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UNIVERSITY HOSPITAL

ANN ARBOR, MICHIGAN 48104

THE UNIVERSITY OF MICHIGAN MEDICAL CENTER

DEPARTMENT OF PSYCHIATRY
ABRAHAM J. SILVERMAN, M.D., CHAIRMAN

201 E. Catherine Street
Ann Arbor, Michigan 48108

September 18, 1974

Mr. Philip Sapir
Director
The Grant Foundation, Inc.
130 East 59th Street
New York, N.Y. 10022

Dear Phil:

You invited me to set down my thoughts regarding continued support from The Grant Foundation for Training in Infant Mental Health. I delayed in writing immediately only because our Report to The Grant Foundation 1972-74 was nearly completed and ready for final typing and I felt that you should have it in your hands before we consider plans for the future. The report covers both the clinical and training aspects of our program which were supported by Grant Foundation. In the section on The Infant Mental Health Training Program, we describe the diversity of our training, the practicum, seminars and didactic course work, the integrated faculty support for each student, and lectures and workshops both within the University and outside of the University walls.

In the first full year of our Training Program (1973-74) we found that better than one-half of our staff program commitment was given to trainee supervision, consultation, didactic teaching, seminars, and related teaching and lecturing. The work, both intensive and extensive, became a prodigious teaching load for our small staff. Much of the outside teaching and lecturing was done by staff members on their own time (and without compensation). This year, we have begun to sharply curtail such extramural teaching commitments in order to give priority to faculty support for our own trainees.

From the reports of our trainees and their professional schools our training program has been a great success. Applications for training in all categories have far exceeded our reasonable expectations for a new program and in all cases these applicants represent the top students in their classes.

In this letter I will try to organize the topics under consideration under these headings: (1) Current Status of The Training Program (1974-75) (2) Training Projections and Basic Instructional Support Needs (75-76 to 78-79). (3) The question of Stipends for the post-doctoral candidates and Other Special categories of trainees. (4) A Budget Proposal.

1. Current Status of the Training Program (1974-75)

In order to give you a picture of "where we are" I should probably construct a historical timetable.

November, 1973. Dr. Bond tells us in our Cleveland visit that the board of The Grant Foundation has approved an award to us of \$225,000. for the period 1974-77. This is great news!

We begin the planning for the training program for the academic year 74-75.

In later discussion with you, we agree that (a) If the NIMH award comes through by June '74, we will return our Grant Foundation funds to you for other uses or discuss alternatives. (b) If the Michigan Department of Mental Health training contract is renewed by July, we will adjust our Grant Foundation budget to reflect this award as we had in the previous year.

December, 1973. NIMH site visit. Most favorable response. But only dim hope "Even if you get the award, there's not much chance of funding this year." Site visitor recommendations: (a) Cut our budget proposal to the bone, try to keep close to \$100,000. for 01 year. (b) Must have pediatrician on staff to strengthen program.

January, February, 1974. No news from NIMH. No news from Michigan Department of Mental Health (decision for renewal will not be made until June, 1974).

Must begin interviewing and selecting trainee applicants in clinical psychology, social work.

Plan: (a) Trainees - We must move ahead in training and clinical program on basis of Grant Foundation only (b) Staff - We invite Dr. Ruben Meyer to join us as pediatric consultant and we will split the salary designated as "Psychiatrist 1/2 time," between Dr. Meyer and the psychiatrist who will probably be Dr. Peter Blos, Jr. We cannot make the appointment of psychologist 1/2 time because the requirements for this position may change if the NIMH award comes through in a year or so. (He will have heavy research responsibilities in the NIMH program; he would have heavy clinical and training responsibilities in the Grant Foundation program. The NIMH program will not provide basic support for a training program. And if NIMH comes through eventually, the Grant Foundation funds for training will be returned to Grant Foundation, as I understand our agreement.

April, 1974. Notice arrives, our NIMH proposal ahas been "approved." Funding for '74-75 highly uncertain."

No news from the State Department of Mental Health, although "it looks hopeful."

Conservative administration position: Don't count on any funds except those which have been awarded. Proceed on basis of Grant Foundation only.

May and June, 1974. Preparation of Grant Foundation budget. A nice call from Phil Sapir. Discussion of NIMH situation which looks very grim. Phil Sapir

feels we should not count on NIMH funds. Should proceed with use of Grant Foundation funds for 1974-77 plus unexpended balance of Grant Foundation funds '72-74. Suggest I notify NIMH. Can tell them they can deduct Grant Foundation award from their award - if it comes through later.

July, 1974. Before I get a chance to write NIMH: A piece of paper - on ordinary Government stationery - arrives on my desk.

Notice of Award. NIMH has awarded us the full amount requested for 4 years. Another paper arrives in the mail. Department of Mental Health has renewed its contract, will give us \$30,000. for '73-74.

This gives us for the 01 year of NIMH - \$108,690 direct costs and \$30,000. from the State: Total \$138,690.

In this start-up year for NIMH these 2 awards cover our costs.

Call to Grant Foundation. Mr. Sapir is on vacation for month of July. Letter sent to Phil Sapir in which we give him our news and offer (as agreed) to return The Grant Foundation funds.

Lily Ladin and I prepare two new budgets for NIMH and the Michigan Department of Mental Health.

Where does the Training Program go?

The NIMH grant has two components (1) Clinical Services (2) Research ("Effects of Intervention"). There is no provision in the grant for training. The salary budget (see Attachment A) is essentially the same budget as the one we brought to you in our new proposal, with the exception of a salary fraction for me. To fulfill our commitment to NIMH we need to give our weight to clinical work, we must have pediatric consultation services, and we must assign the equivalent of 1/2 a psychologist's time to coordinate the research program.

The graduate and post-graduate trainees¹ are due to arrive in September. They, of course, had been selected in February 1974 for the coming academic year. In February they "belonged to" the Grant Foundation Training Program which had been renewed for three years. By July, the unexpected award from NIMH will require us to return our Grant Foundation funds. Our NIMH funds have, in effect, made fiscal orphans of six of the trainees.

Shall we pause, you and I, each of us to get an aspirin, and I will continue this wondrous tale.

We are still in July and you are on vacation. I am due to leave for vacation in August. Trainees will arrive in September. NIMH is "clinical and research" and "not training." State Mental Health Funds are for training and we are privileged to use them for training related activities. To satisfy the requirements of each granting agency, we divided each of the orphans and their supporting faculty into clinical components and training components, and assigned them and their fractions to the appropriate budgets. (I will write this up for SCIENCE one day.)

September, 1974. Where are we? We have six trainees in the graduate and post-graduate trainee program, whose mortal souls have been divided between the two budgets; three graduate and undergraduate student research assistants who are covered by NIMH for services in coding and data retrieval, and six trainees in the State Mental Health program who are covered entirely by State funds.

In our September telephone conversation you and I discussed the current picture. It was difficult to cover so much ground on the telephone. You suggested I prepare a letter for you, and this brings us up to date.

For the year 1974-75 I do not feel that we are justified in using Grant Foundation Funds. The combined NIMH and State funds cover our costs in this start-up year for NIMH. But this will be the second and final year of our two-year State contract. (This is a non-renewable grant). By 1975-76 we will have no training support, without supplementation from another source, and we will welcome the continuing support of Grant Foundation.

But now to make a rational proposal for the continuing training program I need to examine with you the costs of training (basic support) when the training program is united with an ongoing clinical program supported by another agency.

If we take this year as a starting point and examine the budgets for NIMH and Michigan Department of Mental Health (Attachments A and B) we will see that our personnel costs are very low - actually inadequate for the size of the clinical and training programs we are operating. Since every senior staff member is both a clinician providing service to families and a supervisor and teacher in our own program, we have had to exploit our own staff to produce the work of the past two years.

In our Report to the Grant Foundation 1972-74 we describe the Training Program in considerable detail in order to do justice to the intensive supervision and didactic teaching we provide. (Note, however, that I, as one of our training faculty, am mainly supported by my professorial salary). Ironically, the position of 1/2 time psychologist which was left unfilled since the first year of Grant Foundation support, can now be filled, but the NIMH award came through too late in the academic year to allow us to make a high level appointment. The academic market for the well-rounded genius we are seeking is usually closed by March. We desperately need that anonymous star, but to settle for a lesser star or no star would be folly.

So we chose, once again, to manage and redistribute the supervision and teaching load among us, for this year, rather than make an appointment which would not serve our long-term objectives and would jeopardize our own standards. This managing can be done — as it has been done during the past two years -- by exploiting our own staff for one more year. Also, this year, my own time commitment to the department will be increased by five hours per week and I am not engaged in teaching outside of my program. This is an unexpected and welcome bounty of time. (I will probably return to departmental teaching next year, however.) As a utility infielder in our own program (I can, and do, take over any of the functions in service or training which need to be covered). I have increased my own supervision time for trainees and by distributing other

training-related functions among the overburdened staff we will manage the training program for this year.

2. Training Projections and Basic Instructional Support (1975-76 1978-79)

Beginning with the next academic year ('75-76) the support picture changes. The Michigan Department of Mental Health funds will end. (As I mentioned earlier, this is a two-year non-renewable contract).

The NIMH grant will be in the 02 year of its 4 year projected life. As I described earlier in this letter the NIMH commitment is for clinical services and research and does not include instructional support for the graduate and post-doctoral trainees. Stipends for trainees in most categories are usually provided by their schools or their departments.

In the 02,-3,-4 years of the NIMH grant we will need supplementary funds for the Infant Mental Health Training Program. It is not a very large amount, as I work out our needs and budget projections. If the Grant Foundation is interested in supporting this program I think the rewards will be very large. I will put aside for the moment the question of special-category stipends (which I will come back to later) and will address myself entirely to basic costs in operating a training program within a clinical program.

In order to prepare a budget of need for the Training Program I asked myself some questions.

What part of the costs of training graduate and post-graduate students in a clinical program should be properly assigned to training, and what part should be assigned to service? That portion which is clearly "service" can be covered by our NIMH grant. That portion which is clearly training is not covered by NIMH.

In our program the student himself makes only a small contribution to service. His caseload is very small, "protected," selected for training purposes. We do not, in fact, need students or trainees for service. We can cover more cases, and more difficult cases, through our senior staff clinicians alone, than we do with graduate students plus senior staff in clinical service. This seeming disparity arises from the nature of our training program. It reflects the amount of time that is required for intensive supervision and consultation, in order to control the quality of the trainee's work and to provide him with a comprehensive training in early childhood development, diagnosis and treatment.

The student, then, contributes a small amount of service. But his training requires a very considerable use of "back-up time" in supervision, consultation, didactic course work, which is provided by the senior staff. This time is not reflected in the personnel budget of NIMH. A highly competent senior staff clinician requires a much smaller fraction of time for consultation and supporting personnel.

It is this margin, then, between the costs of operating a clinic without students and with students, and the costs of providing an intramural curriculum for these students that can be fairly assigned to "training costs."

For personnel costs only I arrived at these estimates:

Although our analysis shows that 1/2 of our personnel time goes to training

or training-related functions and services (including secretarial) a portion of that time can be fairly labelled "clinical services" and assigned to NIMH, and I arrive at the estimate that 1/3 of our total personnel costs are costs that can be fairly allocated to training.

For illustration purposes I tried this formula on the NIMH personnel budget for 1975-76. (Ref. Attachment #1).

For 1975-76, salaries and benefits total \$102,810. From this figure I deducted the 1/5 fraction of S. Fraiberg's salary which is included in the NIMH budget but which I remember is disallowed in Grant Foundation budgets. This gives us the figure \$94,506. My formula of 1/3 personnel budget less fraction for Fraiberg gives us the figure \$31,502.

As we move down the NIMH budget sheet for other "training related" items, the formula is no longer applicable.

Thus, supplies which are specifically instructional (videotape, library, expendable) are a very small fraction of the total. Lily Ladin and I estimate that \$500. per year should be adequate.

Equipment:- does not require the same formula. The video, the camera, the xerox, provided in our NIMH award are there whether or not we have students. To obtain fractions of use for these machines would bring us all down on the floor counting nuts and bolts and anyway, I don't think NIMH will care if the students use the machines they bought us.

One more dictaphone for student use would, however, ease the competition for these instruments (\$500. one year only).

Travel: - (To families) can be fairly assigned to NIMH. The cost of rental of the University car does not change with student use of car.

3. The Question of Stipends for Special Categories of Trainees.

Our graduate students in psychology and social work and residents in psychiatry have so far been provided with stipends through their own departments and schools. In previous Grant Foundation budgets I have not included trainee stipends, as you know. Our training budget has been for instructional support only.

But two new categories of applicants have appeared in the past two years. In the first category is a group which includes the practitioner in a mental health related profession, the clinical psychologist, the social worker, the pediatric nurse clinician, who wishes to develop a sub-specialty in infancy and early childhood and can do this by taking a year off from practice to work with us. In the second category is the infant researcher (post-doctoral) who wants (and needs) a clinical experience of the kind we offer. In these two categories, some candidates may carry their own outside support program, some do not. (Typically the Federal or State Stipends end with the degree or certification program.)

Our State funds during the past two years permitted us to make a modest experiment. Apart from the trainees already designated by the Michigan Department of Mental Health (costs fully covered by the State) we provided partial subsidy through our State Training Program for two post-doctoral psychology candidates (one with several years experience in her field) and one social worker. Our staff appraisal of this experiment is unanimous: "The best investment in training we can make." The training is accomplished on the highest level; the trainee is already a good --or excellent clinician; he only needs the intensive training in infant work and additional didactic course work. He is prepared, following our rigorous training, to teach infant development and infant mental health in a professional school, to be a clinical consultant to other agencies serving infant and early childhood mental health, he can originate his own program in infant mental health. In short, he is qualified for leadership and teaching in the new field of infant mental health, which makes training on this level one of the most economical ways of disseminating our knowledge and building the new field of Infant Mental Health.

The candidates in this trial program were all residents of the State of Michigan, and upon completion of their work will serve Michigan clinics or programs. (This seemed to us to be a fair use of State funds and an expected return for those funds.)

But we have on hand a very large number of inquiries and applications from many parts of the country asking for a period of training with us. Some of these applicants may be good but they have not distinguished themselves, and I have not encouraged them. But among the inquiries and applications are some exceptionally qualified practitioners and post-doctoral candidates who carry the endorsement of distinguished colleagues. Thus, Leon Yarrow introduced me to one of his research associates at NICHD, who has completed his general residency in psychiatry and wants to come to Ann Arbor to have clinical and research training with us. He is strongly supported by Lee and I had a highly favorable impression of his research competence as he described his current work. Sally Provence, at Yale, was responsible for sending on to us a superb pediatric nurse on Yale faculty who is planning to work on her doctorate at Michigan. She wants training with us as part of her doctoral work and has already received approval from her school. At Case Western Reserve during our November, 1973 program for psychiatry and pediatrics, social workers in both the pediatric units and psychiatry spoke with me about the possibility of getting training in Ann Arbor which they could bring back to their parent institution. This would require a one-year leave of absence. John Kennell and Marshall Klaus are deeply committed to an expansion of social services for imperilled babies in their perinatal unit and as we move together toward collaborative planning I expect the training issue will have a high priority. Mary Ainsworth at Johns Hopkins gave her strong endorsement last year to one of her post-doctoral psychology candidates who wanted clinical training with us. But we were not favorably impressed with his clinical aptitudes and decided he was not ready for work with us.

Does this sketch give you a picture? There is a great need among practitioners for our kind of training, and the need is country-wide. If we selected only the most gifted and promising of these potential teachers and leaders the field of Infant Mental Health would undergo a rapid expansion. On this level of training, the trainee returns his training to his field in the shortest possible time; he "multiplies himself" through teaching and training

others in the shortest possible time.

Among the applicants in these categories, some will carry their own stipends. Whenever possible, we would prefer this. Some will not have outside support, because they do not fit any of the categories in existing training programs, which in any case are shrinking with the years.

What I would like to propose then is a Fellowship Program for certain candidates in these special categories. If Grant Foundation is interested in supporting a limited number of fellowships for a three year period, operating in tandem with the NIMH clinical program through 1978, we would advance our training objectives very rapidly. To estimate the costs to the sponsoring agency for these stipends we can use the NICHD formula which Lee Yarrow gave to me over a year ago. The average is calculated at \$13,000 per year, per trainee. The range is between \$11,000 and \$15,000, depending of course upon the professional category.

If Grant Foundation is interested in providing support or partial support for Fellowship stipends, I would suggest a conservative approach:

(a) These should be prestigious stipends, bringing honor to the bearer and should be offered only to a carefully selected group of candidates whose academic careers and experience in the field show exceptional promise. A Grant Foundation Fellow in Infant Mental Health should wear a modest and becoming halo in his profession if he passes our rigorous training.

(b) If the Grant Foundation should set aside a certain sum of money for the three-year period, I would propose that we treat that fund as a bank account and not as an annual fraction of the whole. This means that if only one candidate meets our demanding criteria in any one year, then only one fellowship is offered. Another year there may be three, or more.

(c) Regional considerations should enter into the selection process. So far all of our trainees are in Michigan and our graduates are working in Michigan. This gives Michigan an enviable concentration of infant mental health specialists but it does not further our mutual objectives in dissemination of training.

If Grant Foundation is not interested in providing Fellowship Stipends I do not wish to leave the impression that our basic training program is impaired in any way. With or without the proposed Fellows, the graduate training program for psychiatrists, psychologists and social workers moves apace.

4. A Budget Proposal

In summary, Phil, our deficits in the Basic Training Program emerge in 1975-76 and we will welcome the continued support of The Grant Foundation for the three-year period ending in 1978-79. Lily and I have prepared a sample budget and projections for "training only," mainly personnel costs, as you will see. The Stipend question we leave open for discussion with you.

Budget A, which follows, is again The Grant Foundation Training Program

in Infant Mental Health, now modified with NIMH support. It represents the costs of "training only" as calculated, very closely, in Section 2 of this letter, using a formula of 1/3 of the personnel budget, minus Fraiberg's salary fraction and smaller fractions for other costs of operating the program.

For simplicity in stating the budget needs I have represented the personnel fraction as the equivalent of one full time psychologist and one secretary. Actually, since all personnel are involved in training, The Grant Foundation would be fairly credited as the sponsor of The Training Program.

Budget A (The Basic Training Program)

<u>Salaries:</u>	<u>Time</u>	<u>1975-76</u>	<u>1976-77</u>	<u>1977-78</u>
S. Fraiberg	(87.5% overall)	-0-	-0-	-0-
Psychologist	(100%)	20,000	21,200	22,472
	13.8 % Fr. Bens.	2,760	2,926	3,101
Secretary	(100%)	7,000	7,420	7,865.
	13.8 % Fr. Bens.	966	1,024	1,085
<u>Supplies:</u>	Videotapes, library expendable supplies	500	500	500
<u>Equipment:</u>	1 dictaphone	500	---	---
<u>Rent:</u>	201 E. Catherine St.	2,500	2,500	2,500
Total Direct Costs:		34,226	35,570	37,523
Indirect Costs:				
	15% TDC	5,134	5,336 .	5,628
Total		39,360	40,846	43,251

For three years: \$123,457.

Note: Psychologist and Secretary salary increases calculated at 6%.

150,500 -

unpaid 24,300 -

+ 125,000

Budget B Special category Stipends

No specific recommendations will be made pending Grant Foundation consideration of my proposal in Section 3. The NICHD formula for computing average stipend costs on the post-doctoral level is given in Section 2. Range 11,000 to 15,000; mean 13,000. If the Grant Foundation is interested in considering this form of support, we can discuss the issues further and work out estimates.

Again -- our gratitude to you, to Doug Bond and The Grant Foundation for the gift that made all things possible in the past two years. If you can continue your support of the Training Program I think we can make a promise to you: For every grant which we have received during the past decade, we have always been able to give more than we proposed. We have learned how to make our funds go a long way -- not alone because we are thrifty; mainly, I believe, because we have had an extraordinary staff of highly gifted and dedicated men and women.

Cordially,

Selma Fraiberg
Director,
Child Development Project

**BUDGET ESTIMATES FOR ALL YEARS OF SUPPORT REQUESTED FROM PUBLIC HEALTH SERVICE
DIRECT COSTS ONLY (Omit Cents)**

DESCRIPTION		1ST PERIOD (SAME AS TAILED)	ADDITIONAL YEARS SUPPORT REQUESTED (This application only)					
			2ND YEAR	3RD YEAR	4TH YEAR	5TH YEAR	6TH YEAR	7TH YEAR
PERSONNEL COSTS		97,315.	102,810.	108,839.	115,125.			
CONSULTANT COSTS (Include fees, travel, etc.)		500.	500.	500.	500.			
EQUIPMENT		1,700.	1,650.	1,800.	-0-			
SUPPLIES		4,616.	4,616.	4,616.	4,616.			
TRAVEL	DOMESTIC	3,960.	3,960.	3,960.	3,960.			
	FOREIGN	.						
PATIENT COSTS								
ALTERATIONS AND RENOVATIONS								
OTHER EXPENSES		600.	600.	600.	600.			
TOTAL DIRECT COSTS		108,691.	114,136.	120,315.	124,801.			
TOTAL FOR ENTIRE PROPOSED PROJECT PERIOD (Enter on Page 1, Item 4) —————→						\$ 467,943.		

REMARKS: Justify all costs for the first year for which the need may not be obvious. For future years, justify equipment costs, as well as any significant increases in any other category. If a recurring annual increase in personnel costs is requested, give percentage. (Use continuation page if needed.)

For the first year of the proposed program, the State of Michigan Department of Mental Health may renew its present support (not automatically renewable). If that is the case, we may be able to reduce our first year budget request by a portion of the State award (a fraction of \$25,000.)

- 1- Personnel Costs increase calculated at 6% increase per annum.
- 2- Equipment Budget in 02 year \$1,650. represents cost of \$1,000.-Carpeting, \$300.-4 arm chairs, \$150.-conference table, \$200.-4 lamps.
 --in 03 year \$1,800. represents cost of \$1,600.-Videotape deck/camera ensemble to replace 1970 model now in heavy use, \$200.-storage shelves.

PROJECT DIRECTOR

DEPARTMENT HEAD

PERIOD COVERED

() Research

Infant Mental Health Program () Research
() Instruction

() Instruction

NAME OF ACCOUNT

() Fellowship

C.G. Overberger ^{VIC} PRESIDENT FOR RESEARCH

#384016

ACCOUNTING FUND—NUMBER

Michigan Dept. of Mental Health

SOURCE OF FUNDS

SALARIES AND WAGES:

(1) IF ADDITIONAL COMPENSATION IS TO BE PAID FOR OTHER SERVICES, STATE AMOUNT AND DESCRIBE ADDITIONAL SERVICES BELOW.

(2) COMMENTS. (IF ADDITIONAL SPACE IS REQUIRED ATTACH BUDGET CONTINUATION SHEET FORM. DO NOT WRITE ON BACK OF THIS SHEET.)

RECEIVED

AUG 22 1974

PSYCHIATRY DIVISION

REVIEWED AND APPROVED BY	
INITIAL	DATE
ACCOUNTING	
PERSONNEL	
CONTROLLER	

RECORDED BY	
INITIAL	DATE
PAYROLL	