ***Identity Maintenance*** is when a provider can build and maintain mutual relationships despite cultural differences, promote cultural identity, and recognize multiple identities of intersectionality. An example of an identity maintenance item is: “I find I have a lot in common with my culturally different counterparts during our interaction.”
- ***Interaction Management*** refers to competency in sustaining procedural processes of interaction (Wiemann, 1977), such as asking thoughtful questions and expressing ideas during an interaction. A sample item is: “I am able to express my ideas clearly when interacting with people from different cultures.”

Multicultural Counseling Self-Efficacy Scale – Racial Diversity (MCSE)

The Multicultural Counseling Self-Efficacy Scale — Racial Diversity (MCSE) scale was designed to assess trainees’ self-perceived ability to deliver counseling to racially diverse clients (Sheu & Lent, 2007). The MCSE is a 37-item scale with three subscales: Multicultural Intervention, Multicultural

Assessment, and Multicultural Counseling Session Management. One prompt proceeds each MCSE item, “When working with a client who is racially different from yourself, how confident are you that you could do the following tasks effectively over the next week?” Respondents are then asked to assess their confidence on a 10-point rating scale from 0 = *no confidence at all* to 9 = *complete confidence*.

A total score is computed by the average of the ratings for all 37 items (Sheu & Lent, 2007). An example of an MCSE item is: “Develop a strong working alliance with the client.”

Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)

The ProQOL survey is designed to measure respondents’ work-related quality of life in helping professions, which consists of positive and negative components affected by environmental factors and individual characteristics and experiences. The tool is a 30-item scale with three subscales: Compassion Satisfaction – representing the positive parts of respondents’ work life, and Burnout and Secondary Traumatic Stress – collectively representing the concept of compassion fatigue, the negative aspects of working in a helping career (Stamm, 2010). Respondents are asked to indicate how frequently they experienced each statement in the past 30 days, rated on a five-point Likert scale: 1 = *Never*, 2 = *Rarely*, 3 = *Sometimes*, 4 = *Often*, and 5 = *Very Often*.

Scores are calculated by adding the points associated with each answer choice for each scale. For the Burnout scale, five questions were reverse coded before totaling the respondents’ scores for this scale; an example of a reverse coded item is “I am a very caring person.”

Self-Reflection & Insight Scale (SRIS)

The Self-Reflection and Insight Scale (SRIS) aims to assess the concept of private self-consciousness. This 20-item scale is divided into two subscales: Self-Reflection – defined as a person’s introspection into their own thoughts, behaviors, and attitudes or beliefs – and Insight – a person’s understanding of their thoughts, behaviors, and beliefs, as well as how they may relate to each other (Grant et al., 2002). Respondents are asked to rate the ten statements on a six-point Likert scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Somewhat Disagree*, 4 = *Somewhat Agree*, 5 = *Agree*, 6 = *Strongly Agree*.

The SRIS is scored by adding up respondents’ answers for each of the subscales, as well as calculating a total of the answers for all 20 items.

Student Perceptions of Interprofessional Clinical Education- Version 2 (SPICE-R2)

The Student Perceptions of Interprofessional Clinical Education (SPICE-R2) scale was created by Fike et al. (2013) to measure students’ experiences with and attitudes towards cross-disciplinary, team-based education and practice in pharmacy and medical school. The SPICE-R2 tool is a 10-item survey comprising three sub-scales: Interprofessional Teamwork and Team-Based Practice, Roles and Responsibilities for Collaborative Practice, and Patient Outcomes from Collaborative Practice. Respondents are asked to rate their agreement with the statements on a five-point scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree* (Fike et al., 2013). An example of an item assessing student experience is: “Working with students from different disciplines enhances my education.” An item that measures patient outcomes is: “Patient/client satisfaction is improved when care is delivered by an interprofessional team.”

Specific instructions on scoring the SPICE-R2 are not provided; therefore, the tool has been

scored by adding the scores of items within each subscale and across the entire survey.

Using Technology to Deliver Care

The Using Technology to Deliver Care survey was developed by Cliffe et al. (2020) to assess attitudes and use of technology among mental health service providers working with children and adolescents. The survey includes items to assess types of technology use, the frequency with which providers use technology, and providers' recommendation and/or desire to use technology.

To reduce the number of questions asked across scales, the BHWET Evaluation Team combined the two questions asking about particular types of technology use into the following: *How often are you currently using or recommending the following in your professional work with young people and families?* The answer choices range from "Weekly" to "Annually" and also include the following option: "I do not use this technology but am interested in doing so," "I do not use this technology but am not interested in doing so," and "I am not familiar with this technology."

The tool also asks respondents about the number of days each week and years spent working with children and adolescents, as well as their perceived technological competence (from 0 = Novice to 10 = Expert) and helpfulness of technology (from 0 = Not helpful to 10 = Very helpful) (Cliffe et al., 2020). Two open-ended questions ask respondents to share additional technology resources and to add any other comments about the use of technology in clinical practice.

Another section of this tool seeks to assess respondents' attitudes and beliefs about technology use, on a five-point scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neither Agree/Disagree, 4 = Agree, 5 = Strongly Agree. One example from this subset of questions is: "Use of technology reduces client engagement/motivation." While Cliffe et al. (2020) did not create subscales, they did cluster these items into five categories: Child Mental Health Professional Knowledge and Skills; Accessibility and Availability; Functioning and Safety; Use in Therapy; and Wider Role of Technology.

Scoring instructions were not provided for this tool. On questions with a rating from 0 to 10, mean ratings were calculated. For the questions assessing frequency of technology use, responses were reverse coded, with all options including "I do not use this technology..." coded as zero. Frequencies were taken of the original responses to capture the reasons for not using a certain type of technology. Mean scores were calculated for items assessing attitudes about clinical use of technology; scores of items within the subscales were also totaled and averaged.

Survey Distribution

The Evaluation team distributed the surveys through the Qualtrics platform. This allowed the team to track completion and send reminders to those who had not yet completed the survey.

The baseline survey for Cohort 1 stipend students was distributed upon receipt of IRB approval, in mid-November 2021. A comparison group of students not participating in the BHWET program was selected with the help of each college's field/clinical experience office, which provided lists of students in the same semester as the stipend students and with placements pertaining to children and families and/or mental health. Students on this list were sent an introductory email by the field office about the BHWET program and the need for a comparison group. A separate but identical survey was distributed to these students between December 2021 and January

2022. Those who fully completed the survey comprise the comparison group.

The graduation surveys were sent to both groups of students in April 2022, with one student completing their survey at the end of July 2022, prior to their summer graduation.

Data Analysis

Data were downloaded from Qualtrics and cleaned in Microsoft Excel before being analyzed in SPSS. Descriptive statistics and frequencies were run on the demographic variables and survey scales. The differences between Baseline and Graduation survey results were calculated for each scale. Independent sample t-tests were run to compare the means of the stipend and comparison groups on each scale. Paired sample t-tests were conducted to compare the means of each group of students from baseline to graduation.

Results

Below are the mean scores and significance tests from each of the survey scales.

Survey Scales

Anti-Racism Behavioral Inventory (ARBI)

On the ARBI, higher scores indicate greater awareness of anti-racism and anti-racist behavior, such as an increase in community engagement (Pieterse et al., 2016).

Stipend students scored higher than comparison group students at baseline on the Awareness of Racism and Individual Advocacy scales, while comparison group students scored higher on the Institutional Advocacy subscale.

At graduation, stipend students' scores increased on the Total, as well as on the Individual and Institutional Advocacy sub-scales. **Statistically significant, positive differences were found on the Total between the stipend students' baseline and graduation scores.** This group had a very small decrease from baseline to graduation on the Awareness scale, but this was not statistically significant. In contrast, comparison group students had lower scores at graduation than at baseline on all but the Awareness scale, which showed a very small increase.

Career Decisions

On average at baseline, respondents indicated slight agreement with each item in this section of the survey. Stipend students were most certain of their preferred area of practice and long-term career goals. Comparison group members were most certain of the population that they would like to work with, but they were less certain on every other question than the stipend students. There were no statistically significant differences observed between the two groups.

At graduation, both groups had higher scores on all questions than at baseline. Stipend students had higher scores than the comparison group on all but the questions about their preferred professional setting – although the difference was very small – and their five-year career goal – where scores were equal. **The comparison group had statistically significant increases on all but the question about the client population they wanted to serve, while the stipend students only had statistically significant differences on the questions about professional setting and their career goal immediately after graduation.** No significant differences were found between groups.

Evidence-Based Practice Attitude Scale (EBPAS)

Higher scores on the Total and Requirements, Appeal, and Openness subscales, and lower scores on the Divergence subscale reflect more positive attitudes toward using evidence-based practices.

The comparison group had higher scores than stipend students at baseline on the Requirements and Appeal subscales, and slightly lower scores on the Openness and Divergence subscales. *Note that a lower score on the Divergence scale is positive, as that subscale is only reverse coded when taking the total score.* The stipend students had a slightly higher overall score than the comparison group students. However, there were no statistically significant differences between the mean scores on any subscale or on the total EBPAS instrument.

At graduation, stipend students had slightly higher scores on the Appeal and Divergence subscales than at baseline, with slightly lower scores on the remaining subscales and the Total. Note that a higher score on the Divergence scale reflects an increase in negative attitudes, as this subscale is reverse coded when the Total is calculated. Comparison group students had slightly higher scores on the Requirements, Openness, and Divergence subscales, with lower scores on the other subscales and Total. **The comparison students' increases on the Requirements and Divergence subscales were statistically significant, but there were no other significant within- or between-group differences.**

Intercultural Effectiveness Scale (IES)

Higher scores on the IES show more effectiveness in intercultural interactions, and participants are predicted to display the attitudes and behaviors described above within the six subscales.

At baseline, both groups had similar scores across the subscales of the IES, with the comparison group students scoring higher than the stipend students on all but the Behavioral Flexibility and Message Skills subscales. None of these differences were statistically significant.

At graduation, both groups of students had higher scores than at baseline across the survey tool and its subscales, except for a lower score among comparison students on the Behavioral Flexibility subscale. **Stipend students had positive, significant differences between baseline and graduation on the following scales: Interaction Relaxation, Interactant Respect, Message Skills, Interaction Management, and the Total, the first three of which were highly statistically significant. Significant differences between stipend and comparison group students were also found on the Behavioral Flexibility, Interaction Relaxation, Interactant Respect, and Message Skills subscales, as well as the Total.** However, comparison group students also demonstrated significant results on the Behavioral Flexibility – although this difference was negative – and Interaction Relaxation scales.

Multicultural Counseling Self-Efficacy Scale – Racial Diversity (MCSE)

Higher scores on the MCSE indicate that providers and trainees have greater confidence in their ability to provide multicultural counseling.

At baseline, there were statistically significant differences between the comparison and stipend students on the MCSE. **Comparison group students' self-assessments of their abilities on each of the subscales were significantly higher than the stipend students' ratings.** However, neither

group had particularly high average scores on any of the subscales or the overall total, indicating that students had some doubts about their self-efficacy in providing multicultural counseling services. For example, the maximum score on the Multicultural Assessment subscale is 54, but the average for stipend students was under 24.08, and the average for the comparison group was 33.20.

It is important to note that there was a high level of variance in the responses to this scale, indicating that students – particularly stipend students – have varying levels of confidence with their ability to provide counseling services appropriately to multicultural clients. For example, on the Multicultural Intervention sub-scale, there was a range of 195 points – of a possible 215 – among the stipend students and 126 points among the comparison group students.

At graduation, the scores of both groups increased across the survey tool and all three subscales, but the stipend students' scores increased by much greater margins than did the scores of the comparison group. **Stipend students had highly significant, positive differences between baseline and graduation on all three subscales and the Total; differences between groups were also highly significant on all measures.** Comparison students had statistically significant increases on the Multicultural Intervention and Multicultural Counseling Session Management scales, as well as the Total. Notably, the standard deviation on each subscale on the graduation survey was much lower than it had been in the baseline results; however, the standard deviations on the calculated difference variables were quite high, indicating that students' progress from baseline to graduation differed quite a bit within the cohorts.

Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)

Sub-scale totals that are 22 or less indicate a low level of that aspect of respondents' professional quality of life; scores of 42 or higher indicate a high level (Stamm, 2010). Participants will ideally have low levels of Burnout and Secondary Traumatic Stress, with high Compassion Satisfaction.

At baseline, the stipend students and comparison groups indicated, on average, moderate levels of compassion satisfaction, low levels of burnout, and low levels of secondary traumatic stress. While stipend students felt slightly more positively about their ability to help others and slightly lower levels of burnout and traumatic stress, there were no statistically significant differences between the group means on any subscale of the ProQOL.

At graduation, stipend students had higher levels of compassion satisfaction, lower levels of burnout, and slightly higher levels of secondary traumatic stress. Comparison group students also had lower levels of burnout but showed no difference in compassion satisfaction and a larger increase in secondary traumatic stress than the stipend students. **The stipend students' increase in compassion satisfaction from baseline to graduation was statistically significant.**

Self-Reflection & Insight Scale (SRIS)

Higher scores on the SRIS suggest that a respondent is more introspective and has greater comprehension of their own thoughts and beliefs.

While the between-group differences at baseline were not statistically significant, stipend students did have slightly higher levels of self-reflection and insight than the comparison group.

At graduation, stipend students had higher scores on the Self-Reflection subscale and Total; there was no difference between baseline and graduation on the Insight subscale. In contrast, the comparison group had lower scores across the subscales and Total. **Stipend students had significant, positive differences between their baseline and graduation scores on the Self-Reflection scale and Total, and the differences between their scores and those of the comparison group students on both measures were also statistically significant.**

Student Perceptions of Interprofessional Clinical Education - Version 2 (SPICE-R2)

Higher scores on the SPICE-R2 scale indicate more positive attitudes toward multidisciplinary practice and education.

The scores for the stipend and comparison group students were comparable on each subscale and the total SPICE-R2 instrument. No statistically significant differences were found between the groups' responses.

At graduation, the scores of both groups increased on all subscales and the Total; however, the stipend student group had larger gains than the comparison group. **The stipend students' increases were highly significant on all three subscales and the Total**, and the comparison group had statistically significant differences on the Interprofessional Teamwork and Team-Based Practice and Roles and Responsibilities for Collaborative Practice subscales, as well as the Total. **Significant differences were also found between the stipend and comparison group scores on the Total, Roles and Responsibilities subscale, and the Patient Outcomes subscale.**

Using Technology to Deliver Care

The technology scale asked students to assess their own technological competence, as well as the level of helpfulness that technology can have in clinical practice. At baseline, the comparison group students had a slightly higher rating of their own technological competence than stipend students, but they had a lower rating for the level of helpfulness that technology can have in clinical practice. These differences were not statistically significant.

At graduation, both groups had higher ratings for their own technological competence and their perception of the helpfulness of technology in the clinical setting. **The only statistically significant difference found was among comparison students on their level of technological competence.**

Regarding the frequency of their use of certain technologies in clinical practice, there were no statistically significant differences between the stipend students and comparison group at baseline. Because the team was most interested in the types of technologies used and not the improvement in ratings from Year 1 programming, statistical tests were not conducted after the graduation data was received. The descriptive statistics are included in a table in the Appendix.

At baseline, the most frequently used technologies for both groups of students were email, video sessions, and informational videos. Students in both groups were least likely to use online chat rooms, virtual reality or avatar therapy, computerized cognitive therapy, and computer games. **At graduation, the highest- and lowest-rated tools were similar: students in both groups were**



most likely to use the same technologies as before, in addition to telemedicine; comparison group students also had websites as one of their most frequently used technologies. Students in both groups were still least likely to use online chat rooms, computerized cognitive therapy, and computer games, as well as blogs/vlogs. Comparison group students also were least likely to use virtual reality or avatar therapy.

Across each type of technology, stipend students reported higher weekly use at graduation than at baseline. At baseline, students in both groups expressed open-mindedness about trying new technologies, with high percentages of students who were not currently using each technology expressing interest in trying it. This remained true at graduation; comparison students saw more increases in this openness at graduation than did stipend students, but the decreases in stipend student openness appears to be related to their changes in use of the tools.

Regarding their attitudes and beliefs about technology use in clinical settings, comparison group students had slightly higher scores on three sub-scales: Knowledge and Skills, Functioning and Safety, and Use in Therapy. The difference on the Functioning and Safety sub-scale was the only one that was statistically significant for this group. The comparison group also had statistically significant differences between baseline and graduation on the Knowledge and Skills and Accessibility and Availability sub-scales.

At graduation, stipend students had higher scores on all subscales except Professional Knowledge and Skills. **Positive, statistically significant differences were found among stipend students from baseline to graduation and between groups on the Accessibility and Availability and Wider Role of Technology subscales.**

Subscale	Maximum Score	Stipend Students				Comparison Students				t	df	p
		n	Baseline	Graduation	Difference	n	Baseline	Graduation	Difference			
ARBI	105	23	74.65 (12.978)	77.30 (13.309)	2.65* (6.213)	27	72.81 (13.959)	72.70 (14.979)	-0.11 (8.336)	1.309	48	.197
Awareness of Racism	35	23	27.52 (6.007)	27.26 (6.440)	-0.26 (3.805)	27	25.81 (7.017)	25.96 (7.008)	0.15 (2.918)	-.430	48	.669
Individual Advocacy	45	23	34.65 (5.867)	36.61 (5.711)	1.96 (4.772)	27	33.85 (5.390)	33.78 (5.522)	-0.07 (4.480)	-1.550	48	.128
Institutional Advocacy	25	23	12.48 (3.527)	13.43 (4.154)	0.96 (2.671)	27	13.15 (4.444)	12.96 (4.848)	-0.19 (2.988)	1.413	48	.164
Career												
Area of Practice	5	23	3.92 (1.100)	4.087 (0.900)	0.17 (1.072)	27	3.55 (1.179)	3.96 (0.940)	0.37* (1.080)	-.643	48	.523
Client/Patient Population	5	23	3.83 (1.090)	4.087 (0.848)	0.26 (0.864)	27	3.77 (0.956)	4.00 (0.961)	0.26 (0.984)	.006	48	.995
Professional Setting	5	23	3.71 (1.083)	4.13 (0.869)	0.43* (1.037)	27	3.45 (1.150)	4.15 (0.770)	0.63*** (1.006)	-.673	48	.404
Post-Graduation Goal	5	23	3.75 (1.073)	4.13 (0.968)	0.39** (0.783)	27	3.42 (1.119)	3.96 (0.940)	0.48*** (0.893)	-.376	48	.705
Five-Year Goal	5	23	3.46 (1.318)	3.78 (1.126)	0.30 (0.876)	27	3.23 (1.230)	3.78 (0.801)	0.56** (1.050)	-.909	48	.361
Long-Term Goal	5	23	3.58 (1.176)	3.87 (1.180)	0.30 (0.876)	27	3.29 (1.189)	3.78 (0.698)	0.52*** (0.935)	-.831	48	.408
EBPAS	15	23	11.66 (1.622)	11.73 (1.502)	-0.08 (1.661)	29	11.45 (1.444)	11.34 (1.629)	-0.07 (1.217)	.017	38.403	.986
Requirements	12	23	8.87 (2.599)	8.83 (3.256)	-0.04 (3.925)	29	9.10 (2.883)	9.89 (2.562)	0.67* (2.186)	-.840	32.604	.407
Appeal	16	23	13.00 (2.236)	13.26 (2.158)	0.26 (2.864)	29	13.00 (2.104)	12.63 (1.904)	-0.44 (2.218)	1.027	50	.309
Openness	16	23	12.48 (3.013)	12.35 (2.724)	-0.13 (3.005)	29	11.21 (2.541)	11.44 (2.724)	0.19 (2.338)	-.402	39.782	.690
Divergence	16	23	3.13 (2.096)	3.52 (2.447)	0.39 (2.083)	29	3.66 (2.967)	4.59 (3.226)	0.78* (2.309)	-.547	50	.587

Subscale	Maximum Score	Stipend Students				Comparison Students				t	df	p
		n	Baseline	Graduation	Difference	n	Baseline	Graduation	Difference			
IES	100	23	70.87 (9.201)	77.35 (8.499)	6.48*** (7.739)	27	71.07 (9.743)	72.52 (9.006)	1.44 (6.079)	2.575	48	.013
Behavioral Flexibility	20	23	13.22 (1.594)	13.43 (1.727)	0.22 (1.833)	27	13.00 (1.797)	12.19 (2.573)	-0.81** (1.922)	1.933	48	.059
Interaction Relaxation	25	23	17.52 (2.921)	19.91 (2.334)	2.39*** (2.518)	27	17.74 (3.008)	18.85 (2.282)	1.11*** (1.826)	2.079	48	.043
Interactant Respect	15	23	11.87 (1.938)	13.09 (1.474)	1.22*** (1.757)	27	12.26 (1.767)	12.63 (1.523)	0.37 (1.471)	1.856	48	.070
Message Skills	15	23	10.22 (1.953)	11.48 (1.904)	1.26*** (1.936)	27	10.00 (2.434)	10.11 (2.207)	0.11 (2.708)	1.699	48	.096
Identity Maintenance	15	23	10.87 (2.282)	11.61 (2.061)	0.74 (2.179)	27	10.74 (2.411)	11.07 (2.111)	0.33 (2.236)	.647	48	.521
Interaction Management	10	23	7.17 (1.435)	7.83 (1.466)	0.65* (1.722)	27	7.33 (1.359)	7.67 (1.209)	0.33 (1.209)	.766	48	.447
MCSE	333	23	175.04 (64.705)	271.43 (33.603)	96.39*** (69.428)	28	219.71 (52.937)	241.07 (39.778)	21.96** (40.102)	4.681	49	<.001
Multicultural Intervention	216	23	113.04 (44.128)	178.13 (21.048)	65.09*** (47.268)	28	142.21 (36.188)	158.00 (28.234)	16.33** (26.309)	4.711	49	<.001
Multicultural Assessment	54	23	23.35 (11.834)	39.65 (7.782)	16.304*** (12.878)	28	32.50 (10.408)	34.78 (7.495)	2.30 (8.904)	4.657	49	<.001
Multicultural Counseling Session Management	63	23	38.65 (11.707)	53.65 (6.906)	15.00*** (11.935)	28	45.00 (9.557)	48.30 (7.037)	3.33* (8.806)	4.048	48	<.001
ProQOL												
Compassion Satisfaction	50	23	41.26 (5.446)	42.74 (4.938)	1.48* (3.629)	27	40.44 (4.610)	40.44 (4.509)	0.00 (2.732)	1.604	49	.116
Burnout	50	23	21.30 (4.466)	20.48 (5.434)	-0.83 (3.114)	28	22.33 (4.699)	21.78 (5.287)	-0.56 (3.588)	-.271	48	.788
Secondary Traumatic Stress	50	23	21.17 (4.802)	21.57 (4.832)	0.39 (4.064)	27	21.89 (5.409)	22.56 (7.266)	0.67 (4.658)	-.221	48	.826
SPICE-R2	50	23	39.35 (4.858)	44.09 (3.848)	4.74*** (4.191)	27	39.67 (4.674)	41.59 (4.405)	1.93** (3.961)	2.437	48	.019
Interprofessional Teamwork and Team-Based Practice	20	23	17.70 (2.601)	18.70 (1.795)	1.00*** (1.651)	27	17.19 (1.618)	17.96 (1.829)	0.78*** (1.340)	.525	48	.602
Roles and Responsibilities for Collaborative Practice	15	23	10.00 (2.486)	12.26 (1.982)	2.26*** (2.816)	27	10.89 (2.006)	11.52 (2.007)	0.63* (1.864)	2.448	48	.018
Patient Outcomes from Collaborative Practice	15	23	11.65 (1.799)	13.13 (1.325)	1.48*** (1.658)	27	11.59 (2.206)	12.11 (1.826)	0.52 (1.929)	1.873	48	.067

Subscale	Maximum Score	Stipend Students				Comparison Students				t	df	p
		n	Baseline	Graduation	Difference	n	Baseline	Graduation	Difference			
SRIS	120	23	97.13 (8.709)	100.13 (9.687)	3.00* (7.833)	27	91.15 (12.171)	89.04 (12.841)	-2.11 (9.300)	2.080	48	.043
Self-Reflection	72	23	61.22 (5.954)	64.22 (5.697)	3.00** (5.317)	27	57.70 (8.287)	55.74 (9.875)	-1.96 (8.069)	2.519	48	.015
Insight	48	23	35.91 (5.248)	35.91 (7.135)	0.00 (5.266)	27	33.44 (6.925)	33.30 (5.823)	-0.15 (4.374)	.109	48	.914
Technology												
Technological Competence	10	23	6.54 (1.587)	6.96 (2.099)	0.35 (2.145)	28	7.03 (1.140)	7.57 (1.425)	0.61** (1.423)	.517	49	.608
Helpfulness of Technology	10	23	7.67 (1.711)	8.09 (1.535)	0.35 (1.722)	28	7.32 (1.777)	7.46 (1.856)	0.14 (1.268)	-.489	49	.627
Professional Knowledge/ Skills	5	23	3.28 (.740)	3.49 (.703)	0.25 (.719)	28	3.19 (.802)	3.51 (.688)	0.33** (.709)	.433	49	.667
Accessibility and Availability	5	23	3.89 (.386)	4.01 (.457)	0.11 (.434)	28	4.07 (.396)	3.91 (.480)	0.16 (.399)	-2.309	49	.013**
Functioning and Safety	5	23	3.28 (.448)	3.42 (.680)	0.14 (.678)	28	3.19 (.551)	3.39 (.524)	.21 (.540)	.376	49	.709
Use in Therapy	5	23	3.49 (.479)	3.61 (.641)	0.14 (.498)	28	3.38 (.495)	3.41 (.447)	0.04 (.388)	-.852	49	.398
Wider Role of Technology	5	23	4.05 (.472)	4.25 (.406)	0.21* (.557)	28	3.98 (.423)	3.89 (.497)	-0.12 (.438)	-2.315	49	.025**

Statistically significant within-group differences: * (p < .10); ** (p < .05); *** (p < .01)

Training and Workshop Evaluations

Upon completion of the trainings, seminars, and coaching sessions sponsored by the BHWET program, stipend students – and other participants, such as clinical instructors, as applicable – were asked to complete a brief evaluation form about each event. These brief evaluations asked about the effectiveness of the instructors or presenters, the convenience of the session time, location, and/or modality, and the relevance of the content to their work in the field and their ability to serve the program’s target populations.

Note that no evaluation was distributed after the training on Working with LGBTQIA+ youth and families, so this data is not available.

Results

The table below shows the average scores of student attendees for each session evaluation question. **Overall, participants rated the content of the trainings, workshops, and coaching as highly relevant and effective; average ratings on all questions of relevance to their work or effectiveness of the instructor exceeded four out of five.** At the Healing Justice and Trauma-Informed Care trainings, two employees from community agencies were also in attendance; these participants rated each element of the trainings at either a 4 or 5.

Item	Working with BIPOC youth and families (n=24)	Healing Justice Framework (n=22)	Trauma-informed Care (n=15)	Inter-professional Seminar (n=15)	Coaching (n=19)
Effectiveness of instructor	4.83	4.45	4.87	4.53	4.11
Effectiveness of the co-facilitators	-	-	-	4.27	-
Effectiveness of the Community Advocate Panel	-	4.73	-	-	-
Effectiveness of the session format (hybrid, online, in-person)	3.79	4.00	4.53	4.27	N/A
Relevance to your current field/clinical placement or internship	4.29	4.32	4.53	4.20	4.05
Relevance to your long-term professional development	4.79	4.68	4.80	4.73	4.50
Helpfulness of the verbal feedback	-	-	-	-	3.95
Helpfulness of the Participant Guide	-	-	-	-	3.80
Convenience of the session time/location	3.92	3.77	4.07	3.00	4.25
Relevance to enhancing your ability to provide culturally responsive services that support Black, Indigenous, and People of Color (BIPOC), LGBTQ+ children, adolescents and transitional-age youth and families	4.67	4.55	4.53	4.53	4.25

Below are some of the positive comments received:

I was not sure what it was going to be like but it was very informative. My coach was very

helpful in making sure I understood all the items. I was a little nervous about the results but my coach made sure to make even my low results a positive thing about growing and did not make me feel bad for the low score. (Coaching)

I really enjoyed hearing from the guest speakers as well as doing the dancing mindfulness activity. It broke up a lot of the information so we could process it in pieces. The information we gathered from these individuals was incredibly helpful as well, and I'm glad we got the chance to interact and ask questions. (Healing Justice Framework training)

Students were less positive about the convenience of the session times and locations, the effectiveness of the session format, and the feedback and guidance received during coaching. However, respondents offered helpful suggestions for improvement. Below are some of the comments received:

I really enjoyed the training. There was so much information that was very interesting but I might have been able to take more away from this if it was broken into two sessions. I felt myself slipping away after five hours. (Working with BIPOC Families training)

This training was great! I loved learning about the framework. I appreciate that there is a hybrid option, but I think that having people on zoom and in the class causes problems-waiting for the zoom class to respond, technology issues, hard to have a cohesive conversation. (Healing Justice Framework training)

I think it would be helpful to extend the session length and offer seminar on a biweekly basis. I also think it would be helpful to incorporate more small-group engagement into sessions to support rapport-building between students. (Interprofessional Seminar)

Course Evaluations

All BHWET stipend students are required to take the KySS course run by the College of Nursing. In addition to the university's student evaluations of their courses, the KySS instructor has a brief course evaluation form that is sent to all students. These forms are shared by the instructor with the evaluation team. Because BHWET students are not the only ones enrolled in the course, these evaluations were used only when student initials were included, distinguishing BHWET students from non-participants. Below is one response from a BHWET participant:

This course was one that I did not plan on taking as an MSW student, but I did really enjoy it. I found it eye-opening to see what NPs do and the holistic approach the nursing field takes as well. I would love to see a course eventually that allows for in-person collaboration between different professions because in the professional world we work hand in hand. Thank you again for this course!

Focus Groups

In April 2022, the evaluation team conducted three focus groups with the BHWET stipend students – one in-person, one online, and one in a hybrid format. These focus groups asked the

students about their experiences in the BHWET program, the benefits they got from participating in it, and suggestions for improvement. These conversations were recorded, transcribed, and de-identified before analysis.

Data Analysis

The focus group transcripts were analyzed by two members of the evaluation team in Atlas.ti. The evaluators used constant comparative analysis and structural coding to identify codes and themes until saturation was reached (Glaser & Strauss, 1967). Analysis consisted of reading the focus group transcripts line-by-line to identify and code data related to focus group questions (Saldana, 2016). The team conducted two rounds of coding – the first to determine the overarching themes present in the data, and the second to provide more nuanced insights into the conversations. Frequency counts (LeCompte & Schensul, 2013) of the number of mentions of each topic coded in the transcripts, allowing the evaluation team to identify common themes throughout the qualitative data analysis (Saldana, 2016).

Results

The following topics had the highest frequency count across the focus group transcripts: **value of program** – 55 mentions, **cultural competence/learning experience** – 43 mentions, **training sessions** – 30 mentions, and **weekly seminar** – 30 mentions.

The **value of program** code identified students' perceptions on what they gained from participating in the BHWET program, in academic learning and professional development. Below, one student shared how they grew as a result of being in the BHWET program.

I think I learned this is kind of an area that I'm passionate about. And I think, probably always has been, but really ignited that in me, I will be honest I hate school. I really, I absolutely I'm a terrible student. I have all these things, but with this program I felt like there was purpose. ...like, checking boxes in the master's program, it's like, do this, do that, do this, okay, here's your piece of paper you paid 30 grand for. But this extra thing on the side, like I came in, and I like, put myself out there in a simulation last week, and I did our group thing and all that. That's, that's not who I am typically. So, this program really helped me be a better person in many ways.

Another student shared the benefits – to the cohort and to the workforce – of participation in the BHWET program:

...having ... the BHWET program, the curriculum the has been developed ... I just think that we're like, a leg up on other people that are graduating at the same time, like might not feel like it because we learned all this stuff over time. But like there's I don't even know how to really describe it, but ... feel more equipped to handle more things scope of practice has broadened, but also we just learned such relevant things that are focused in on them in a way that other classes don't. I'm proud that there are going to be people out there that know how to do this work.

The **cultural competence/learning experience** code noted students' opportunities for learning about cultural competency and culturally responsive care for BIPOC and LGBTQ+ adolescents and transition age youth, as well as what they gained from those experiences. One student shared:

I learned it was just, it was eye opening. I guess, I just wasn't as aware of all of like the social injustices. I mean I hear about it, I read about it some, but we've just learned so much about it, like more in depth, and like the resources have been very helpful on the professional side. Just to kind of have an idea of which way to turn, I certainly don't feel like an expert or anything like that, but just having kind of that background knowledge of where people are coming from and how to approach them in, and also like which way to turn if I'm confronted with situations in which I'm like treating these folks. I do feel better prepared, it's specifically for like the BIPOC community and LGBTQ+ community.

The **training sessions** code identified students' feedback to BHWET program four training modules, such as the Healing Justice Framework session. A participant said:

The in-person trainings with Lois, those day long or half day long trainings, those were incredibly well done. They were, like, just incredibly applicable and very, like up-to-date research, even in the social work program not all the things they teach are as relevant as the things that Lois went over. And as like, she was using things from 2020 data, and that has not been my experience with the college. So, it was nice to have that going forward. I think it will be an asset.

The **weekly seminar** code highlighted students' experiences with the BHWET interprofessional seminar. One piece of feedback shared was:

The case studies were neat, because each week, you could see how each, each one of us responds differently here, how we would react in a certain circumstance. So it was nice to be able to have the opportunity for us to respond, and then somebody to provide feedback for that response. And just as clinicians, unless we have somebody sitting over our shoulder, supervising us, then we don't get that feedback anymore, but I think I would have liked to see, like more chances to do more case studies, and I know is limited time, certainly an hour each week... But I think I thought that was beneficial to to just like see, especially if you don't have a placement where you can practice those skills. Because in nursing, it's like, you get 30 minutes for an assessment and you like have to hit certain points. And it's often really hard to talk about anything besides those things. And so I couldn't always practice the skills, but then talking about the case discussions, you can like, talk about how you would practice them and apply them and that kind of stuff. So I thought that was really useful too.

Within the focus group sessions, students had an opportunity to provide feedback and share suggestions for BHWET program improvement. Specifically, students were asked for feedback about aspects of the program they recommend starting, stopping, or continuing, as well as suggestions on additional components that may be helpful to add.

Students responded candidly throughout the focus group sessions and provided valuable suggestions to improve the BHWET program and strengthen future outcomes. Consistently, students wanted more ongoing engagement with their coach, as well as a revised schedule for the interprofessional seminar. Below are a few quotations:

- *I also really like the idea of ongoing coaching, like if we were paired with someone and could like to check in with them, like consistently.*
- *I would say, make the weekly seminar sessions biweekly or monthly. I think that will help the quality of those sessions. So yeah, maybe biweekly, I think weekly was just too much. So, I think biweekly, monthly, something like that, especially they will have more time. So, it might be like the actual same amount of time, but something like that.*

The focus groups demonstrate the BHWET program was beneficial for the stipend students and increased their confidence in the delivery of mental and behavioral health services with children, adolescents, transition-age youth, and their families in the BIPOC and LGBTQ+ communities. Students found the stipend to be helpful in reducing the financial burden of graduate school and noted the interprofessional training in assessment as a key take away for their academic learning. Participants provided a number of helpful suggestions for improvement, including schedule changes for the weekly seminar sessions and additional coaching sessions throughout the BHWET program.

Site Surveys

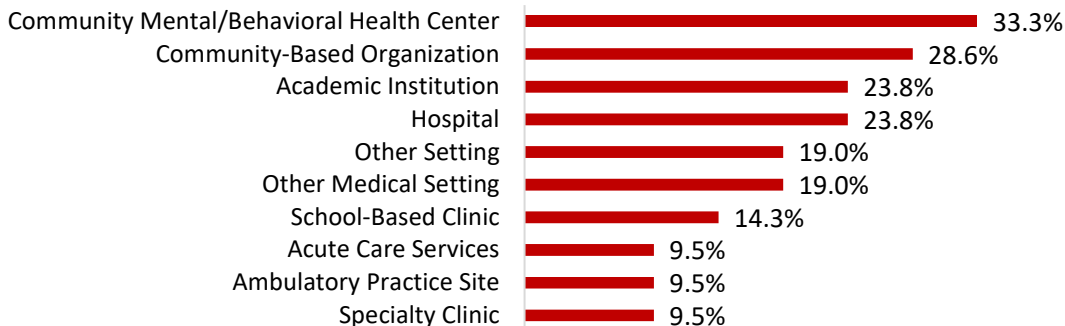
Clinical instructors or preceptors at each of the stipend students' field sites were surveyed in July 2022 to learn more about the services offered, populations served, and trainees employed at each site. In addition, each respondent was asked to rate their satisfaction with their student trainee and the BHWET program and to offer suggestions for improvement.

Results

In the spring of 2022, the BHWET stipend students were placed at a total of 21 organizations for their field or clinical assignments, with some students serving in different departments of the same organization. All organizations completed the site survey.

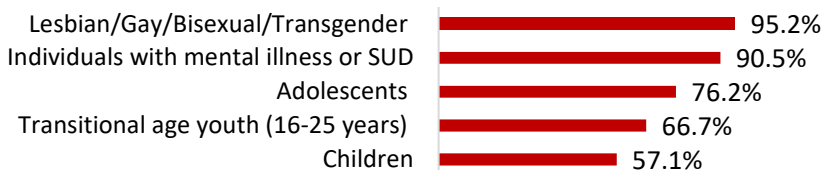
Contacts at each site were asked to provide more information about their organizations, such as how they would classify their site, the number of trainees they hosted, and the populations they served. **Nine sites (43%) were located in a medically underserved community and three (14%) were in a rural area.** One site (5%) identified as a primary care center. **The majority of sites identified as either a community-based mental or behavioral health center (31.8%) or community-based organization (27.3%).** The graph below shows the breakdown by type of sites; note that each site could select more than one classification.

Type of Field/Clinical Site



The majority of the field or clinical sites provided opportunities for the stipend students to work with clients from the BHWET target populations. **Nearly all of the sites serve clients who identify as part of the LGBTQ+ community, and over 90% provide services to individuals with mental illness or substance use disorders (SUD).** Just over three-quarters of field placements worked with adolescents, two-thirds served transitional age youth, and approximately 57% worked with children.

Percent of Sites Serving Target Population



The table below shows the types of services prioritized by HRSA that each site offers. **Over 71% of sites offer telehealth services, and nearly 48% provide substance use treatment.** Six sites (28.6%) offer none of the priority services.

Type of Services Provided	Number	Percent
Telehealth services	15	71.4%
Substance use treatment services	10	47.6%
Medication assisted treatment (MAT) for OUD	6	28.6%
None of the above	6	28.6%
Opioid use treatment services	6	28.6%
COVID-19 related services	5	23.8%
Integrated behavioral health services in a primary care setting	3	14.3%

Sites were also asked to identify what types of training they provide to their staff members and trainees that align with the BHWET priorities. **Fifteen sites (71.4%) offer opportunities for interprofessional learning and practice.** The table below lists the number and percent of sites that offer such trainings. **Over 90% of sites offered training around self-care and secondary traumatic stress, and 81% trained staff on the use of evidence-based clinical practices.** Just two sites offered none of these trainings to their teams.

Type of Training	Number	Percent
Secondary traumatic stress and self-care	19	90.5%
Use of evidence-based practices	17	81.0%
Affirmative care for the LGBTQ+ community	14	66.7%
Anti-racist principles and practice	11	52.4%
Team-based learning and practice	10	47.6%
Use of technology in clinical care	7	33.3%
None of the above	2	9.5%
Other	1	4.8%

Satisfaction Evaluation

BHWET Stipend Students

All of the stipend students responded that they were either “Very Satisfied” or “Satisfied” with their experience in the BHWET program, with 52.2% selecting “Satisfied.” A number of open-ended responses highlighted what students appreciated about the program:

- I learned a great deal from this. I am now more aware of issues and cultural differences that helps me feel more confident in addresses it. The KySs class was so very helpful in many ways that I will continue to use that information throughout my career. I enjoyed working with students from different areas to see how they tackle problems. This helped me see from their point of view and will help me later when working with a team. I also liked hearing from the BIPOC speakers and the tips they gave us on how to address their culture. Nancy and Pamela (KySS) were always super helpful and fast to answer any questions. Overall great experience and I'm very glad I was able to participate in this!*
- I truly loved the program and was so glad I could be a part of the learning experience with my cohort members and getting to hear different perspectives from the different majors. Loved the weekly meetings with all the guest speakers and different organizations.*
- I really have enjoyed participating in the BHWET program over the past several months, and I am so thankful for the opportunity to do so. I feel like I have learned a lot and I have certainly grown from it! This program is definitely one where you get out of it what you put into it. If you choose to breeze through all of the modules and not participate fully, then you probably won't learn much. But the information and opportunity for growth is there! I would like to say that it is possible for those that are out of state to get a lot out of this program, and I am very thankful that I was allowed to participate despite being out of state.*

Stipend students found the stipend to be the most helpful part of the program, followed by KySS course, the training on *Working with LGBTQIA+ Youth and Families* online module, and the *Healing Justice Framework* training. The table below shows how each of the program components were ranked, based on average student rating.

Program Component	% Responses Between 1 and 3 (least helpful)	% Responses Between 4 and 6	% Responses Between 7 and 9 (most helpful)
KySS Course – NURS 7331: Assessment and Management of Child and Adolescent Mental Health Issues	39.1%	13.0%	47.8%
Stipend	17.4%	39.1%	43.5%
Field and clinical placements	39.1%	17.4%	43.5%
Working with LGBTQIA+ youth and families online module	34.8%	26.1%	39.1%
A Healing Justice Framework for Behavioral Health Treatment with BIPOC/LGBTQIA+ Pediatric Client Systems Module	30.4%	39.1%	30.4%
Interprofessional Seminar	39.1%	30.4%	30.4%
Other cohort members	39.1%	30.4%	30.4%
Working with BIPOC youth and families module	34.8%	43.5%	21.7%
Trauma-informed module	26.1%	60.9%	13.0%

Participants felt that their fellow cohort members were the least helpful aspect of the program. However, two open-ended responses indicated that this was because there was not enough opportunity for meaningful engagement with their peers. One student wrote:

The only reason I listed "other cohort members" low in the helpfulness rating is because we did not have much of an opportunity within the program to establish connections within the program. I think ensuring that we have the opportunity to interact and make those connections would improve the quality of the program.

Other suggestions for improvement sought better organization of the group assignments in the weekly seminars, additional hands-on experiences, further discussion of career options and the differences between fields, and additional culture-specific training. One student would have liked to see, *"more detailed info about cultures (black, Asian, Hispanic, native America, etc.) and how to provide best care to each."*

Clinical Instructors/Preceptors

All respondents indicated that they were either "Very Satisfied" or "Satisfied" with the BHWET students who trained at their site, with 62.5% selecting "Very Satisfied." One respondent explained how they enjoyed discussing the BHWET content with their student and found it to be extremely helpful for their learning experience:

My student discussed her BHWET seminar topics with me that led to some additional supervision conversations. I am not sure if my student was instructed to share her experiences from BHWET with field but I found it very beneficial for her education about analyzing agency policies and client interactions through a trauma informed, anti-racist and LGBTQIA+ affirming lens. Continuing to have students bring these topics to field for additional supervision is wonderful!

While 100% of respondents indicated also expressed satisfaction with the BHWET program staff, the majority (56.5%) selected “Satisfied.” No open-ended responses pertained to the program staff to provide insights into their experiences with program staff. However, there were indications that clinical/field sites would like more information about the BHWET program. **Over 36% of respondents were unsure if the BHWET program content aligned with the mission of their organization,** suggesting that clinical instructors or preceptors may not have been aware of the content being offered to their students. This was supported by multiple open-ended comments, with one respondent writing:

I do not recall being told that my trainee was a part of the BHWET program. This would be useful information to know early in the training program in order to discuss BHWET principals/goals during weekly supervision.

It may also be beneficial to field sites to outline the BHWET program requirements for students and explain the time commitment they must agree to, as one respondent noted that their student’s schedule of commitments to the BHWET program caused them to rearrange the student’s schedule in their field/clinical placement.

Summary

The results from Year 1 of Ohio State’s BHWET program implementation provide encouraging feedback about the benefits students received through their participation. Statistically significant, positive results on the survey scales pertaining to culturally responsive practice and interprofessional education show that the key foci of the Year 1 training curriculum did have an impact on the stipend students. As the scope of the BHWET program in Year 1 did not yet include content about evidence-based practices, the use of technology in clinical settings, and guidance about career decisions, the results of those scales do not necessarily reflect the impact of programming on the stipend students. The significant survey results were supported by the other data sources, in which stipend students shared how much they valued learning alongside students and professionals in other disciplines, what they gained from learning more about the BIPOC and LGBTQ+ communities, and how their practice has changed as a result.

To improve the program for the subsequent years of the grant, attention should be given to scheduling BHWET programming at times and locations that are more convenient for the students and in modalities that are technologically supported. Students also sought more meaningful relationships with their peers, to carry the impact of the program beyond one year.



References

- Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The Evidence-Based Practice Attitude Scale (EBPAS). *Mental Health Services Research, 6*(2), 61-74.
- Aarons, G. A., Glisson, C., Hoagwood, K., Kelleher, K., Landsverk, J., & Cafri, G. (2010). Psychometric properties and US National norms of the Evidence-Based Practice Attitude Scale (EBPAS). *Psychological Assessment, 22*(2), 356.
- Cliffe, B., Croker, A., Denne, M., & Stallard, P. (2020). Clinicians' use of and attitudes towards technology to provide and support interventions in child and adolescent mental health services. *Child and Adolescent Mental Health, 25*(2), 95-101.
- Fike, D. S., Zorek, J. A., MacLaughlin, A. A., Samiuddin, M., Young, R. B., & MacLaughlin, E. J. (2013). Development and validation of the student perceptions of physician-pharmacist interprofessional clinical education (SPICE) instrument. *American Journal of Pharmaceutical Education, 77*(9).
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Sociology Press.
- Grant, A. M., Franklin, J., & Langford, P. (2002). The self-reflection and insight scale: A new measure of private self-consciousness. *Social Behavior and Personality: An International Journal, 30*(8), 821-835.
- LeCompte, M. D., & Schensul, J.J. (2013). *Analyzing & interpreting ethnographic data: A mixed methods approach* (2nd ed.) AltaMira Press.
- Pieterse, A., Utsey, S., & Miller, M. (2015). Development and initial validation of the anti-racism behavioral inventory (ARBI). *Counselling Psychology Quarterly, 29*, 1–26. <https://doi.org/10.1080/09515070.2015.1101534>
- Portalla, T. and Chen, G-M. (2010). The development and validation of the intercultural effectiveness scale. *Intercultural Communication Studies, 19*(3) 21-37. <https://web.uri.edu/iaics/files/02TamraPortallaGuo-MingChen.pdf>
- Saldana, J. (2021). *The coding manual for qualitative researchers*. SAGE Publications.
- Sheu, H. B., & Lent, R.W. (2007). Development and initial validation of the Multicultural Counseling Self-Efficacy Scale – Racial Diversity Form. *Psychotherapy: Theory, Research, Practice, Training, 44*(1), 30–45. <https://doi.org/10.1037/0033-3204.44.1.30>
- Stamm, B.H. (2010). The Concise ProQOL Manual, 2nd Ed. www.ProQOL.org.

Appendix A - Technology Scale Descriptive Statistics

Subscale	Maximum Score	n	Stipend Students		Comparison Students		
			Baseline	Graduation	n	Baseline	Graduation
Use of Specific Technologies							
Smartphone apps	4	23	1.92 (1.792)	1.91 (1.857)	28	1.68 (1.815)	2.04 (1.856)
Websites	4	23	1.25 (1.648)	2.09 (1.807)	28	1.81 (1.797)	2.18 (1.744)
Online support	4	23	0.83 (1.523)	1.30 (1.690)	28	0.77 (1.334)	1.21 (1.707)
Online CBT	4	23	0.67 (1.373)	0.74 (1.544)	28	0.52 (1.092)	0.93 (1.538)
Online chat rooms	4	23	0.50 (1.180)	0.65 (1.369)	28	0.19 (.654)	0.86 (1.484)
Online Forums	4	23	0.88 (1.454)	0.83 (1.466)	28	0.45 (.888)	1.14 (1.604)
Tele-medicine	4	23	1.67 (1.810)	2.48 (1.880)	28	1.68 (1.641)	2.32 (1.765)
Emergency Helplines	4	23	1.75 (1.622)	2.43 (1.727)	28	1.06 (1.569)	1.86 (1.627)
Computerised Cognitive Therapy	4	23	0.29 (.999)	0.35 (1.152)	28	0.19 (.543)	0.57 (1.120)
Video sessions	4	23	2.29 (1.853)	2.91 (1.621)	28	2.48 (1.568)	2.39 (1.729)
Social media	4	23	1.00 (1.694)	1.09 (1.730)	28	0.97 (1.643)	1.43 (1.855)
Instant messaging	4	23	1.50 (1.865)	1.79 (1.953)	28	1.58 (1.728)	1.89 (1.912)
Email	4	23	2.88 (1.597)	3.30 (1.550)	28	2.71 (1.657)	2.68 (1.679)
YouTube/videos	4	23	2.17 (1.761)	2.78 (1.650)	28	2.26 (1.731)	2.18 (1.806)
Virtual reality/Avatar therapy	4	23	0.38 (.970)	0.83 (1.527)	28	0.48 (1.061)	0.64 (1.162)

Subscale	Maximum Score	n	Stipend Students		Comparison Students		
			Baseline	Graduation	n	Baseline	Graduation
Computer games	4	23	0.17 (.817)	0.35 (1.152)	28	0.16 (.583)	0.29 (.937)
Blogs/Vlogs	4	23	0.50 (1.216)	0.61 (1.373)	28	0.19 (.749)	0.29 (.937)
Podcasts	4	23	1.33 (1.551)	1.91 (1.782)	28	1.74 (1.751)	1.29 (1.536)
Attitudes and Beliefs							
Not enough evidence to recommend/ use technology.	5	23	3.92 (.584)	3.96 (.878)	28	3.74 (.930)	3.89 (.786)
I don't feel skilled/confident in this area.	5	23	3.25 (1.032)	3.65 (.982)	28	3.23 (1.146)	3.64 (.826)
Can help to engage those who struggle meeting face to face.	5	23	4.42 (.584)	4.39 (.499)	28	4.23 (.497)	4.21 (.630)
I don't know what is available to recommend or use.	5	23	2.67 (1.007)	2.87 (1.254)	28	2.61 (1.022)	3.00 (1.089)
Technology is appealing to young people.	5	23	4.46 (.588)	4.39 (.891)	28	4.58 (.502)	4.39 (.737)
Is available when needed 24/7.	5	23	3.83 (.868)	4.13 (.815)	28	4.13 (.670)	4.00 (.861)
Not sufficiently tailored to the individual's needs.	5	23	3.25 (.847)	3.35 (.982)	28	3.35 (.877)	3.14 (.803)
Can provide a solution to a lack of trained professionals.	5	23	3.00 (.834)	3.26 (1.137)	28	3.29 (.824)	3.29 (.854)
Can provide peer support/community connections.	5	23	4.33 (.565)	4.48 (.511)	28	4.23 (.560)	4.14 (.705)
Has a negative effect on the therapeutic relationship.	5	23	3.58 (.881)	3.65 (1.027)	28	3.23 (.845)	3.57 (.879)
Reduces client engagement/motivation.	5	23	3.38 (.924)	3.52 (.994)	28	3.19 (.749)	3.50 (.793)
Avoids the stigma of having to see a professional in person.	5	23	3.50 (.780)	3.70 (1.020)	28	3.77 (.497)	3.57 (.790)
Technology isn't private and secure.	5	23	3.25 (.944)	3.48 (1.275)	28	3.13 (1.024)	3.39 (.832)

Subscale	Maximum Score	n	Stipend Students		Comparison Students		
			Baseline	Graduation	n	Baseline	Graduation
Technology is not safe and can expose young people to risk.	5	23	3.04 (.806)	3.48 (.994)	28	3.16 (1.036)	3.29 (.854)
Can provide effective treatment.	5	23	4.04 (.550)	4.09 (.7331)	28	3.81 (.749)	3.68 (.772)
Helps young people develop better self-management.	5	23	3.42 (.644)	3.61 (.891)	28	3.29 (.902)	3.25 (.928)
Reduces the need for face to face meetings.	5	23	3.33 (.917)	3.52 (.994)	28	3.26 (.893)	3.43 (.960)
Technology is not reliable.	5	23	3.42 (.881)	3.39 (1.033)	28	3.03 (.912)	3.43 (.836)
Easily able to access no matter where you live.	5	23	2.83 (1.239)	2.87 (1.254)	28	3.29 (1.160)	3.29 (1.05)
Provides access to a wide array of information and resources.	5	23	4.29 (.624)	4.52 (.511)	28	4.39 (.495)	4.11 (.685)
Mental health problems require face to face support.	5	23	3.67 (.917)	3.78 (1.043)	28	3.26 (.893)	3.25 (.646)
Can be helpful for psychoeducation/prevention.	5	23	4.17 (.761)	4.39 (.583)	28	4.03 (.482)	4.07 (.604)
Technology encourages more 'screen /online time'.	5	23	3.42 (.830)	3.35 (1.071)	28	3.55 (.850)	3.46 (.793)
Costs money to use.	5	23	3.58 (.776)	3.70 (.703)	28	3.52 (.890)	3.46 (.793)
Provides earlier access to help and information.	5	23	4.08 (.584)	4.26 (.619)	28	4.19 (.654)	3.86 (.756)
Can speed up treatment.	5	23	3.67 (.817)	3.70 (.926)	28	3.55 (1.028)	3.39 (.875)
Is very convenient and can be used at home.	5	23	4.21 (.588)	4.30 (.635)	28	4.26 (.631)	4.04 (.637)

Appendix B – Technology Use Frequencies

Frequency of Technology Use (Original Responses, %)	Baseline														Graduation													
	Weekly		Monthly		Quarterly		Annually		I do not use this technology but am interested in doing so.		I do not use this technology but am not interested in doing so.		I am not familiar with this technology.		Weekly		Monthly		Quarterly		Annually		I do not use this technology but am interested in doing so.		I do not use this technology but am not interested in doing so.		I am not familiar with this technology.	
	S	C	S	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	S	C	S	C	S	S	C	S	C	S
Smartphone apps (e.g. Blueice, Calm Harm)	33.3	29.0	8.3	12.9	16.7	3.2	0.0	6.5	29.2	35.5	4.2	6.5	8.3	6.5	39.1	35.7	4.3	17.9	4.3	3.6	13.0	0.0	39.1	32.1	0.0	3.6	0.0	7.1
Websites (e.g. Headspace)	16.7	29.0	12.5	16.1	8.3	6.5	4.2	3.2	45.8	35.5	4.2	3.2	8.3	6.5	39.1	32.1	8.7	25.0	8.7	7.1	8.7	0.0	30.4	25.0	4.3	3.6	0.0	7.1
Online support (e.g. Kooth)	12.5	6.5	8.3	9.7	4.2	9.7	0.0	3.2	50.0	45.2	4.2	0.0	20.8	25.8	17.4	17.9	17.4	14.3	0.0	3.6	8.7	0.0	39.1	32.1	4.3	3.6	13.0	28.6
Online CBT (e.g. IESO)	8.3	3.2	8.3	6.5	4.2	6.5	0.0	6.5	50.0	48.4	4.2	0.0	25.0	29.0	17.4	10.7	0.0	14.3	0.0	3.6	4.3	0.0	60.9	35.7	8.7	0.0	8.7	35.7
Online chat rooms (e.g. Beat)	4.2	0.0	8.3	3.2	4.2	3.2	0.0	3.2	50.0	54.8	16.7	6.5	16.7	29.0	8.7	10.7	8.7	10.7	0.0	3.6	4.3	3.6	43.5	32.1	13.0	17.9	21.7	21.4
Online Forums (e.g. ok2talk)	8.3	0.0	12.5	3.2	8.3	16.1	0.0	3.2	41.7	48.4	12.5	6.5	16.7	22.6	8.7	14.3	13.0	14.3	4.3	3.6	0.0	7.1	52.2	28.6	8.7	7.1	13.0	25.0
Tele-medicine (telephone assessment/ reviews)	29.2	22.6	8.3	9.7	12.5	22.6	0.0	3.2	41.7	35.5	0.0	0.0	8.3	6.5	52.2	39.3	13.0	21.4	0.0	3.6	0.0	3.6	30.4	28.6	0.0	3.6	4.3	0.0
Emergency Helplines (e.g. Samaritans, Childline)	16.7	12.9	25.0	12.9	16.7	6.5	0.0	3.2	29.2	45.2	8.3	3.2	4.2	16.1	39.1	17.9	26.1	28.6	4.3	14.3	0.0	0.0	26.1	21.4	4.3	7.1	0.0	10.7
Computerised Cognitive Therapy (e.g. moodgym)	4.2	0.0	4.2	0.0	0.0	6.5	0.0	6.5	58.3	51.6	4.2	0.0	29.2	35.5	8.7	3.6	0.0	10.7	0.0	3.6	0.0	3.6	52.2	42.9	8.7	0.0	30.4	35.7
Video sessions (e.g. Facetime/ Skype)	41.7	35.5	20.8	25.8	0.0	12.9	0.0	3.2	33.3	19.4	0.0	3.2	4.2	0.0	56.5	42.9	21.7	14.3	0.0	10.7	0.0	3.6	21.7	25.0	0.0	0.0	0.0	3.6
Social media (e.g. Blurt twitter chats)	20.8	19.4	4.2	3.2	0.0	3.2	4.2	3.2	37.5	41.9	25.0	22.6	8.3	6.5	21.7	28.6	4.3	7.1	4.3	3.6	0.0	0.0	30.4	25.0	34.8	17.9	4.3	17.9

Frequency of Technology Use (Original Responses, %)	Baseline														Graduation															
	Weekly		Monthly		Quarterly		Annually		I do not use this technology but am interested in doing so.		I do not use this technology but am not interested in doing so.		I am not familiar with this technology.		Weekly		Monthly		Quarterly		Annually		I do not use this technology but am interested in doing so.		I do not use this technology but am not interested in doing so.		I am not familiar with this technology.			
	S	C	S	S	C	S	C	S	C	S	C	S	S	C	S	C	S	S	C	S	C	S	S	C	S	C	S	S	C	S
Instant messaging	29.2	22.6	8.3	16.1	4.2	6.5	0.0	6.5	45.8	29.0	8.3	19.4	4.2	0.0	39.1	39.3	4.3	7.1	4.3	3.6	0.0	3.6	30.4	35.7	21.7	3.6	0.0	7.1		
Email	54.2	51.6	20.8	16.1	4.2	6.5	0.0	3.2	12.5	16.1	4.2	6.5	4.2	0.0	82.6	50.0	0.0	17.9	0.0	7.1	0.0	0.0	13.0	21.4	4.3	0.0	0.0	3.6		
YouTube/ videos (e.g. TED talks)	37.5	35.5	12.5	22.6	12.5	6.5	4.2	3.2	29.2	25.8	0.0	6.5	4.2	0.0	52.2	39.3	21.7	14.3	0.0	7.1	4.3	3.6	21.7	32.1	0.0	0.0	0.0	3.6		
Virtual reality/Avatar therapy	4.2	0.0	0.0	3.2	0.0	0.0	0.0	6.5	79.2	45.2	4.2	12.9	12.5	32.3	8.7	3.6	0.0	3.6	0.0	0.0	0.0	3.6	60.9	46.4	8.7	10.7	21.7	32.1		
Computer games (e.g SPARX)	8.3	3.2	0.0	0.0	8.3	0.0	0.0	6.5	66.7	48.4	8.3	16.1	8.3	25.8	8.7	3.6	8.7	3.6	0.0	0.0	0.0	3.6	47.8	50.0	8.7	14.3	26.1	25.0		
Blogs/Vlogs (e.g. mental elf, purple persuasion)	4.2	3.2	0.0	6.5	8.3	3.2	4.2	9.7	70.8	48.4	8.3	3.2	4.2	25.8	13.0	3.6	8.7	7.1	0.0	10.7	4.3	7.1	56.5	46.4	4.3	3.6	13.0	21.4		
Podcasts	12.5	25.8	16.7	19.4	12.5	0.0	8.3	12.9	45.8	29.0	0.0	3.2	4.2	9.7	30.4	17.9	17.4	3.6	4.3	14.3	8.7	17.9	39.1	35.7	0.0	0.0	0.0	10.7		