AUGMENTING STUDENT AND PROFESSIONAL TRAINING WITH PEER LEARNING GROUPS: RESULTS FROM FOCUS GROUP INTERVIEWS

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ABSTRACT

Current implementation strategies for evidence-based psychological treatments often rely on classroom instruction for health service psychology (HSP) graduate trainees and workshop presentations for licensed professionals. These models also utilize expert trainers and in-person delivery systems to disseminate the training. Data on the limits of classroom instruction and workshop presentations for increasing clinical skill acquisition, as well as the high cost of using expert consultation and in-person trainings, suggest the need for novel delivery models of health service psychology training. The present study examined the acceptability of a novel training model in the form of peer learning communities (PLCs) within a sample of HSP trainees and licensed professionals at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. Participants (N=17) were invited to share their opinions and preferences about PLC platforms, modes of communication, and features in semi-structured focus group interviews. The results suggested HSP trainees and licensed professionals overwhelmingly desired a PLC that offers a hybrid (i.e., virtual and in-person) platform model, utilizes a mixture of synchronous and asynchronous modes of communication, and provides a multitude of features and functionality (e.g., peer consultation, resource sharing, networking). Additional unique and insightful feedback was noted and explicated. Feedback will be used to aid in the development of a pilot PLC at GSAPP.
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The Treatment Gap

The prevalence of mental health disorders in children and adolescent is nearly 15% globally (Bruha et al. 2018). According to the Global Burden of Disease Study in 2015, mental health disorders ranked as the second leading cause of disability-adjusted life-years (DALY) in the Americas and Europe (Baranne & Falissard, 2018). In fact, an estimated 17.1 million children living in the United States have either a current or past mental health disorder (Merikangas et al., 2010a; Merikangas et al., 2010b). Merikangas and colleagues (2010) suggested that nearly half of all American youth will have had a diagnosable mental health disorder before the age of 18 and that 27.6% of American youth will have had a mental illness with “serious impairment” before age 18. Longitudinal studies found that individuals who develop a mental health disorder in youth are at increased risk for developing further complications in their life, including chronic or recurrent mental health disorders, general medical disorders, disability in life roles, poorer educational attainment, and reduced health-related quality of life (Comer & Barlow, 2014; Erskine et al., 2015). As for the cost to society, the National Research Council and Institute of Medicine estimated the loss of productivity due to mental health disorders in Americans under the age of 25 at $247 billion annually (O’Connell et al., 2009).

Unfortunately, a large treatment gap exists between the demonstrated mental health needs of U.S. youth and the number of youths receiving mental health services. So, while an estimated 50% of all American youth will have had a diagnosable mental illness, most do not receive any treatment (Merikangas et al., 2010a; Merikangas et al., 2011; Whitney & Peterson, 2019). In one study looking at mental health service utilization in children aged 5-17, only 13.6% of the
sample received any mental health treatment in the past 12 months (Zablotsky & Terlizzi, 2020). This treatment gap is even more pronounced for minoritized racial and ethnic groups, rural communities, and children with special healthcare needs (Marvin et al., 2019; Merikangas et al., 2011). Moreover, the recent COVID-19 pandemic further exacerbated the youth mental health disparities in the U.S. In fact, the Children’s Hospital of Colorado declared a state of emergency for youth mental health in May 2021. The hospital has seen demand for mental health treatment increase 90% over the past two years and has identified suicide attempts as one of the leading causes of emergency department visits in the past year (Children’s Hospital Colorado, 2021).

Similar trends of worsening pediatric mental health were observed across the country with increasing rates of behavioral problems, anxiety, depression, and suicidality (Martinelli et al., 2020; Rosen et al., 2020; Henderson et al., 2020). Recent data from the Centers for Disease Control and Prevention’s National Syndromic Surveillance Program also revealed a 24% and 31% proportional increase in mental health-related emergency department visits for children aged 5-11 and 12-17 years, respectively, beginning in April 2020 as compared to the previous year (Leeb et al., 2020).

While the COVID-19 pandemic has worsened the pediatric mental health problem in the U.S., barriers to care already existed prior to the pandemic and included issues of affordability (cost, insurance coverage) and accessibility (distance and time to care) (Marvin et al., 2019). There is also a critical shortage of mental health professionals trained to work with children and adolescents. According to the American Academy of Child and Adolescent Psychiatry (2019), there were approximately 8,300 practicing child and adolescent psychiatrists in the U.S. in 2017 when estimates suggest more than 30,000 child and adolescent psychiatrists would be needed to meet national demands. Similar shortage issues exist in health service psychology as well. For
example, the National Association of School Psychologists (2021a; 2021b) recommends a ratio of one school psychologist per 500 students, but current data suggest the national ratio is approximately one school psychologist to 1,211 students in the 2019-2020 school year, with some states approaching ratios of 1:5,000.

To make matters worse, significant discrepancies in the quality of mental health treatments being provided arise as an issue even when individuals seek out and receive mental healthcare. Data from the National Comorbidity Survey Replication indicate that out of all Americans receiving any form of mental healthcare, only 33% of those individuals received treatments rated as an “at least minimally adequate” treatment according to the American Psychiatric Association practice guidelines (Harvey & Gumport, 2015). Consequentially, most mental healthcare services provided in the U.S. do not adhere to the best available scientific evidence (Powell et al., 2014). The lack of adequate treatments being provided is concerning given the abundance of empirical studies that have identified effective and efficacious treatments, or evidence-based treatments (EBTs), for a range of mental health disorders in children, adolescents, and adults (Kazdin & Blase, 2011).

Despite the availability of EBTs, the dissemination and implementation of EBTs in standard clinical practice has been slow moving and costly (Godley et al., 2011; Powell, Proctor & Glass, 2014). For example, many EBTs exist for post-traumatic stress disorder (PTSD) such as prolonged exposure therapy, cognitive processing therapy, cognitive therapy, stress-inoculation therapy, and eye movement desensitization and reprocessing (McLean & Foa, 2013). Prolonged exposure therapy (PE) is one of the most frequently researched EBTs for PTSD (McLean & Foa, 2013). It has been identified as a “strongly recommended” EBT by the joint Veterans Affairs-Department of Defense Clinical Practice Guidelines for PTSD and it is also lauded by the
National Academy of Medicine as an efficacious EBT for PTSD (McLean & Foa, 2013). Yet, in one study of 852 clinicians surveyed across three states, 69% of respondents reported receiving no or only modest training in any treatment of PTSD and even fewer reported receiving training in EBTs such as PE (Becker, Zayfert, & Anderson, 2004).

This gap between the best scientific research available and standard clinical practice is alarming. Numerous barriers at the patient, clinician, organizational, systemic, and policy levels contribute to the discrepancy between the availability of high efficacy treatments and their low utilization in standard care (Beidas & Kendall, 2010; Herschell et al., 2010). Recently, the role of provider training and continuing education has come to the forefront as one such barrier. Inadequate training in EBTs has been cited as a significant factor that limits the workforce capable of providing evidence-based care (Harvey & Gumport, 2015).

**EBT Implementation Strategies**

Developing an appropriately trained professional workforce is key to disseminating and implementing EBTs into usual care. However, training a diverse and scattered workforce, and maintaining skills after degree completion, comes with numerous challenges for providers including lack of institutional support, lack of incentives for change, clinician beliefs and preferences, cost of attending professional trainings, and outmoded continuing education training models (Comer & Barlow, 2014; Green & Aaron, 2011; Harvey & Gumport, 2015; Herschell, Kolko, Baumann, & Davis, 2010).

Current best practices for training and continuing education are limited by various organizational, clinician, and patient variables (Beidas & Kendall, 2010; Herschell et al., 2010). Powell et al. (2012) identified numerous approaches that treatment developers can use to aid training and skill maintenance despite barriers. These implementation strategies can be
categorized into “discrete” implementation strategies that consist of one process or action (e.g.,
single session workshops or calendar reminders), “multifaceted” implementation strategies that
involve two or more discrete strategies (e.g., workshop and ongoing consultation), and “blended”
implementation strategies which involve packaging multiple discrete strategies together as a
protocol or branded implementation intervention (Powell et al., 2012). Examples of blended
implementation strategies include the Availability, Responsiveness, and Continuity (ARC)
model and the Translating Research into Practice intervention (Herschell et al., 2010).

Passive implementation strategies (e.g., single session workshops, mass distribution of
manualized treatments), are consistently found to increase clinician knowledge of a treatment but
that knowledge rarely translates to clinical skill acquisition or the application of EBTs in practice
(Herschell et al., 2010; Miller et al., 2006; Powell et al., 2012). Conversely, effective educational
implementation strategies that have demonstrated clinical skill acquisition and application of
EBTs into standard practice often require multifaceted or blended implementation strategies
(Herschell et al., 2010). Thus, effective trainings often require an active training model that can
accommodate different types of learners, uses behavioral rehearsals, and includes ongoing
supervision, consultation, and feedback systems (Beidas, Cross, & Dorsey, 2014; Beidas &
Kendall, 2010; Herschell et al., 2010).

The Substance Abuse and Mental Health Services Administration (SAMHSA) sought to
disseminate and implement two EBTs for the treatment of adolescent substance abuse using a
blended implementation strategy (Godley et al., 2011; Powell et al., 2014). SAMHSA provided
$300,000 in annual funding to 33 sites for up to three years to help facilitate the trainings for the
Adolescent Community Reinforcement Approach (A-CRA) and Assertive Continuing Care
(ACC) treatments (Godley et al., 2011; Powell et al., 2014). The treatment developers served as
expert trainers, provided trainees with manuals, and offered multiple 3.5 day, in-person workshops annually. The initial workshops consisted of gold standard, multifaceted implementation strategies. Booster workshops were additionally offered on a rotating basis. Furthermore, a certification process was developed to measure the trainees’ competency with the EBTs post-training, and teams of administrative staff were hired to support the training process. At project completion, only two-thirds of A-CRA clinicians and roughly half of eligible supervisors met certification standards. Also, only 22.2% of ACC clinicians and 37.5% of supervisors achieved certification over the 3-year period (Godley et al., 2011). Although blended implementation strategies such as this SAMHSA project demonstrated promising effectiveness and translated to clinical skill acquisition and implementation of the EBTs into standard practice, concerns remain. This comprehensive training program, and others like it, are costly, time-consuming, and resource intensive (Chu et al., 2017; Gleacher et al., 2011; Godley et al., 2011).

Seeking to address the resource-intense requirements of current best-practice training, Chu et al. (2017) developed several low-resource training conditions to aid ongoing learning after a single session EBT workshop. Participants were randomly assigned to one of three conditions, an expert streaming (weekly online viewing of expert-led supervision), peer consultation (peer-led group discussion), or fact sheet self-study condition (weekly review of instructional fact sheets). Results indicated learners’ self-reported use of EBT skills increased across all conditions, even as confidence and knowledge did not increase, which suggest that low-cost, low-resource training models can support ongoing engagement in EBT use (Chu et al., 2017).
At present, the most effective EBT implementation projects require significant funding and resources that many organizations and communities cannot access. Thus, more low-resource, sustainable, and effective educational implementation strategies are needed.

Peer Learning Communities

Peer learning communities (PLCs) may serve as an alternative implementation model to the current, resource-intense requirements of best-practice training. PLCs are collaborative learning groups designed to foster learning amongst same-level peers on a common interest topic (Darling-Hammond & Richardson, 2009; Tosey & Gregory, 1998). They have the potential to facilitate the development of skills, confidence, and ownership of learning across a range of academic domains (Adam, Skalicky & Brown, 2011). Additional benefits reported include establishing or enhancing a sense of community, particularly amongst new members of an institution such as first year college students, and increasing social engagement (Adam, Skalicky & Brown, 2011; Guldberg, 2008; Keenan, 2014). PLCs can vary in platform structure, function and features, and modes of communication. PLCs can resemble in-person consultation groups, which frequently develop naturalistically in local settings to exchange resources and provide support (Thomas, 2005). They can also exist as online communities that interact virtually (Keppell et al., 2006) or as a blend of in-person and online interactions (Boyd, 2008; Yang & Chang, 2012).

For some PLCs, the platform structure is instrumental to its success. For example, a radiology group practice spanning multiple hospitals and clinics within Central Valley, California developed a PLC to improve diagnostic skills. They leveraged videoconferencing technology to ensure that all their members, who were often spread across multiple work sites, could participate together regardless of location (Haas, Mogel, & Attaya, 2020).
For other PLCs, a particular function or feature was critical to their mission. Kilpatrick & Fraser (2018) emphasized the importance of accessing high quality human and material resources for nascent STEM teachers in rural communities. They highlighted the difficulties these teachers faced, including an overwhelming, extensive, and of variable quality STEM education resources, limited time outside of the classroom, and a lack of knowledge necessary to identify and locate useful resources that suited their students’ needs. Thus, it was vital to develop a network of experienced STEM teachers to help rural teachers access relevant and quality STEM material resources.

Some PLC developers sought to examine the differential utility of synchronous and asynchronous communications. In an online, peer assisted learning program at an Australian university, Huijser, Kimmins, and Evans (2008) observed that synchronous communications amongst college students were ideal for building learner confidence and increasing participation in structured, peer-assisted learning sessions while asynchronous communications enabled learners to collaborate flexibly outside of predetermined session times and activities, thus creating additional contexts for social and academic engagement amongst members.

To date, PLCs have offered its members a wide range of opportunities and possibilities that can be accessed through diverse mediums and via different modes of communications. While PLCs have taken hold across educational, corporate, and medical settings to bolster formal education, they have just begun to emerge in the mental health field. Evaluations of PLCs in the mental health literature provide initial evidence of fostering increased skill use, improving process and therapeutic flexibility, and increasing engagement in professional development (Bennett-Levy, Lee, Travers, Pohlman, & Hamernik, 2003; Chu et al., 2017; Miller et al., 2016). Miller and colleagues (2016) found that doctoral students participating in a PLC focused on child
welfare reported improvements in knowledge and skills acquisition as well as improvements in connectivity with peers, mentors, and experts across multiple academic perspectives and programs. This is particularly important for pediatric clinicians, where evidence-based practice must integrate evolving knowledge in developmental and clinical science.

PLCs may improve dissemination and implementation of EBTs. For licensed professional training, current continuing education methods frequently rely on brief workshops which are largely ineffective (Herschell, Kolko, Baumann, & Davis, 2010). Even when current continuing education methods incorporate effective educational implementation strategies, they are costly and resource-intensive (Comer & Barlow, 2014; Godley et al., 2011; Harvey & Gumport, 2015). Conversely, PLCs can leverage the interests and resources of local groups to facilitate self- and collaborative-learning without the need of things like costly experts (Darling-Hammond & Richardson, 2009; Tosey, 1999). While the majority of supportive evidence for PLCs has been offered for licensed professional learners, initial evidence also suggests that PLCs can aid learning amongst health service psychology graduate trainees (Chu et al., 2017).

Current Study

The current study aims to identify whether a PLC can serve as a low cost, low resource training tool that is acceptable and desirable for health service psychology trainees (i.e., student learners) and licensed professionals (i.e., licensed learners) at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University. Additionally, the study seeks to understand what specific PLC platforms (e.g., virtual vs. in-person), functions or features (e.g., peer consultation; resource database; threaded chat forums), and modes of communication (e.g., asynchronous vs. synchronous) student and licensed learners at GSAPP find acceptable and
desirable. These insights will help inform the development of a PLC to match the needs and preferences of GSAPP learners.

Research Questions

1. What platform would HSP student and licensed learners desire?
2. What functions or features would HSP student and licensed learners desire?
3. What modes of communication would HSP student and licensed learners desire?

Hypotheses

Hypothesis 1: More participants would rate a virtual platform as more desirable than an in-person platform.

Hypothesis 2: More licensed learners than student learners would rate threaded chat forums as the most desirable function or feature.

Hypothesis 3: More student learners than licensed learners would rate therapy demonstration videos as the most desirable function or feature.

Hypothesis 4: More participants will rate asynchronous modes of communication as more desirable than synchronous modes of communication.

Exploratory Analyses

In addition to the above proposed hypotheses, exploratory analyses will be conducted on facilitators and barriers of PLCs including the advantages and disadvantages of virtual versus in-person structures, membership composition, incentives needed to motivate participation, moderation versus self-regulation, specificity of discussion topics, and preferences for expert training versus PLCs.
CHAPTER II: METHODS

This study is a qualitative study with no control groups. Semi-structured focus group interviews were conducted to gather participants’ opinions and preferences about the platform structure, functions and features, and modes of communication of PLCs. The research study has been approved by the Rutgers University Institutional Review Board.

Participants

Participants (N=17) were recruited from a larger sample of individuals who had previously completed the Clinical Child, Adolescent, Family, and Pediatric Psychology (CCAFP) concentration PLC User Survey, assessing their initial attitudes towards PLCs (see Appendix A). Participants ranged in age from 23-59 (M=30.35, SD=8.47) (Table 1). Fifteen participants identified as female and two identified as male. Regarding education, five had earned school Psy.D.s, three had earned clinical Psy.D.s, one was a school psychology trainee, and eight were clinical psychology trainees. Most participants worked within either private practices or academic medical centers; the remaining participants worked across private and public hospitals, university settings, outpatient mental health clinics, and an ABA-based school. Participants’ years of clinical experience ranged from 2.5 to 35 years (mode = 4.5 years). Among the participants, eight individuals self-identified as White/non-Hispanic, three as biracial, two as White/Hispanic, one as African American, two as Asian, and one as Iranian American.

Inclusion criteria included current enrollment at, or having graduated from, the Graduate School of Applied and Professional Psychology (GSAPP), being at least 18 years old, an ability to read and speak in English, and access to the internet and an encrypted videoconferencing platform. No exclusion criteria were denoted. The sample was recruited in early February 2020 via an open call to participants who had previously completed the initial needs assessment to
which all current GSAPP students and alumni were invited (See Appendix B). The focus on the single school of psychology helped to ensure relevancy to participants, representativeness, and depth of understanding regarding the phenomena at hand as it pertained to GSAPP students and alumni (Palinkas, 2015). 18 individuals responded to the open call. One individual dropped out just prior to consent. Ultimately, 17 individuals consented to the study.

**Study Instruments**

The Focus Group Semi-Structured Interview questions (see Appendix D) were formulated based on themes identified in the CCAFP PLC User Survey data. These themes included PLC meeting platform, functions and features, modes of communication, membership composition and size, meeting frequency, level of moderation, incentives for participation, and novelty or redundancy of PLC offering compared to currently available training opportunities.

The focus group interview questions were devised to be primarily open-ended, allowing for exploration of participants’ attitudes, beliefs, and preferences about different aspects of PLCs. Initial questions sought to understand participants’ past and current training experiences as well as any experiences with PLCs specifically. Further inquiries explored the a priori themes mentioned previously as well as additional barriers and motivators to PLC engagement and how the COVID-19 pandemic may have influenced these considerations. More close-ended questions were developed as follow-up prompts to help narrow the scope of inquiry once participants shared their initial opinions on a topic. Collectively, these semi-structured interview questions offered participants multiple opportunities to share relevant feedback.

In addition, visual mockups of different PLC platforms (e.g., virtual, in-person) and features (e.g., web conference, calendar, resource library) were presented to the participants for their inspection and deliberation. Broadly speaking, the mockups showcased an online PLC
where all related activities occurred in a virtual space (See Figure 1), an in-person PLC format where all activities would be held in-person (See Figure 3), and a hybrid model where some PLC events would be held in-person while other PLC components would be implemented in a virtual space (See Figure 2).

**Procedures**

Participants were invited in May 2020 from a larger pool of individuals who completed the CCAFP PLC User Survey to discuss their thoughts on PLCs further in a focus group interview format. However, due to the Covid-19 pandemic, it was not feasible to conduct in-person research activities safely including informed consent and the group interviews themselves. In lieu of in-person informed consent and study purpose review sessions, an online consent form was made and distributed (see Appendix C). Seventeen participants consented to the group interviews.

The participants were then divided into four groups for the interviews, held between May 16th and May 18th, 2020. The four focus group interviews were conducted virtually via a HIPAA-complaint video conferencing platform. Videoconferencing was particularly appropriate given safety precautions in place as well as the ways it has shaped social interactions and discourse at the time of the focus group interviews.

Over the course of three days, the study coordinator and one research assistant met with each focus group for approximately an hour and a half to two hours. To better understand participants’ attitudes and opinions about key elements of PLCs, a semi-structured interview process was implemented. Each focus group interview began with some ice-breaker questions to help participants acclimate to one another and start brief conversations. After the ice-breaker questions, the study coordinator and research assistant facilitated discussions using semi-
structured interview questions to explore different aspects of PLCs. As group members shared their opinions and insights, facilitators occasionally prompted for further clarification or examples using follow-up questions.

All focus group interviews were video- and audio recorded. Participants were compensated for their time and contributions with pre-paid gift cards after the conclusion of the focus group interviews.

**Analysis**

Audio recordings from the focus group interviews were isolated and compiled for transcription processing using a HIPAA-complaint automated transcription program. Pseudonyms were assigned to ensure the participants’ confidentiality. These initial transcripts were then reviewed and edited for accuracy by the study coordinator and two research assistants. The study coordinator compiled an a priori list of codes to begin directed content analysis. Using a directed content analysis approach (Hsieh & Shannon, 2005), two research assistants and the study coordinator worked in rotating pairs to analyze and codify the interview data gathered. An a priori list of codes was compiled by the study coordinator from the research literature, findings from the CCAFP PLC User Survey, and study hypotheses for this initial analysis. Researchers were encouraged to generate additional codes as necessary to conceptualize the interviews. Upon the completion of this initial analysis, the researchers engaged in an iterative process of constant comparison to refine and develop themes from the initial collective coding scheme. Themes emerged over the course of three coding cycles and participant preferences related to these themes were progressively quantified and categorized. A complete list of themes and a sampling of associated participant insights can be found in Tables 2-5. NVivo, a qualitative data analysis program facilitated the organization and analysis of the focus group interview data.
CHAPTER III: RESULTS

Participants provided a range of thoughts about essential and preferred PLC features and functions. Broad themes included preferences about **PLC membership** (composition of the group) and **platform** (virtual versus face-to-face). Student and licensed learners then shared similar as well as disparate feedback regarding ideal functions that a PLC would serve. Pseudonyms were utilized to ensure participants’ confidentiality.

The 12 student learners identified six essential acceptability factors for a pediatric psychology PLC. The six factors were **peer consultation** (ability to converse with peers about clinical work), **socioemotional support** (ability to provide communications of care, comfort, and concern), **resource sharing** (ability to share relevant material resources), **additional pediatric training opportunities** (ability to participate in pediatric trainings not available in their home program), **networking** (ability to connect with licensed learners), and a **flexible training agenda** (ability to adapt to the evolving needs of student learners).

The five licensed learners identified three essential acceptability factors for a pediatric psychology PLC. They emphasized the need for increased access to **pediatric training opportunities for student learners**, **networking** (ability to connect with other licensed learners and ability to mentor student learners), and **incentives for participation in the PLC** (incentives such as continuing education credits or Rutgers library access).

**Preferred Membership and Platform**

All 12 student learners reported a strong preference to restrict PLC membership to students alone so that students could gain support and share resources in a comfortable setting without setting expectations to “perform” (See Table 2). At the same time, 83% (n=10) of student learners expressed an interest in setting up some structure that would permit networking...
between student and licensed learners (See Table 4). They proposed that this could occur in the context of workshops led by licensed practitioners. Student learners also stated a preference to have a seasoned moderator (e.g., senior student, faculty member, expert clinician, or licensed learner) to help organize and facilitate PLC activities.

Student learners also identified a preference for conducting most PLC activities on a virtual platform, highlighting its convenience and accessibility. They expressed a similarly strong interest in supplementing the virtual PLC activities with in-person workshops and conferences occurring on a seasonal or annual basis to help establish a sense of community and offer networking opportunities. Different student learners expressed their interest in such a hybrid model below (See Table 2):

And then in terms of how much time I’m willing to commit to [the PLC]. That depends, too. That's why I like the hybrid [model]. You can be a really active online member, you know, actively participate in a lot of the forum discussions, participate in a lot of these virtual meetings, virtual trainings, sharing resources, all of it. And then participate in the in-person stuff when you can. In terms of how much in-person time I'm willing to commit to… I think I can very reluctantly commit to twice a year for in-person stuff. (Amy, 2nd year student learner)

A benefit or an advantage to the hybrid scenario versus just the in-person meetings is the opportunity for ongoing consultation. Like if you discuss or practice a skill in an in-person meeting and then you realize that you’re not clear about an aspect of it… the online access would give the opportunity for [peer consultation] versus having to wait until the next meeting in two weeks. (Candice, 3rd year student learner)
Definitely hybrid for me… I find that online only is tricky because I value that in-person time and I feel like that helps me feel more invested and closer with people in the group compared to if I have never met them [in-person]. So, I feel like there needs to be some in-person [activities], but then I feel like if it was in-person only then we really miss out on a lot of opportunities to do more day-to-day kinds of activities like supporting each other and figuring out resources. So, I like the hybrid. (Grace, 3rd year student learner)

Additionally, student learners described the importance of synchronous communications in building a cohesive community and facilitating effective clinical discourse and training. Participants briefly discussed using synchronous communication for in-person activities as well as virtual peer consultations, workshops, and social/networking events via videoconferencing. They also commented on the utility of asynchronous communications for flexibly accessing consultation or resources, primarily through means of text messaging apps, without having to wait until the next scheduled PLC activity.

Regarding membership composition, most (n=4) licensed learners also expressed a preference that the PLC focus its membership on student learners only. All five licensed learners expressed more interest in providing training to student learners than in joining for their own continuing education (See Table 2). One licensed learner, Paul, shared his discomfort with a mixed learner PLC and explained how he would prefer to provide training to students instead:

I'm wondering if it would make sense to have some sort of wall between [student and licensed learners]… If I knew students were reading [my comments], I don't know I'd be so inclined to participate as much. But I also would love the idea of being able to share
my knowledge with students. I always found it valuable to go to a class at GSAPP and talk about the work I do.

Like the student learners, all five licensed learners also endorsed using a virtual platform to facilitate most PLC activities. They expressed a similar desire, as the student learners did, to meet in-person on a less regular basis (i.e., seasonally, or annually) for networking events, workshops, and conferences. A major concern noted by all participants was the challenge in trying to establish a balance between achieving the benefits of face-to-face meetings (e.g., community-building, socializing) with the pragmatic challenges of scheduling, commuting, and time constraints. For example, Paul (licensed learner) explained how time consuming, and potentially even impossible, in-person activities might be for certain licensed professionals:

As a cost benefit analysis of why I want to participate in something, if you're looking at every other month having to go up to GSAPP, I just don't know that it would be worth it for me. I'm 45 minutes to an hour away, depending on traffic, from GSAPP. It's not like it's super far. But, when you factor in the commute both ways, plus the time you're there, that takes a big chunk out of your day, and again, I think you're going to rule out the population of people who practice in schools because they're just not going to be able to do it with their schedule.

Relatedly, other licensed learners expressed how in-person activities would restrict participation to individuals living in the immediate vicinity of GSAPP and limit participation from others in distant locales:

…the point that was made earlier about there are a lot of alumni in the area, if you limit it to in-person, that's who you're going to get involved. The folks in the area tend to stay more involved with GSAPP because GSAPP has tended to do a lot of things in person…
And so if you limit it to in-person, I wouldn't be able to participate, for example...And as a person who's not a student now, there are some things that I want to attend and have tried to attend at GSAPP. My family's actually in New Jersey, so I'm in and out of New Jersey all the time. So attending things at GSAPP a couple of times a year is not impossible for me in Maryland, but might be for someone who's in California who wants to be involved. (*Amber*, licensed learner)

So [using a virtual platform] would definitely make a difference for me, being in Manhattan. It is a challenge to get to Rutgers. I honestly think I've only done it once or twice. Even planning how long it was going to take, I was still like blown away by how long it actually took. (*Rose*, licensed learner)

All licensed learners agreed that a compromise could be reached by using a hybrid model of virtual and in-person activities (See Table 2). One licensed learner, *Jake*, stated:

So, even now, I’m thinking of how much I want to travel when [COVID-19] is over. I want to find a balance. I want to find the balance between having the flexibility of doing things through [virtual] and going in-person.

Relatedly, three of the five licensed learners highlighted the ease and convenience of using asynchronous communication to stay connected with professional contacts remotely, exchange brief clinical discourse or materials, and receive updates about current events in health service psychology. Synchronous communication was viewed as helpful for facilitating more extensive and intensive discussions in peer consultation meetings, workshops, and conferences.

In analyzing the interview data, it was overwhelmingly evident that both student and licensed learners wanted to engage primarily with PLC activities on a virtual platform and to
supplement those online activities with less frequent, in-person, workshops, networking events, and conferences. This suggested that participants view a virtual platform as desirable but does not explicitly support one of the study hypotheses that a virtual platform is more desirable than an in-person platform. Instead, the feedback highlighted how the two platforms would offer distinctive and complementary benefits for PLC members.

In terms of preferred modes of communication, both student and licensed learners shared minimal feedback. Participants primarily described how these modes of communication could differentially support virtual and in-person activities. They did not express any preference for either mode of communication. As such, the hypothesis that more participants would prefer asynchronous communications over synchronous communications was not supported.

**Preferred Functions and Features**

Many similarities were identified between student and licensed learners in the preferred functions of a PLC. All participants identified peer consultation and resource sharing as assumed functions of a PLC, however, only student learners emphasized these two functions as acceptable and sufficient factors for their engagement in a PLC (See Table 3). The participants all similarly agreed that the PLC should seek to improve access to pediatric training opportunities for student learners (See Table 4). Despite some overwhelming popular ideas shared across the two cohorts, student and licensed learners differed in other respects as to what functions or features they identified as acceptability factors (See Tables 3 and 5).

**Student Learner Specific Acceptability Factors**

**Peer Consultation**

Student learners were proponents of peer consultation, which they typically defined as speaking informally about case material (See Table 3). They conceptualized peer consultation
within the PLC as a way to broaden their perspectives and gain insights or resources from their peers. For example:

I have a very behavioral/ACT interest. Some people have DBT interests. And so clinically, we all have some shared, overlapping, but also different perspectives. So, it's been really interesting to bring some of those thoughts together to think through things with these different lenses. So [peer consultation], I think, is filling a need that we weren't having through the more formal kinds of opportunities. (*Pepper, 5th year student learner*)

So, I find [a peer learning structure] to be really helpful. You know, you come and you bring whatever issues you might have as it relates to your clinical work and people can jump in with their thoughts and they can help problem solve... So [they can help you] see if there's anything missing from your formulation or play devil's advocate or help you see things a little more holistically and to help you improve treatment. (*Wendy, 5th year student*)

I always find that if I'm teaching others, it helps me to solidify my own learning. So it's like a benefit to them, but also for people who [teach]… We have exposure to different things or we end up just getting more experience in certain areas. And [since] we can't possibly do it all, I like the idea of getting to benefit from other people's training experiences or education by having other students teach us about things that they know more about that we might not know as much about. (*Wendy, 5th year student*)

In short, student learners viewed peer consultation as a fundamental feature of a PLC.
Socioemotional Support

Most (n=11) student learners also stressed the importance of receiving socioemotional support and validation from their peers (See Table 3). These quotes illustrate different student learners’ appreciation for the socioemotional support they have received in training thus far as well as their desires for more opportunities to obtain additional support,

…that's been really helpful and really meaningful for me to hear about how other people navigated those issues as they were moving through their training or as professionals in the field or even just validation from others who might have had similar experiences, who get it, and not have to justify or explain where I'm coming from or contextualize it and they just can get it... And I just always personally feel more, this may just be my own anxieties, but I feel more comfortable asking questions or discussing things more openly or coming to people with issues that I might be having when it's a peer versus a supervisor because of that power differential... I feel like it's just more open because you're both students and you've been there in the not-too-distant past, so there's a little bit more understanding and openness in terms of what you're bringing. (Wendy, 5th year student learner)

...in the research world, people have these writing group holding each other accountable and to provide support. And I see a lot of that happening and I wonder why something similar couldn't happen with clinical work. I think it'd be kind of cool if we had like a one hour, once a week [thing] where it was just to work on the clinical paperwork together or chat and vent, you know? (Grace, 3rd year student learner)
Resource Sharing

Another PLC function student learners described as vital was resource sharing (See Table 3). Students frequently described this taking shape in the form of a digital resource library that would be curated, organized, and easily searchable. This desire is expressed succinctly by Leena, a 5th year student learner:

The thing that I generally look for first is the resources. So having a place to share and store and organize resources could be really helpful. And even if the PLC was in person, still having an online component where we could share resources we talked about…so we can go back to them [would be great].

Grace and Meredith (3rd year student learners) emphasized that a resources library would be an essential component of the PLC for them, respectively:

“Personally, resources and [peer consultation] would be the most helpful.”

[A] virtual [resource] library is feeling increasingly more important as time is going on. Not only with everything going on with COVID, but also as you go through training, you start spreading off and everyone’s in a different [practicum] site, a different location, where they might be doing somewhat similar, or maybe very different work, but still a similar, youth population. So having those resources be accessible so that people can access them when they need them and not have to plan too far ahead to be able to access them feels like it would be useful.

Student learners were less clear in their thinking about who would be most appropriate to curate the resources. What seemed important to participants was that each member could contribute
resources, but that someone would oversee the organization of materials in a way that was easily accessible and logically grouped.

*Flexible Training Agenda*

A majority (n=10) of student learners emphasized the need for flexibility in the PLC to adapt to the evolving needs of trainees as they grow throughout their training (See Table 3). These two excerpts from Pepper (5th year student learner) summarize the shared sentiment amongst student learners for flexibility:

> And I think what I would want out of [a PLC] also would depend heavily on my stage of training. When I was a first or second year, I would want more of the things like Amy and Beth are talking about, like more of the modeling, more of the [experiential] stuff. But at this stage, like I'm about to go into internship and thinking about moving into the professional community I would benefit more from different things, so [I would like] more of the networking piece and [peer support] too.

There has to be a little bit of openness and flexibility. I might be interested in one thing and then two or three weeks later I’m on this other track because I have a patient with this thing and I need to figure out how to do that. And then a few weeks later, it’s something else. So if there is a kind of group that is open enough to those variations as we’re learning and growing and flexible enough to accommodate that where it can, I would love that. Like when you get an interesting case, like, what is this? I don't really know what to do with this. To be able to open it up to a group of people who you respect or who are on the same page as you and see what their thoughts are and together grow and learn from that would have just been so wonderful. And sometimes maybe even have
specialists who can do more formal didactics. So, we feel like we're growing and learning and improving our skills so we're not going around in circles saying the same kinds of things every week.

The student learners, however, were unclear about how the agenda would be set or who would set the agenda. Notably, one licensed learner, *Ellen*, proposed having designated roles within the PLC and rotating facilitators:

I like the idea of having designated roles, [with] collaborative officers [where] somebody is organizing this, somebody is organizing that. And then also to sustain momentum and make sure that everyone's putting forth the same level of effort and interest, having some way to rotate responsibilities. So if it is, for example, a book club or study club [activity], those different people sign up for different weeks or months, and then if its consultation team you rotate facilitators.

Some (n=4) student learners agreed with *Ellen’s* proposal but also offered their own recommendations. In fact, student learners provided an abundance of different recommendations for levels of moderation and who should be a moderator or facilitator. Some advocated for peer leaders to facilitate different, shifting PLC activities as determined by collective feedback while others advocated for a more formal series of didactics facilitated by either a peer leader or a non-peer expert.

*Mutually Agreed Acceptability Factors*

*Networking*

Both student and licensed learners valued the opportunity to connect with one another at social and professional events. The ten senior (i.e., third year+) student learners strongly advocated for networking with licensed learners to make social and professional connections,
receive mentorship, and access internship/post-doctoral positions and employment opportunities (See Table 4). Wendy (5th year student learner) summarized this idea below:

   But the networking piece, I think can also be really helpful or has been really helpful for me in the sense that people above me or even [same-level] peers are always presenting different opportunities that can add on to what I've already been doing or open new doors. So that's been really nice for me…especially where I am now at this stage [of training and] thinking about my next steps.

And in response to Ellen (a licensed learner) emphasizing that an annual networking event could be held in-person at GSAPP, Sandy (4th year student learner) replied:

   That's a good point Ellen, [hosting an annual networking event] could be a very attractive feature of GSAPP’s program that they could advertise for [incoming] students. I know from where I went to college, there was a big reunion every year. And it's just incredible to have that network. And really, that's how we get jobs; it's who we know. So, I think that in of itself might be reinforcing and maybe a key feature to [the PLC].

Relatedly, all five licensed learners wanted the ability to network with student learners to offer pediatric trainings and professional mentorship (See Table 4). The licensed learners were similarly keen on being able to network with students, their own peers, and like-minded GSAPP faculty at seasonal or annual, in-person gatherings. For example, Paul (licensed learner) commented:

   I don't know who most of the faculty are… So [it would be great] if there was more of the faculty presenting some of their work [at events]. I know the school [PsyD] program did that with practicum supervisors. Everyone I spoke to that attended [that event] was like ‘This was great. We got to learn who all the faculty were and see what kind of work
they’re doing’ [And another person mentioned] there were a couple of cases where [they] followed up with a faculty member about their case because [the faculty member] does a lot of work in that field.

Some (n=2) licensed learners even expressed some initial interest in establishing a licensed learner only PLC separate from students. Jake (licensed learner) shared how he participated in a brief, grassroots PLC that made him initially amendable to the idea:

A number of years ago, maybe about 6, 7 years ago, there was someone who would post quite often on the GSAPP listserv. She organized a PLC in [New York City]… I think we did maybe about a half a dozen of these [meetings]. Psychologists were invited [from] the New York, New Jersey area, and [the meetings] were on different topics. Part of it was for networking to grab a bagel, a cup of coffee… And it was this place to connect to the network of people that you may have known from GSAPP, but often [the meeting] was [centered around] a topic. And we had somebody present on borderline personality disorder, and [somebody else] presented on working with cross-cultural families. And it was a really nice thing.

However, interests waned quickly as most licensed learners emphasized how they already received substantial professional and personal support through other organizations and communities and, thus, was hesitant to add to their intensive schedules. Jake (licensed learner) in particularly, readily emphasized that the challenges of sustaining the aforementioned PLC was due to scheduling challenges. Therefore, he expressed more interest in a seasonal or annual meeting model for networking purposes.

And we all got busy, and we stopped doing it, but that was a nice thing to do. To Rose’s point earlier, there's always a question of when is the time to do it. During the week? On
weekends, on a Saturday and Sunday? You know, Saturday takes the Orthodox Jewish contingent out of the running. And I know from students they have been upset at times that conferences are on Fridays or Saturdays that they can't attend. So, then maybe that's [about hosting conferences] twice a year [where] one is done during the week, and one is done on the weekends.

*Additional Pediatric Training Opportunities*

All five licensed learners expressed more interest in providing training to student learners within the PLC than in joining for their own continuing educational needs. In fact, every student and licensed learners expressed enthusiasm about how the PLC can provide additional pediatric training opportunities for student learners (See Table 4). Student learners underscored how GSAPP offered significant fewer pediatric trainings than adult psychology-oriented trainings.

*Amy,* 2nd year student learner, shared her enthusiasm for more pediatric training opportunities:

I think something that I found exciting [about the PLC] is that it would be an opportunity to get more specific [pediatric] training and discussions going, and I think a lot of the coursework that we take outside of child psychopathology is very focused on adult psychopathology and treatments in the context of adults…we don't get a lot of clinical exposure to how treatments translate into working with [youth] populations.

*Pepper* (5th year student learner) reinforced that idea and commented about how it would be helpful to receive external pediatric training opportunities not available at GSAPP,

…it would've been great to have someone come in and just do a PCIT training, or someone do an ERP training or parent management training. I think that there's a lot of directions to go in and skills that one can learn in working with children. It can be a little hard to navigate sometimes or to figure out… [Pediatric trainings] would be great
opportunities to help us in our decision-making process as we try to figure out what kinds of experiences we want to get throughout our time in grad school and after. So, it would be great to have specialists come in and do training workshop situations.

Similarly, all five licensed learners strongly supported increased access to pediatric training opportunities for student learners (See Table 4). They shared how the PLC could enable licensed learners to offer workshops to students and provide students with a medium to receive external training expertise. Additionally, the licensed learners highlighted the urgent need in the general community for more pediatrically trained practitioners as motivation for enacting a PLC to facilitate broader contact to external expertise for student learners. Some licensed learner comments included:

It's really hard to find people who are working with children and adolescents when I have to make a referral... A lot of people don’t want to work with that population. That's why doing something like this [PLC] to increase training for people because sometimes people may have felt ‘I finished GSAPP and I would like to do that [work] but I just don’t have the training in it’ (Jake, licensed learner)

I get a lot of referrals of really difficult [pediatric] cases that have been in treatment in other places that ended up on my doorstep. And some of the things that I hear [about] are just concerning and some [are] ethically negligent or bigger than that. And so, I think anything we can do to increase quality training for people who want to work with this population is huge. And I've tried to recruit people to work at my practice. It's hard to find people who do the work. (Paul, licensed learner)
...I'm excited to see that this is a conversation that's happening because in a lot of places child and adolescent work is not the primary focus unless it's the primary focus. So, I think something like this [PLC] would help to make it more present at GSAPP, which I think is needed. (Amber, licensed learner)

Student and licensed learners overwhelmingly supported the PLC being used as a medium for student learners to access more pediatric training opportunities.

Licensed Learner Specific Acceptability Factors

Incentives

Licensed learners were critical of current GSAPP offerings to graduates who stay involved and provide services such as clinical supervision to students. Sixty percent (n=3) of the licensed learners advocated for enhanced incentives to compensate their time and expertise (See Table 5). As Jake (licensed learner) remarked,

And I also think any of these benefits for alumni really will keep GSAPP alumni involved. I know they're always trying to get money from alumni in the field. You know, what perks do alumni get?... I think getting some perks back like borrowing assessments from the library, getting assessments at a discounted price is important. So when [Dean of GSAPP] begins calling people to ask for money, people feel much more appreciated and feel like ‘I'll give you something because I get a lot back.’

Most of the licensed learners expressed how it can be a logistical challenge or unrewarding to stay connected with GSAPP after graduation. They emphasized that incentives, like continuing education credits or an assessment library, along with improvements in networking as noted previously could revive their interest in participation.
Based on this feedback, the study hypotheses stating that a) threaded chat forums would be the most desirable feature for licensed learners and that b) therapy demonstration videos would be the most desirable feature for student learners were not supported. Licensed learners did not identify a preference for specific forum features and offered multiple competing recommendations. However, there was some feedback from junior (i.e., 1st and 2nd year) student learners that live or recorded therapy demonstrations would be desirable, especially for novice clinicians. Yet, the same student learners also noted therapy demonstrations were just one resource amongst many they wanted and was not their foremost desired feature.
CHAPTER IV: DISCUSSION

The current study sought to explore the attitudes, beliefs, and preferences of health service psychology graduate trainees and licensed professionals at GSAPP regarding a PLC. Seventeen doctoral students and licensed psychologists participated in focus group interviews to discuss their preferred PLC platform, function, mode of communication, as well as potential motivators and barriers. Interviews revealed both expected and surprising themes in participant preferences.

All 17 student and licensed learners expressed strong interest in the development of a peer learning community at GSAPP focused on pediatric psychology. They also all emphasized the importance of such a PLC particularly for increasing access to pediatric clinical training experiences that the participants reported as lacking at GSAPP (See Table 4). Furthermore, most (n=15) participants identified increasing networking opportunities between student and licensed learners as a desirable function of the PLC (See Table 4). Moreover, the participants collectively described the PLC as a place for student learners to engage and learn with and from one another; that is, both student and licensed learners conceptualized the PLC as a medium for enhancing the students’ education experience rather than for both students and licensed learners.

Lessons Learned – Establishing a Peer Learning Framework

The development of this pilot PLC will be further aided by a Peer Learning Framework presented as a program planning tool developed at the University of Tasmania (Adam, Skalicky, & Brown, 2011). Adam and colleagues (2011) described the framework as consisting of three main elements: 1. Community of practice, 2. Peer learning, and 3. Evaluation. The initial element referred to two distinct communities of peer leaders and peer learners, the second element emphasized the interactions between the two communities, and the final element emphasized the
importance of ongoing data collection, analysis, reflection, and refining of the program being instituted. A list of open-ended questions further elucidating the contents of each element is included in the presentation of the Peer Learning Framework alongside a case study of its implementation (Adam, Skalicky, & Brown, 2011). Such a framework can be readily applied to the proposed pilot PLC and can even serve as the initial program planning tool.

**Hybrid Model as the Foundation**

The first hypothesis stating that more participants will rate a virtual platform as more desirable than an in-person platform was not supported by the participants’ feedback in this study. The discussions amongst participants began with initial enthusiasm for using in-person platforms. Student learners described how in-person PLC activities would allow for more active and experiential learning, help establish a sense of community amongst the members, and provide opportunities for socialization. They also lamented the technical difficulties and eccentricities of virtual platforms; for example, students highlighted how internet connectivity can be an issue as well as how much concentration it takes to stay engaged virtually.

The licensed learners expressed similar sentiments early on in their discussion of virtual versus in-person platform. As noted in the results, Jake even provided an example of a grassroots PLC that he attended several years prior to the focus group interview and how much he enjoyed the professional development and networking aspects. However, as the group interviews continued, both student and licensed learners began to highlight multiple logistical challenges of meeting in-person. It appeared that the realities of a busy schedule made scheduling a semi-regularly recurring meeting, which participants wanted for the PLC, difficult, at best. Students worried that it would be unsustainable solely in-person, as senior students often migrated further and further away from GSAPP as they progressed through the program. Relatedly, licensed
learners shared how difficult it was to take time off for professional development, especially if they factor in transit time. In fact, *Paul* explicitly stated how it was basically going to be impossible for school psychologists to engage with any regularity given their rigid and length workdays that frequently extend beyond standard work.

The conversation eventually pivoted towards how virtual platforms would resolve scheduling difficulties and improve accessibility. The participants even highlighted how a virtual PLC platform would allow for a lot of flexibility in terms of accessing resources, engaging with other members outside of predetermined PLC activities, and provide an online “home base” of sorts. Yet, participants were not satisfied as the worries about sustainability persisted. Most of the participant wanted a “human component” and believed that in-person gatherings would be essential to developing a sense of familiarity and community. This desire for connection eventually led to an overwhelming support for a hybrid model wherein a majority of regularly occurring PLC activities would be hosted virtually and a smaller subset of gatherings would be held in-person. The research literature offers mixed support for the notion that online interactions between peers may not sufficiently establish a sense of community. Webb (2018) found that online interactions in hybrid (i.e., virtual and in-person) college composition courses helped some students feel a part of a community both inside and outside of class time and space. However, Huijser et al. (2008) found that while students interacting remotely from geographically dispersed locations indicated experiencing a sense of community and reduced isolation, they also reported that rapport between peer learners and peer leaders suffered from the lack of face-to-face interactions. Perhaps the mode of communication was the determining factor for whether online interactions was sufficient for developing a sense of communication. The two previous studies suggested both synchronous and asynchronous, text-based communications
were utilized but not videoconferencing technology. It is possible that videoconferencing technology could offer sufficient “face-to-face” interactions to help establish the sense of familiarity and community that the current participants are seeking. It is noteworthy that all the participants engaged in the current study via videoconferencing and still described virtual platforms as unsatisfactory. There may also be other factors at place that would require further exploration as to why virtual platforms feel insufficient, or at least not equivalent to in-person platforms, such as the newly coined “zoom fatigue” concept wherein interactions conducted over videoconferencing feel much more exhausting than similar, in-person interactions (Ramachandran, 2021).

Returning to the discussion of the limited frequency of in-person gatherings, most of the participants wanted to ensure they would get the most “bang for their buck” and suggested the gatherings be held as day-long workshops, weekend conferences, or networking events. A lot of discourse went into whether it made sense to hold such gatherings at GSAPP or to spread them out across different regions like the shifting APA conferences. While no consensus was reached, hosting in-person activities at GSAPP was repeatedly identified across the different focus groups. This presents a particular challenge for organizers of a PLC, who will have to contend with substantial logistical and cost issues should a “traveling” locus be chosen. Unfortunately, no examples exist in the literature for evaluating such logistical challenges.

Ultimately, student and licensed learners sought to merge the best of both worlds with their approval of a hybrid model for the PLC structure. However, the conversation about platform preference must also consider the timing of these discussions (May 2020) and how the COVID-19 pandemic may have significantly influenced participants’ attitudes towards virtual versus in-person platforms.
Just prior to the pandemic, telehealth in the field of psychology was viewed as a novelty and something that still required extensive research and development before it would be ready for standard practice. Between Spring and Fall of 2020, telehealth quickly became the default form of communication across professional and personal domains. The experiences student and licensed learners had with virtual platforms during the early days and months of the pandemic appeared to have significantly altered their perception of how these platforms would benefit or hinder their professional and personal lives. Some of the students and licensed learners referred to COVID’s impact on their clinical work and social lives with both positivity and frustration. For example, some participants expressed appreciation for still being able to work remotely or how much more they could get done in a day without a work commute, while others stressed how challenging it was to work from home with suboptimal setups or having to sit uncomfortably through other people’s small talk during meeting breaks. Based on the attitudes expressed in this study regarding COVID-19 generally, participants would likely extend these same opinions to virtual and in-person forms of a PLC. It is difficult to guess how things may change once the pandemic is settled and whether those changes will influence the attitudes and preferences of future PLC participants, but it is reasonable to imagine that the increased utilization of telecommunications for professional and personal domains should remain higher than it was prior to this global crisis.

**Licensed Learners’ Unique Perspective**

Most (n=3) licensed learners did not express an interest in joining a PLC offered at GSAPP dedicated to their continuing education. They were, however, interested in serving as expert trainers or mentors for student learners within such a PLC. They offered many reasons. Firstly, they described how they are already inundated with a multitude of professional training
offerings, listservs, email blasts, and consultation groups. They expressed a willingness to consider joining the PLC for their continuing education if the PLC would help consolidate their current, disparate professional training resources and opportunities rather than add to their listings. Some of the licensed learners also noted feeling underwhelmed by the support currently offered by GSAPP to alumni who provide services such as clinical supervision to students. They wanted to be better compensated and appreciated for their efforts and time should they participate in the PLC as mentors or workshop trainers. Material incentives they expressed interest in were things like continuing education credits for leading trainings and workshops, a resource library, a lending library for psychological assessments, group discounts for purchasing psychological assessments, and access to the Rutgers library. However, one licensed learner, Rose, explained that while material incentives such as CE credits were like “a bonus sprinkle on the ice cream,” she would participate regardless because she enjoyed being involved in the community. Another licensed learner, Jake, who valued material incentives also stressed the appeal of community as a reason for licensed professionals to stay engaged. As a reminder, Jake described a GSAPP PLC gathering 6-7 years prior that congregated weekly for “a bagel, a cup of coffee,” and to discuss clinical topics of interest which was primarily fueled by the bonds of community. In the literature, other PLCs offered no incentives for participation. This distinctive idea may be attributed to how licensed learners and student learners did not perceive one another as peers but rather as a categorically distinctive type of colleagues. Students and licensed professionals referred to each other with titles denoting their differences such as trainees and mentors. Given this asymmetrical relationship, the idea of incentives for licensed learner engagement in the PLC could be characterized as compensation or payment. If this is the case, then it will be important for a PLC organizer to engage in a cost-benefit analysis to determine if
such incentives would still align with the aims of developing a low-cost, low-resource training model.

Relationally, licensed learners noted that joining a PLC for their continuing education should inherently emphasize peer relationships which meant other licensed professionals for them and not graduate trainees. They described feeling more comfortable sharing their thoughts and opinions with other professionals. Instead, they believed that a helpful compromise would be organized mentorship or didactics to stay connected with the PLC and GSAPP. They saw networking events as opportunities to engage with not only student learners, but also like-minded peers and GSAPP faculty.

While licensed learners made a minority of comments that reflected the potential for a PLC dedicated to their continuing education, the overwhelming feedback indicated their primary interest was in helping support a student-centric PLC. It is possible that they arrived at this conclusion due to the framing of the research through a graduate researcher’s lens and being approached from the graduate school rather than from a third party. Moreover, it is possible that if licensed learners were asked to hypothetically identify an ideal PLC in the absence of any current educational offerings they have access to, they may have conceptualized a licensed learner-specific PLC that would have met their needs.

**Moderator, Not Instructor**

There was substantial discussion about the need and role of a PLC moderator. However, student and licensed learners differed greatly given how they conceptualized the structure and goals of the PLC. With licensed learners describing the PLC as a medium to enhance pediatric training opportunities for students, they did not express strong preferences regarding moderators for general PLC activities. Instead, they acknowledged the usefulness of moderators for targeted
activities like workshops and conferences, based on their past experiences. They reported how
difficult it can be for an expert trainer to both provide didactic and experiential training while
also trying to manage the logistical aspects of a training. Thus, they viewed the role of a
moderator in a PLC as administrative/logistical personnel to organize training experiences.

In a similar fashion, the most comprehensive recommendation made by student learners
was to have a single individual curate material resources, organize and moderate activities like
peer consultations or expert-led workshops, encourage active participation from all members of
the PLC, and serve as a “catch all” representative for the PLC when issues arise. They were
divided on who would perform most effectively in such a role and suggested a senior student,
faculty member, and licensed learner. At times during these discussions, it appeared that student
learners were suggesting that they wanted a flexible, yet somewhat traditional classroom
structure given the assortment and abundance of responsibilities they wanted a single individual
to hold. The combination of preferences suggests a hybrid classroom structure that integrates
complementary components of training. This might include formal training and an archive of
resource materials that is combined with ongoing expert consultation. Similarly structured PLCs
like these exist in the literature but often as supplementary components to a formal academic
course offering (Boyd, 2008; Kear, 2004; Keppell et al., 2006) rather than as a standalone PLC
with a dedicated purpose. Thus, such a hybrid classroom structure would deviate significantly
from the centrality of peer interactions.

Other recommendations made by student learners included frequent mentions of inviting
licensed learners for formal didactics and training. While there is an advantage to potentially
accessing licensed learners’ expertise, at times, it felt as if student learners were neglecting the
peer-to-peer element of a PLC by advocating for serial didactics from expert trainers. Minimal
consideration was given to the fact that the students could collectively pool their resources, time, and energy together to develop such didactics. Fortunately, *Wendy* described previously hearing of GSAPP students engaging collectively at a practicum site in a similar manner and other students expressed agreement that it could be a good option. This concept is defined in the literature as cooperative learning and is described by Topping (2005) as “‘structuring positive interdependence’ in pursuit of a specific shared goal” (p. 632). Evidence suggests that a cooperative learning approach can work in small groups of heterogeneous learners or within the parameters of specified goals, tasks, resources, roles, rewards, along with oversight by experts (Haas et al., 2020; Miquel & Duran, 2017; Topping, 2005). However, challenges can arise in cooperative learning PLCs if all group members are working with the same information or if it becomes a case of “the blind leading the blind” (Topping, 2005). As for the current study participants, only a few learners advocated for elements of cooperative learning, and no one endorsed the approach explicitly.

To counterbalance the abundance of classroom-like structure recommendations, some students advocated for a senior student learner to serve as a moderator only in specific activities like peer consultation meetings. They thought this would help ensure the accuracy of clinical materials being discussed without the pressure of having to “perform” should the moderator be a faculty member or licensed learner. Similar recommendations and examples of past experiences utilizing peer leaders were proposed with additional rationales such as a senior student serving in this capacity would have an intimate and more recent understanding of their peers’ current experiences while still being able to provide adequate supervision. This form of moderation is often described in the literature as peer tutoring or peer-assisted learning and is often characterized by guidance or instruction from a “peer leader” who has more experience or
expertise than the peer learners in a PLC (Darling-Hammond & Richardson, 2009; Huijser et al., 2008; Keenan, 2014; Topping, 2005). Training is often provided by the institution implementing a PLC for peer leaders and the peer leaders who undertake such roles report benefits for themselves including acquisition of higher-level personal and professional skills, improved academic achievement, and improved interpersonal relationships (Huijser et al., 2008; Keenan, 2014). Peer learners who engage in PLCs with this form of moderation often report experiencing reduced performance anxiety, greater sense of community, enhanced interpersonal relationship, and more academic engagement (Huijser et al., 2008; Kennan, 2014; Topping, 2005).

Ultimately, no definite conclusion was drawn by the student nor licensed learners in this current study about who would be the most effective moderator and what level of moderation would be preferred at different PLC activities. The answers were as varied as the possibilities that existed, but the notion of a peer leader was something that pervaded the different discussions occurring in each focus group and perhaps that would be a good starting point given the inherent importance of the peer-to-peer focus of a PLC.

Economy of Scale

Given the current disparate, fragmented, ineffective, and costly approaches to training providers, particularly in EBTs, a PLC model could offer an opportunity to create local economies of scale. Regardless of the final PLC configuration, it has the potential to efficiently utilize licensed learner expertise with minimal costs (i.e., incentives) in lieu of expensive expert-led workshops as well as tap into the pooled knowledge, skillset, time, and general resources of licensed and student learners to produce valued learning without the need for extensive funding.

Notably, many of the proposals suggested by participants call for some level of funding (e.g., a virtual resource library and curator). It may be possible to minimize or eliminate the need
for funding in some cases by using publicly available resources (i.e., free storage offered by Google Drive or Dropbox) or by leveraging the pooled resources of the participants within the PLC. For example, one proposal made by participants was to designate a single individual as curator to tend to all resource library responsibilities, instead it may be more time and cost effective to devise a schedule for PLC members to donate a portion of their time towards curating the collective resource library. Similar plans could also be devised for other roles within the PLC. Other potential considerations for necessity of funding would be things like meeting spaces (e.g., virtual or physical conference rooms) and availability of material resources. Again, it would be possible to leverage the existing resources available to PLC members through free software programs, public meeting spaces, or pre-owned material resources.

Unfortunately, the ability to draw from the pooled resources of PLC members may not work in all circumstances. One example are select incentives identified by licensed learners that would require institutional funding such as Rutgers library access. It would be theoretically possible to negotiate with institutional authorities and offer PLC membership expertise in exchange for such funding and resources. Fortunately, such cases of necessity are scarce.

Nevertheless, one major challenge of this model of funding and sustainability is that everything is contingent on the dedication, persistence, and ingenuity of the PLC members involved.

**Limitations**

The current study has several limitations that must be considered. With only 12 health service psychology graduate trainees and 5 licensed professionals offering insights, the findings may not generalize to other GSAPP trainees and licensed professional nor can it be generalized beyond GSAPP. The sample is also biased towards feedback received from clinical psychology graduate trainees as a greater number (n=10) participated in the focus group interviews as
compared to school psychology graduate trainees (n=2). Additionally, the semi-structured interview prompts offered in focus groups were developed by the study researchers in hopes of understanding phenomena of interest to the study researchers, which carries inherent bias. Furthermore, the COVID-19 pandemic unfolded as the focus group interviews were being conducted in May 2020, which may have altered participants’ attitudes and perceptions about different aspects of PLCs. Given the novelty of COVID-19 and a limited understanding of its impact on society and academia currently, these attitudes and perceptions may not persist long term. Although these limitations do not negate the utility of the feedback and recommendations, the findings cannot be assumed to accurately represent the collective community of health service psychology trainees and licensed professionals at GSAPP.

**Conclusions and Future Directions**

The current study suggests that a peer learning community may be an acceptable and desirable model of training to help enhance pediatric training provided at the Graduate School of Applied and Professional Psychology. Specifically, graduate trainees and licensed professionals at GSAPP advocated for a PLC focused on increasing student access to external training opportunities. In fact, the licensed professionals repeatedly offered to provide these training opportunities themselves. However, the licensed professionals highlighted how often they have felt undervalued and underappreciated for the services they offer and thus advocated for incentives (i.e., CE credits, access to the Rutgers library, and a psychological assessments lending library or group discount purchasing program) in return for their expertise. Furthermore, both graduate students and licensed professionals stated a strong desire for an easily accessible, digital resource library that will accept user submission and will be well-curated. In fact, resource sharing as well as peer consultation were identified as assumed functions of a PLC.
They also envisioned the availability of a facilitator or moderator for PLC meetings and activities that could also serve as the resource curator. The challenge will be to determine how facilitators will be selected and how responsibilities will be delegated.

Also, graduate trainees emphasized the importance of a PLC that will grow and evolve with their training needs throughout their graduate career. Feedback from students regarding the flexibility and adaptability of the PLC suggests a desire for structured PLC activities in the early years of graduate training with gradual reductions in structured activities, increases in flexible and ad hoc programming, and likely decreasing participation as they advance through the program. This desire for a shifting agenda will be a unique challenge for the sustainability of the PLC as decreasing membership in later years may or may not be replenished by new trainees. Nevertheless, the data gathered from this study will aid in the development of a pilot, pediatric psychology PLC for alpha testing. The implementation of a pilot PLC will further aid in assessing and understanding the utility, efficacy, and limitations of a PLC at GSAPP.
REFERENCES


Godley, S. H., Garner, B. R., Smith, J. E., Meyers, R. J., & Godley, M. D. (2011). A Large-Scale Dissemination and Implementation Model for Evidence-Based Treatment and Continuing


National Association of School Psychologists. (2021b). *Shortages in school psychology: Challenges to meeting the growing needs of U.S. students and schools* [Research summary].


Table 1

**Sociodemographic Characteristics**

<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
<td>88</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
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<td></td>
</tr>
<tr>
<td>White/Non-Hispanic</td>
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</tr>
<tr>
<td>White/Hispanic</td>
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<td>12</td>
</tr>
<tr>
<td>Biracial</td>
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<td>18</td>
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<td>12</td>
</tr>
<tr>
<td>African American</td>
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<td>6</td>
</tr>
<tr>
<td>Iranian American</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td><strong>Years of Experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-5 years</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>6-10 years</td>
<td>5</td>
<td>30</td>
</tr>
<tr>
<td>11-15 years</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>15+ years</td>
<td>2</td>
<td>12</td>
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<td><strong>Practice Settings</strong></td>
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<td>Private practice</td>
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<td></td>
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<tr>
<td>Academic Medical</td>
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<td></td>
</tr>
<tr>
<td>Center</td>
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<td></td>
</tr>
<tr>
<td>Outpatient MH Clinic</td>
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<td></td>
</tr>
<tr>
<td>Private Hospital</td>
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<td></td>
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<tr>
<td>Public Hospital</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>VA Hospital</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>ABA-Based School</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

a Participants could list multiple practice settings.
Table 2

Learners’ Preferences Toward PLC Membership and Platform

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of Learners in Agreement</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Membership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student learners preferred a student only PLC</td>
<td>12 of 12 student learners</td>
<td>So, I like the idea of getting to benefit from other people's training experiences or education by having students teach us about things that they know more about that we might not know as much about. And I just always personally feel more, this may just be my own anxieties, but I feel more comfortable asking questions or discussing things more openly or coming to people with issues that I might be having when it's a peer versus a supervisor because of that power differential. (Wendy, 5th year student learner)</td>
</tr>
<tr>
<td>Licensed learners preferred to provide training to students in lieu of joining for their own education</td>
<td>5 of 5 licensed learners</td>
<td>I'm wondering if it would make sense to have some sort of wall between [student and licensed learners]… If I knew students were reading [my comments], I don't know I'd be so inclined to participate as much. But I also would love the idea of being able to share my knowledge with students. I always found it valuable to go to a class at GSAPP and talk about the work I do. (Paul, licensed learner)</td>
</tr>
<tr>
<td>Preferred Platform</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student and licensed learners all preferred a hybrid (virtual and in-person) model</td>
<td>12 of 12 student learners</td>
<td>That's why I like the hybrid [model]. You can be a really active online member, you know, actively participate in a lot of the forum discussions, participate in a lot of these virtual meetings, virtual trainings, sharing resources, all of it. And then participate in the in-person stuff when you can. (Amy, 2nd year student learner)</td>
</tr>
<tr>
<td></td>
<td>5 of 5 licensed learners</td>
<td>So, even now, I’m thinking of how much I want to travel when [COVID-19] is over. I want to find a balance. I want to find the balance between having the flexibility of doing things through [virtual] and going in-person. (Jake, licensed learner)</td>
</tr>
</tbody>
</table>
Table 3

*Functions of a PLC: Student-Held Preferences Only*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of Learners in Agreement</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acceptability Factors Exclusive to Student Learners</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Consultation</td>
<td>12 of 12 student learners</td>
<td>I always find that if I'm teaching others, it helps me to solidify my own learning. So it's like a benefit to them, but also for people who [teach]… We have exposure to different things or we end up just getting more experience in certain areas. And [since] we can't possibly do it all, I like the idea of getting to benefit from other people's training experiences or education by having other students teach us about things that they know more about that we might not know as much about. (<em>Wendy</em>, 5th year student)</td>
</tr>
<tr>
<td>Socioemotional Support</td>
<td>11 of 12 student learners</td>
<td>...in the research world, people have these writing group holding each other accountable and to provide support. And I see a lot of that happening and I wonder why something similar couldn't happen with clinical work. I think it'd be kind of cool if we had like a one hour, once a week [thing] where it was just to work on the clinical paperwork together or chat and vent, you know? (<em>Grace</em>, 3rd year student learner)</td>
</tr>
<tr>
<td>Resource Sharing</td>
<td>12 of 12 student learners</td>
<td>The thing that I generally look for first is the resources. So having a place to share and store and organize resources could be really helpful. And even if the PLC was in person, still having an online component where we could share resources we talked about…so we can go back to them [would be great]. (<em>Leena</em>, 5th year student learner)</td>
</tr>
<tr>
<td>Flexible Training Agenda</td>
<td>10 of 12 student learners</td>
<td>And I think what I would want out of [a PLC] also would depend heavily on my stage of training. When I was a first or second year, I would want more of the things like <em>Amy</em> and <em>Beth</em> are talking about, like more of the modeling, more of the [experiential] stuff. But at this stage, like I'm about to go into internship and thinking about moving into the professional community I would benefit more from different things, so [I would like] more of the networking piece and [peer support] too. (<em>Pepper</em>, 5th year student learner)</td>
</tr>
</tbody>
</table>
Table 4

Functions of a PLC: Student and Licensed Learner-Held Preferences

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of Learners in Agreement</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Networking</td>
<td>10 of 12 student learners</td>
<td>But the networking piece, I think can also be really helpful or has been really helpful for me in the sense that people above me or even [same-level] peers are always presenting different opportunities that can add on to what I've already been doing or open new doors. So that's been really nice for me…especially where I am now at this stage [of training and] thinking about my next steps. (<em>Wendy</em>, 5th year student learner)</td>
</tr>
<tr>
<td>Mutually Agreed Acceptability Factors</td>
<td>5 of 5 licensed learners</td>
<td>I don't know who most of the faculty are… So [it would be great] if there was more of the faculty presenting some of their work [at events]. I know the school [PsyD] program did that with practicum supervisors. Everyone I spoke to that attended [that event] was like ‘This was great. We got to learn who all the faculty were and see what kind of work they’re doing’ [And another person mentioned] there were a couple of cases where [they] followed up with a faculty member about their case because [the faculty member] does a lot of work in that field. (<em>Paul</em>, licensed learner)</td>
</tr>
<tr>
<td>Additional Pediatric Training Opportunities</td>
<td>12 of 12 student learners</td>
<td>I think something that I found exciting [about the PLC] is that it would be an opportunity to get more specific [pediatric] training and discussions going, and I think a lot of the coursework that we take outside of child psychopathology is very focused on adult psychopathology and treatments in the context of adults…we don't get a lot of clinical exposure to how treatments translate into working with [youth] populations. (<em>Amy</em>, 2nd year student learner)</td>
</tr>
<tr>
<td></td>
<td>5 of 5 licensed learners</td>
<td>It's really hard to find people who are working with children and adolescents when I have to make a referral... A lot of people don’t want to work with that population. That's why doing something like this [PLC] to increase training for people because sometimes people may have felt ‘I finished GSAPP and I would like to do that [work] but I just don’t have the training in it’(<em>Jake</em>, licensed learner)</td>
</tr>
</tbody>
</table>
Table 5

*Functions of a PLC: Licensed Learner-Held Preferences Only*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Number of Learners in Agreement</th>
<th>Example Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptability Factors Exclusive to Licensed Learners</td>
<td>Incentives</td>
<td>I think getting some perks back like borrowing assessments from the library, getting assessments at a discounted price is important. (<em>Jake</em>, licensed learner)</td>
</tr>
</tbody>
</table>
FIGURES

Figure 1

Sample Illustration of Virtual PLC
Sample Illustration of Hybrid PLC

Scenario B: Hybrid

Online Access

In-person Meetings:
- 4x/year meetings at GSAPP or
- 2x/year conference/workshop style meetings at GSAPP focused on some pre-determined youth mental health topic of interest
Scenario C: In-person Only

and/or bi-monthly in-person peer consultation meetings that alternate with specific topic of interest workshops
Creating a Peer Learning Community (PLC) at GSAPP to enhance the Clinical Child, Adolescent, Family, and Pediatric Concentration (CCAFP)

Peer Learning Communities, or PLCs, are collaborative learning groups designed to encourage learning amongst peers and colleagues on a common interest topic. PLCs are being implemented across educational and corporate settings to complement formal education and training, but they have only just begun to be implemented in mental health settings. PLCs can vary in structure (in-person, virtual), function (didactic, consultative), and form of communication [synchronous (real-time) or asynchronous (time-lagged)]. Evaluation of PLCs provides early evidence that they can promote increased skill use, improved process and therapeutic flexibility, and engagement in professional development.

Purpose of the study
You are being invited to participate in a research study. The purpose of this research is to assess the value of different PLC formats and understand graduate trainee and professionals’ attitudes toward different PLCs. At GSAPP, we have begun a program to start a PLC focused on Clinical Child, Pediatric, and Family training. We are interested in current student and alumni perspectives on training formats and content. Based on your initial responses to the current questionnaire, you may be invited to participate in a follow-up focus group. Your participation in this research is voluntary. Your decision to participate will, in NO WAY, affect your standing or relationship with GSAPP or Rutgers University.

The survey will take 20 minutes. If you do choose to participate, you may change your mind and stop participating at any time without any penalty to you. If you agree to participate in the survey, you may choose to enter into a lottery to win one of eight $50 gift certificates (e.g., Amazon). As the survey is part of a study, the results may be published. All responses are anonymous, meaning, we will not ask you to identify your personal information and will not be able to link your responses with any identifying information. However, if you wish to enter into the lottery, you will need to provide contact information at the end of the survey. Data analysis will be presented collectively so that individual response data cannot be linked to participants. Also, your data will be kept for an indefinite time and security measures such as storage within password protected documents on secure servers will be taken to ensure confidentiality. There are no foreseeable risks to participation in this study. The study will be used for program development at GSAPP and may produce valuable information about developing PLCs more generally.

If you have any questions regarding this study, you can contact Dr. Brian Chu at:

152 Frelinghuysen Road
Graduate School of Applied and Professional Psychology
Rutgers University
Piscataway, NJ 08854
(848) 445-3903
Email: BrianChu@g Scarlet.Rutgers.edu

If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866
Email: human-subjects@ored.rutgers.edu

You may print a copy of this consent form for your records.

Click “I agree” below and press the next arrow symbol if you agree to participate in this research study.

If you do not wish to participate, you may exit the survey by closing out your browser window.

☐ I agree

Q1 What is your age?

___________________________________________________________________
Q2 How would you describe your sex/gender?

- Male
- Female
- Transgender
- Gender fluid
- Other (please describe) __________________________________________________________

Q3 Please indicate your role at GSAPP

- Alumnus
- Current student

End of Block: Intro

Start of Block: Alumnus-only Branch

Q4 What program did you graduate from?

- Organizational
- Clinical
- School
Q5 Time since you were awarded your doctoral degree.

- Within the past 3 years
- 4-5 years ago
- 6-10 years ago
- 11-15 years ago
- 16-20 years ago
- 21-25 years ago
- 26-30 years ago
- 31-35 years ago
- 36-40 years ago

Q6 What is the distance in miles from your place of employment to GSAPP?

Q7 Are you currently affiliated with a graduate training program (e.g. do you teach or supervise for a graduate clinical practicum or externship)?

- Yes
- No

Q8 Are you currently licensed?

- Yes
- No
Q9 Do you currently conduct professional trainings (e.g., workshops, consultation, continuing education) for post-degree professionals?
   ○ Yes
   ○ No

Q10 Are you employed right now as a psychologist/in the mental health field?
   ○ Yes, employed full time
   ○ Yes, employed part time
   ○ Yes, employed but currently on leave (e.g. sabbatical, maternity/paternity)
   ○ No, I am looking for employment at this time
   ○ No, I am not looking for employment at this time
   ○ No, I am retired
Q11 What setting do you work in? (Select all that apply.)

☐ Solo private practice
☐ Group private practice
☐ Community mental health center
☐ General or specialized hospital
☐ General or specialized clinic
☐ Primary or secondary school
☐ College or university
☐ Government or other public institution/agency, including the military
☐ Corporation or other business organization
☐ Other (please describe) _______________________________________________

Q12 Which of the following best describes the location of your employment?

☐ Rural
☐ Suburban
☐ Urban
Q13 What client age range do you work with? (Select all that apply.)

☐ Toddlers/preschoolers (0 to 5 years old)
☐ Children (6 to 10 years old)
☐ Preteens/tweens (11 to 13 years old)
☐ Adolescents/teenagers (14 to 19 years old)
☐ Adults (20 to 64 years old)
☐ Elders (65 years old+)

Q14 How would you describe your theoretical orientation? (Select all that apply.)

☐ Psychodynamic
☐ Humanistic
☐ Behavioral
☐ Cognitive behavioral
☐ Systems
☐ Other (please describe)

____________________________________________________

End of Block: Alumnus-only Branch

Start of Block: Student-only Branch

Display This Question:
If Please indicate your role at GSAPP = Current student
Q15 What program are you currently in?

- Clinical PsyD
- School PsyD
- Clinical PhD

Q16 What year did you enter the program? (Please enter four digit year)

________________________________________________________________

Q17 What kind of practicum settings do you currently work in? (Select all that apply.)

- Solo private practice
- Group private practice
- Community mental health center
- General/specialized hospital
- General/specialized clinic
- Primary or secondary school
- College or university
- Government or other public institution/agency, including the military
- Corporation or other business organization
- Other (please describe)

___________________________________________________________________________
Q18 What client age range do you work with? (Select all that apply.)

☐ Toddlers/preschoolers (0 to 6 years old)
☐ Children (6 to 10 years old)
☐ Preteens/tweens (11 to 13 years old)
☐ Adolescents/teenagers (14 to 19 years old)
☐ Adults (20 to 64 years old)
☐ Elders (65 years old+)

Q19 How would you describe your theoretical orientation? (Select all that apply.)

☐ Psychodynamic
☐ Humanistic
☐ Behavioral
☐ Cognitive behavioral
☐ Systems
☐ Other (please describe)

________________________________________________

End of Block: Student-only Branch

Start of Block: Return to General Branch

Text 2
For the following questions, consider the following. We are contemplating developing peer learning communities (PLC) or networked learning opportunities that focus on child, adolescent,
and young adult mental health and treatment across broad settings (e.g., clinics, schools, primary care). PLCs might take the form of in-person meetings and learning/networking opportunities, or they may consist of online groups, message boards, or networking fora where individuals could share resources, discuss topics of common interest, and provide informal peer consultation. We don’t want to give too many examples because the purpose of this survey is to assess what YOU would find useful/interesting. But, for students, these might consist of online or in-person fora where students could discuss classroom topics, practicum experiences, or current events. For alumni, this could include online groups where members could share resources, receive peer consultation, and discuss current professional or topical events. If demand exists, in-person networking functions could also be developed, and then reinforced by online continuation opportunities.

For the purposes of the proceeding questions, think broadly and consider this prompt: “If I were to seek out additional training or continuing education, how might it best be structured?”

Q20 What kind of learning opportunities are you looking for outside of the classroom or your typical job/practicum responsibilities?

________________________________________________________________
________________________________________________________________

Q21 How important is the ability of obtaining C.E. credits in deciding which training opportunities to pursue?

- [ ] Extremely important
- [ ] Very important
- [ ] Moderately important
- [ ] Slightly important
- [ ] Not at all important
- [ ] N/A (I am a student; I do not work in a state that requires C.E.)
Q22 Here are some examples of common continuing education experiences. Please rate the usefulness of each in terms of how much each tends to help you learn new skills and incorporate skills into your practice.

<table>
<thead>
<tr>
<th>Experience</th>
<th>Extremely useful</th>
<th>Very useful</th>
<th>Moderately useful</th>
<th>Slightly useful</th>
<th>Not useful at all</th>
<th>Cannot Rate</th>
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<tbody>
<tr>
<td>Day-long workshops</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Extended (multi-day) workshops</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Formal supervision with an expert</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Formal group peer consultation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>One-on-one ad hoc peer consultation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Formal coursework (longer than one week, such as a full semester course)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Formal practicum (that incorporates didactics and supervised practice)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Webinar</td>
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<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
</tr>
</tbody>
</table>
Q23 To what extent do job/practicum requirements influence your decision about which training opportunities to pursue? For example, does your job require attendance at formal training, like grand rounds or conferences, or obtainment of specific credentials? Does your practicum require attendance at outside training to obtain necessary skills to perform at the practicum?

- Extremely influential
- Very influential
- Moderately influential
- Slightly influential
- Not influential at all

Q24 How much time per month do you have for training opportunities? For post grad-professionals: how much time are you willing to devote to additional training or continuing education? For current students: how much time outside of class and current practica responsibilities are you willing to commit to this?

<table>
<thead>
<tr>
<th>Hours per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 4 8 12 16 20 24 28 32 36 40</td>
</tr>
</tbody>
</table>

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End of Block: Return to General Branch

Start of Block: General Branch Continued

Text 3A Please answer the following questions specifically thinking about the possibility of creating a Peer Learning Community (PLC).
Q25 If you were to create or join a Peer Learning Community (PLC), what would you see as its main goal or goals? (Select all that apply.)

- [ ] Create and support professional networking opportunities
- [ ] Offer didactics and trainings
- [ ] Peer consultation
- [ ] Resource sharing
- [ ] Other (please describe) ____________________________________________

Q26 How are these needs currently being met or not being met by other means? Please provided as much detail as possible in regards to current opportunities for the following. If not applicable, type N/A.

- [ ] Professional networking ____________________________________________
- [ ] Didactics and trainings ____________________________________________
- [ ] Peer consultation ________________________________________________
- [ ] Resource sharing ________________________________________________
- [ ] Other (please describe) ____________________________________________

Q27 What would be your preferred meeting platform? (Rank response 1 as most preferential to 8 as least preferential by clicking on an item and dragging it up or down.)

- [ ] In person meetings
- [ ] Synchronous online platforms (Synchronous communication occurs in real time and includes examples such as telephone conversations, web conferencing, and instant messaging. Common platforms include Slack, Microsoft Team, Skype, and Zoom)
- [ ] Both synchronous and asynchronous platforms
- [ ] Asynchronous online platforms (Asynchronous communication is not immediately received or responded to by those involved and include examples such as emails and message
boards which allow people to communicate on different schedules. Common platforms include Rutgers Sakai and Google Groups.

_____ Mixture of in-person meetings and synchronous online platforms
_____ Mixture of in-person meetings and asynchronous online platforms
_____ Mixture of in-person meetings and both online platforms
_____ Other (please describe)

Q28 What features would you like an online platform to include? (Select all that apply.)

☐ File storage (to store and share client worksheets, scripts, Microsoft Office templates, or treatment manuals)

☐ Message board (to obtain and provide confidential peer consultation)

☐ Calendar (to arrange meet ups and keep up to date with events, conferences, and C.E. offerings)

☐ Webinar (to attend formal presentations, expert panels, or peer discussions)

☐ Videoconferencing (to discuss common topics and provide live peer consultation)

☐ Other (please describe)
Text 3B Please answer the following questions specifically thinking about the possibility of creating a Peer Learning Community (PLC).

Q29 What would your preferred meeting schedule look like?

- Weekly meetings
- Monthly meetings
- Informal check-ins based on individual availability
- Other (please describe) ________________________________

Q30 Would you prefer meeting participation to be:

- Mandatory
- Not mandatory but attendance is expected
- No expectations for attendance

Q31 What would be your preferred level of focus?

- A singular group focused broadly on youth mental health issues
- Multiple small groups with each group focused broadly on youth mental health issues
- Multiple small groups with each group focused on specific topics within youth mental health issues (a group about assessment, a group about treatment, a group about professional development)
- One main PLC with many sub-PLCs (akin to special interest groups within an organization)
- Other (please describe) ________________________________
Q32 If there were multiple groups, what would be your preferred group size?

<table>
<thead>
<tr>
<th>Individuals per group</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td>20</td>
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<td>35</td>
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<tr>
<td>40</td>
</tr>
<tr>
<td>45</td>
</tr>
<tr>
<td>50</td>
</tr>
</tbody>
</table>

Q33 What would be your preferred composition?

- Current student only group(s)
- Alumni only group(s)
- Mixed student and alumni group(s)

Q34 How would you want "enrollment" or joining to be handled?

- Membership to a group should be open and people can join any time
- It should be a "closed" group where there are fixed times for joining
- It should be a "closed" group where a new person can be added but will have to go through a formal process

Q35 Would you prefer to have a moderator?

- Yes, a moderator would be helpful
- Sometimes, a moderator could be helpful
- No, a moderator is not needed
Q36 If there was a moderator, who would you prefer? (Rank response 1 as most preferential to 5 as least preferential by clicking on an item and dragging it up or down.)

______ Advanced standing student
______ Alumnus
______ Professor
______ Community expert
______ Other (please describe)

Q37 How would you prefer content to be selected?

○ Formal designations of discussion topics by a moderator

○ Informal designations of discussion topics by PLC members

○ Mix of A and B

○ Open-ended discussion based on ongoing events

○ Other (please describe) ________________________________
Text 3C Please answer the following questions specifically thinking about the possibility of creating a Peer Learning Community (PLC).

Q38 How would you determine if the PLC was worth your while? (Rank response 1 as most preferential to 6 as least preferential.)

______ Amount of my participation/attendance
______ Percentage of group participation/attendance
______ Impact on my level of knowledge
______ Impact on my skills
______ Impact on my clients/patient care
______ Other (please describe)

Q39 What incentives would motivate participation in the PLC? (Select all that apply.)

☐ No incentives necessary
☐ Course credit
☐ Catering for in-person meetings
☐ Continuing education credits
☐ Certification training
☐ Discounts at GSAPP events
☐ Networking opportunities
☐ Other (please describe)
Q40 What problems or barriers do you anticipate encountering that would prevent you from participating in a PLC? (Select all that apply.)

☐ Lack of time
☐ Technological difficulties
☐ Cost (travel, missed work time)
☐ Having to commit to a long-term obligation
☐ Perceived enthusiasm of other participants
☐ PLC does not meet training needs
☐ PLC is disorganized or mismanaged
☐ Other (please describe)

________________________________________________

End of Block: General Branch Continued

Start of Block: Vignette A

Vignette A Text The following pages will present you with brief vignettes accounting for different types of PLCs. Please read over the descriptions carefully and answer the accompanying questions.

Vignette A One form of PLC is to have an online platform (like Google Groups or Sakai or Blackboard) where members would join and all participation would happen online. In this kind of a platform, there might be a message board where members could start a conversation about a specific topic. The message board would be threaded so that members could identify topics of like-interest and ask/answer questions. There might be a another section where members could post resources (e.g., clinical worksheets, articles, administrative templates) and links to relevant newsfeeds. This platform could also be used to host online conferences where sub-groups could meet or closed-group webinars could be held. Most of the correspondence would happen through electronic correspondence (e.g., email) or online messaging and would happen when the member chose (I.e., asynchronously).
Vignette A1 Based on this vignette, how likely are you to participate?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette A2 Would your participation improve your professional expertise? Would it improve your work with clients or client care?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette A3 In what ways would this impact your professional expertise or work with clients?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Vignette A4 How much time would you spend per month in such a PLC?

<table>
<thead>
<tr>
<th>Hours per month</th>
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<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Vignette A5 What would you change about this PLC?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Vignette A

Start of Block: Vignette B

Vignette B Text Another form of PLC takes the form of mostly in-person meetings. This might include semi-regular or ad-hoc meetings to hold continuing education trainings or networking opportunities. Between meeting communication is facilitated by a web site and listserv. The group may not sponsor formal ongoing peer consultation groups, but small groups of members may meet up and decide to form their own. Some local examples include NYC CBT, NJ Association of Cognitive Behavioral Therapists (NJ-ACT), and Center for Psychotherapy & Psychoanalysis of New Jersey (CPPNJ).
Vignette B1 Based on this vignette, how likely are you to participate?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette B2 Would your participation improve your professional expertise? Would it improve your work with clients or client care?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette B3 In what ways would this impact your professional expertise or work with clients?

________________________________________________________________
________________________________________________________________
________________________________________________________________
____________________________________ ______________________________
________________________________________________________________
________________________________________________________________
Vignette B4 How much time would you spend per month in such a PLC?

<table>
<thead>
<tr>
<th>Hours per month</th>
<th>0</th>
<th>2</th>
<th>4</th>
<th>6</th>
<th>8</th>
<th>10</th>
<th>12</th>
<th>14</th>
<th>16</th>
<th>18</th>
<th>20</th>
</tr>
</thead>
</table>

Vignette B5 What would you change about this PLC?

________________________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

End of Block: Vignette B

Start of Block: Vignette C

Vignette C Text
Another form of PLC is a hybrid of the online and in-person. An example might be a Special Interest Groups (SIGs) that comes as part of a national association. The larger group might meet in-person relatively infrequently (1-2 per year), but communication is extended throughout the year using web-based services and email/listserv correspondence. Members communicate primarily through email correspondence, and a web-based platform helps document organization news, updates, and shares common resources. Web-based conferences (webinars) are the most common way that ongoing learning is facilitated.
Vignette C1 Based on this vignette, how likely are you to participate?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette C2 Would your participation improve your professional expertise? Would it improve your work with clients or client care?

- Definitely not
- Probably not
- Possibly
- Probably
- Very probably
- Definitely

Vignette C3 In what ways would this impact your professional expertise or work with clients?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Vignette C4 How much time would you spend per month in such a PLC?

<table>
<thead>
<tr>
<th>Hours per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Vignette C5 What would you change about this PLC?

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

End of Block: Vignette C

Start of Block: Thank You Page

Thankyou text
Thank you for your assistance!

Please use the space below to elaborate further on any of the questions in this survey or to comment on about any aspect of the PLC. Your comments are of great interest to the PLC committee.

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Thankyou1 If you would like to be entered into the drawing for one of four $50 gift cards, please check the box below and then provide your contact information below.

☐ I would like to be entered into the gift card drawing

Thankyou2 If you would like to receive updates from the PLC committee, please check the box below and then provide your contact information below. This would add you to our emailing list.

☐ I would like to be added to the PLC emailing list

Thankyou3 Please provide your name and email address. Your information will be separated from your responses.

☐ First name ________________________________________________

☐ Last name ________________________________________________

☐ Email address ________________________________________________

End of Block: Thank You Page
Appendix B

Focus Group Recruitment Email

GSAPP Peer Learning Community Focus Group Interview Invitation

Dear colleagues,

You may recall that last spring, you participated in an online survey assessing interest in Peer Learning Communities for child and adolescent clinical work. Thank you again for your participation – your input has been helpful in shaping the next steps for developing such resources! Based on your participation in an earlier survey, and your interest in staying informed, you have been invited to participate in a second phase of the project. We would like to invite you to participate in a focus group interview for the research study, “Novel Models to Enhance and Extend Child/Pediatric Graduate and Professional Training.” We are looking for a total of 20 individuals to participate in focus group interviews to follow up on topics and opinions that were reported on the online survey.

Participation would include a **two-hour in-person** focus group, held at the Graduate School of Applied and Professional Psychology. During the session, you will be asked to share your opinion about the advantages and disadvantages of different PLC formats. A Doodle Poll will be sent out to coordinate the best times for everyone that agrees to participate. And to show appreciation for your contribution, there will be catered food and drinks at the session and you will receive a $25 Amazon.com gift card upon completion.

Interested? If so, please email me at junhong.chen@gsapp.rutgers.edu or call me at 917-460-6035. You may also reach out to the principal investigator Dr. Chu at BrianChu@gsapp.rutgers.edu. We look forward to hearing from you again!

Best Regards,

Jun Hong Chen

Jun Hong Chen, MA, PsyM
Clinical Psychology Doctoral Candidate
Graduate School of Applied and Professional Psychology
Rutgers, The State University of New Jersey
CCAFP PLC Focus Group Interview Informed Consent

You are invited to participate in a research study, “Novel Models to Enhance and Extend Child/Pediatric Graduate and Professional Training.” This document informs you of the purposes of this research, the procedures that will be followed, possible risks, and possible benefits. Please read this form carefully before agreeing to participate. The Principal Investigator (PI) or study staff will gladly answer any questions that you have. You will receive a copy of this consent form for your records.

PURPOSE OF THE STUDY
The purpose of this research is to assess the value of different peer learning communities (PLC) formats and understand graduate trainee and professionals’ attitudes toward different PLCs. PLCs are gatherings of similar professionals (e.g., having similar educational/training background) that allow members to consult with one another and to maintain engagement/learning around a shared topic of interest. At the Graduate School of Applied and Professional Psychology (GSAPP), we have begun a program to start a PLC focused on Clinical Child, Pediatric, and Family training. We are interested in current student and alumni perspectives on training formats and content. Based on the initial responses to the current questionnaire, we are also inviting a smaller group (10 students and 10 alumni) to participate in focus group interviews. You are being invited to participate in the focus group because you completed the online survey. Your participation in this research is voluntary. Your decision to participate will, in NO WAY, affect your standing or relationship with GSAPP or Rutgers University.

PROCEDURES INVOLVED IN PARTICIPATING IN THIS STUDY
All focus group interview procedures will take place at GSAPP. If you agree to participate in this study, you will be invited to attend a two-hour focus group interview. During this time, you will meet with your peers (either current students or alumni) as well as our study coordinator. You be
asked for your opinions about the different PLC formats presented to you. You will also discuss the advantages and disadvantages of the different formats with other focus group members.

POTENTIAL RISKS AND BENEFITS
There are no foreseeable risks to participation in this study, other than what you may experience in your typical training and professional development. You may grow tired of some of the questions or some of the questions may ask things you would rather not answer. If this should happen, you are free to decide not to answer such questions.

Your participation in the study may also involve certain benefits. You may learn about new models of training and professional development. You may also reflect on past training opportunities and learn about potentially new training opportunities. The information you provide for this study will also inform the development and implementation of PLCs at GSAPP.

PAYMENTS
You will receive $25 (Amazon.com gift certificate) for completing the focus group interviews. The focus group interviews will be catered with food and refreshments.

CONFIDENTIALITY
Confidentiality of your responses cannot be guaranteed within the focus group as it is a public forum. To ensure the confidentiality of responses from the public at-large, we ask all participants to treat anything said within the group as confidential. That is, nothing stated in the focus group should be discussed outside the group. To further ensure confidentiality of participant responses during data analysis and publication, each participant will be identified using an ID number and all data will be labeled with this ID. The code linking participants to their respective IDs will be maintained in a separate password-protected document.

VIDEO-RECORDING PROCEDURES
The interviews will be video-recorded by study staff using a portable video recorder. This is necessary to participate in the study because it enables the study team to transcribe and analyze the data provided throughout the focus group interviews. If you feel uncomfortable being in the
view of the camera, you may sit in a position within the group such that your back is facing the
camera. However, we cannot exclude individual voices from the recording since it will take
place in group format.

The video files will be stored on a secure GSAPP server that can only be accessed by
administration-approved individual logins and passwords. The only individuals who will have
access to the video material will be the PI and Study Coordinator. You should know that the
recordings shall be retained for an indefinite time, but all security measures described above will
be maintained until recordings are destroyed. Any staff with access to materials will have been
trained in and passed a university course in Human Subjects confidentiality and privacy
guidelines. If videos are viewed, they will be viewed behind closed doors to prevent unwarranted
disclosures.

PARTICIPATION AND WITHDRAWAL
Your participation in this research is voluntary. You may choose not to participate in this
research and if you do choose to participate, you may change your mind and stop participating in
the focus group interviews at any time without any penalty to you. In addition, you may decline
to answer any questions you choose. Your decision to participate will in no way affect your
relationship with either GSAPP or Rutgers University.

ALTERNATIVES TO PARTICIPATION
You can decide to decline participation in this study. If you decline participation, you will not
have to complete any of the above procedures and you will be permitted to leave GSAPP without
any penalties.

IDENTIFICATION OF INVESTIGATORS
If you have any questions regarding this study, you can contact Dr. Brian Chu at:

152 Frelinghuysen Road
Graduate School of Applied and Professional Psychology
RIGHTS OF RESEARCH PARTICIPANTS
If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at:

Institutional Review Board
Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866
Email: human-subjects@ored.rutgers.edu

SIGNATURE OF RESEARCH SUBJECT
I hereby give my consent to participate in this research study and agree that my personal opinions and attitudes can be collected, used, and shared by the researchers and staff for the research study described in this form. I will receive a signed copy of this consent form.

Participant Signature: ___________________________ Date: ____________

Participant Name: ________________________________

Signature of Study Staff Witness: ___________________ Date: ____________

Witness’ Name: _________________________________
Audio/Visual Addendum to Consent Form

You have already agreed to participate in a research study entitled: Novel Models to Enhance and Extend Child/Pediatric Graduate and Professional Training, conducted by Brian Chu, Ph.D. We are asking you to confirm permission to digitally record interview procedures as part of that research study. This is necessary to participate in the study because it enables the study team to transcribe and analysis the data provided throughout the focus group interviews. If you feel uncomfortable being in the view of the camera, you may sit in a position within the group such that your back is facing the camera. However, we cannot exclude individual voices from the recording since it will take place in group format.

All recordings will be conducted via a portable video recorder. Video files will be securely stored on GSAPP’s own secure server and only the PI and study coordinator will have access to these video files. Moreover, access to these secure servers require administration-approved individual logins and passwords.

Video material will only be used for research purposes (e.g., identifying common themes, desired functionalities, or limitations and concerns). Videotaped material will NEVER be used for workshops, classes, or conferences outside of GSAPP without your separate, explicit permission (e.g., signing a separate release of information form) that will identify the specific intended use of the material. You should know that the recordings shall be retained for an indefinite time, but all security measures described above will be maintained until recordings are destroyed. Any staff with access to materials will have been trained in and passed a national program certifying competency in Human Subjects confidentiality and privacy guidelines.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.
I agree that focus group sessions can be video-recorded for the purposes of research and training adhering to the guidelines stated above.

__________________________________________________  __________________
Participant Signature  Date

__________________________________________________
Participant Name
Appendix D

Focus Group Semi-Structured Interview Questions

1. A PLC is a collaborative learning group designed to foster learning and growth amongst same-level peers on a common topic of interest. What interested you most about the Clinical Child, Adolescent, Family, and Pediatric Psychology concentration PLC?
   a. What types of continuing education opportunities do you currently attend?
   b. What types of networking opportunities do you currently attend?
   c. What would be unique about joining a PLC for you?
   d. What would be different between expert training, supervision, or consultation, and participating in a PLC?
   e. Have you participated in other PLCs before?
      (1) What were the strengths?
      (2) What are the limitations?
         (a) Sustainability of participation?
         (b) Meeting frequency?
   f. What worked best in past PLCs in which you have participated?
   g. What characteristics of PLCs would you not want to see?
   h. If you are currently involved in a PLC, are you still actively participating?
      (1) If so, what motivates you to engage?
      (2) If not, what dissuades you from engaging?
   i. What membership composition would you want?
      (1) Group size?

2. A PLC can gather in different settings. An in-person PLC might look like a weekly consultation group that meets to discuss challenging clinical cases or seek resources like treatment manuals. A virtual PLC might look like an online portal where members log on to access discussion boards and resource archives.
   a. What do you see as the pros of an in-person PLC?
   b. What do you see as the cons of an in-person PLC?
   c. What do you see as the pros of a virtual PLC?
   d. What do you see as the cons of a virtual (online) PLC?
e. Given the COVID-19 pandemic, what are your thoughts on online, in-person, or hybrid PLC gatherings?
   (1) Which do you prefer?
   (2) What situations and/or functions would each serve the right roles?

3. What features would enhance in-person meetings, compared to past ones you have participated in (or compared to what you imagine they would be like)?

4. What features would enhance virtual meetings, compared to past ones you have participated in (or compared to what you imagine they would be like)?

5. What level of moderation would you prefer for activities?
   b. What are the pros and cons?

6. Synchronous communication refers to communication that occurs in real-time while asynchronous communication refers to communication that are not coordinated in time. What is your preferred mode of communication for sharing resources?
   a. What are the pros and cons?

7. Consultation is a process of providing critical and supportive feedback to peers and colleagues. What is your preferred mode of communication for consultation?
   a. What are the pros and cons?

8. In a post-COVID world, what opportunities do you think would facilitate a peer learning collaboration and what limitations would hamper a peer learning collaboration?

9. What are the considerations for using existing social media platforms/networks to create PLCs versus developing an original platform?
   a. What are the pros and cons?

10. What additional barriers or motivators may influence participation in a PLC?