



Division 12

# CLINICAL SCIENCE

Society for the Science of Clinical Psychology  
Section III of the Division of Clinical Psychology of  
the American Psychological Association

*Developing clinical psychology as an experimental-behavioral science*



## Newsletter

### Fall 2007 Issue

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### INSTRUCTIONS FOR AUTHORS

*Clinical Science* is published as a service to the members of Section III of the Division of Clinical Psychology of the American Psychological Association. The purpose is to disseminate current information relevant to the goals of our organization.

**Feature Articles** may be submitted to the editor via e-mail. They should be approximately 16 double-spaced pages and should include an abstract of 75- to 100- words.

**Brief Articles** may also be submitted, and should also include a 75- to 100-word abstract.

All articles should be submitted as an attachment to an e-mail and formatted according to the *Publication Manual of the American Psychological Association, 5th edition*.

Editor: William Horan, horan@ucla.edu

Articles published in *Clinical Science* represent the views of the authors and not necessarily those of the Society for a Science of Clinical Psychology, the Society of Clinical Psychology, or the American Psychological Association. Submissions representing differing views, comments, and letters to the editor are welcome.

## Feature Article:

# What is the role of clinical internships in training clinical scientists?

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Justin Nash, Ph.D., Geoffrey Tremont, Ph.D., Greta Francis, Ph.D.,  
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*Brown University Clinical Psychology Training Consortium*

Clinical psychology internships are often considered the training year with the purest clinical focus, when academic research activities are put "on hold" for a period of intensive clinical activity. This interpretation, however, neglects many important opportunities that such internships can provide in fostering the development of clinical scientists. Given the range of patient populations, faculty role models, and opportunities to integrate research and clinical activities, internships have the potential to provide exposure to and training in the conduct of clinical research in general, and applied science in particular.

Generally, internships expose trainees to a broader patient population than typically encountered at most graduate school practicum sites. This may include training with patient groups with more severe psychopathology, or with greater cultural and socioeconomic diversity than previously encountered. Internships that are hospital-based may also provide exposure to patient populations with medical conditions or significant medical and psychiatric comorbidity. Broad exposure to more diverse patient groups may help students formulate research questions with more clinical relevance, and potentially more importance to the mental health community than would be possible without such exposure. From this perspective alone, one could make a persuasive argument that the internship is necessary to train clinical scientists.

Clinical internships also have the potential to provide a valuable broadening of clinical research and research career perspectives through interactions with on-site faculty. Internship faculty conducting research in clinical sites can provide excellent and often novel role models for trainees. For many interns, being exposed to a clinical research program in which the faculty member not only treats certain types of patients but also conducts research with these patients provides a unique perspective on clinical research that may not have been encountered in graduate school.

Within internship settings, faculty and interns collaborate with other faculty, trainees, and staff from various disciplines. Internships may provide the first opportunity for psychology trainees to collaborate with psychiatrists and psychiatry

residents, as well as physicians and other health care professionals from a broad range of disciplines. As a result, interns may develop an appreciation of the different levels of research knowledge and skill among various professional groups. Just as multidisciplinary approaches influence clinical care models in internship settings, multidisciplinary research programs are often the norm on internship. Exposure to professionals from diverse backgrounds who provide consultation and input into research teams can help generate more sophisticated, integrative research questions. As examples, interns may participate in mental health treatment research that combines medication management and behavioral interventions, or observe research with medical populations that integrates behavioral and biomedical conceptualizations of health.

Experiences in the real-world setting of internship, whether it is a community mental health setting, state hospital, or university-affiliated hospital, may also increase real world relevance of research. Internships often give trainees exposure to real-life clinical situations that need to be considered when they design future research or disseminate research findings outside the research clinic setting. For example, one of the authors supervised an intern on a case of a young boy with uncontrollable behavior during spinal taps who was referred by the pediatric oncology service. The intern was excited to be assigned the case because her dissertation research had been an intervention study on just this topic. Nonetheless, the intern was unable to successfully intervene in this boy's out-of-control behavior. When the supervisor explained that this level of behavior difficulty was not atypical of our referrals, the intern noted that the level of dyscontrol and associated behavior was an exclusion criterion for her dissertation. This revelation led the intern to re-conceptualize the type and intensity of intervention she would propose in future research.

For some trainees, internship may be their first exposure to a manualized treatment. Understanding how manualized treatment needs to be adapted when it becomes clear that there is more complex psychiatric comorbidity than originally identified is another formative experience for neophyte treatment researchers. Thus, Internships can provide the

opportunity to utilize a “flexibility within fidelity” approach (Kendall, 2001). Internship also provides trainees with experience engaging and maintaining engagement of these patients under real-life conditions that will inform them as they develop strategies to engage similar clinical research participants.

### **Do internship directors and faculty members consider clinical science in developing their curriculum?**

Unfortunately, clinical science is probably given insufficient attention in most internship programs. APA accreditation requires relatively little attention to issues related to clinical science, with the possible exception of the requirement to provide training in empirically supported treatments and “strategies of scholarly inquiry.” In practical terms, there may be many impediments to integrating clinical science into the curriculum in an effective manner. For example, at the site level, the need for intern positions to cover certain clinical responsibilities may foster a more service-oriented model, with inadequate time for training and supervision in clinical research. At the accreditation level, the increasing number of requirements from APA regarding internship training, e.g. providing training in supervision, also affects time available for research training.

### **What can internships do to contribute to the development of clinical scientists?**

There is a wide range of activities that internships might consider to promote the training of clinical scientists. Below we discuss a range of options from the most basic that most, if not all, internships could embrace to fairly unique research training opportunities.

Internship should provide practitioner-scholar trainees with an opportunity to be exposed to clinical research, as well as an opportunity to witness the effects of research on clinical work in a real-world setting. At the most elementary level, internships are mandated to provide training in evidence-based treatment. This most often occurs in didactics through intern seminars, and in training clinics. Internship supervisors, however, could also seek to identify training cases that lend themselves to the use of empirically supported treatment protocols. Additionally, clinical supervisors should be encouraged to integrate recent research findings about effective clinical approaches in the context of clinical supervision. We have found that students learn particularly well when findings from the scientific literature can be linked to clinical cases. This modeling of the “practitioner-scholar” approach should play a central role in internship training.

Internships might also sponsor journal clubs in which the latest scientific data pertinent to a population encountered during internship might be presented. Interns and trainees from other relevant disciplines could be included to foster the multidisciplinary perspective of the group. This in turn might

lead to conceptualizing future research questions with a more clinically relevant focus. In addition to discussing the merits of the article, the trainees might be asked to design a study that could feasibly be conducted at a site in the internship. Additionally, ongoing intern seminars can integrate cutting-edge research topics to ensure that the interns continue their learning about a broad range of research topics during the internship year.

Having an identified research mentor during internship can help facilitate ongoing research productivity across graduate school, internship, and postdoctoral fellowship training. An APA requirement for research instruction would be a way to ensure some greater attention to clinical science during the internship year. The research supervisor would be responsible for tailoring the research training for the particular intern during internship. For some internships, and some interns, the clinical science training might not be anything more than the didactics discussed above. At other sites, more ambitious offerings might be possible. Interns might work on a faculty research project in some limited role feasible within the time constraints of the internship. Participating as a therapist or an independent evaluator conducting diagnostic interviews on a faculty member’s clinical trial would be particularly useful because clinical training is then provided within the context of learning about conducting a treatment trial. Internship faculty often collect assessment or outcome data over time. This approach has the potential to develop rich databases, from which interns can be mentored in analyzing data and writing manuscripts. Other interns might be encouraged to write review articles or participate in a faculty member’s data analyses.

Internships could offer opportunities for interns to design their own small research projects as part of the internship. Unless research expectations are specified as training requirements, relatively few interns might take advantage of this opportunity because the clinical demands of an internship typically occupy the intern’s time and energy. In addition, interns who are still completing dissertations tend to have very little time to pursue new research during internship.

Some internship programs provide support and mentorship for interns to write grants, which may provide the next step in research training beyond the internship year. This may be the intern’s first experience in developing grantsmanship skills. Grant writing and grantsmanship seminars may be presented as part of the internship didactic series. Interns might then have the choice to pursue a grant application, with the content ranging from a training grant (such as an F32 or K-award) to a research grant, submitted to either a private foundation or NIH. Successful applications would provide funding for the next stage of a trainee’s research career.

The interface between internship and postdoctoral fellowship programs may also offer rich opportunities for collaboration

and modeling of clinical research in development. Many internships also have postdoctoral training programs and some have postdoctoral fellows receiving primarily research training (e.g. T32 training programs). Interactions with postdoctoral fellows and mentors may be useful in providing role models and resources for conducting clinical research. For example, pairing an intern with a postdoctoral fellow may provide a means of exposing interns to research.

### **Research Training Opportunities in the Brown Internship**

At the Brown internship, we have taken several steps to increase our emphasis on research training during internships. First, and foremost, interns participate in a research placement experience throughout the course of the entire internship year. The purpose of the research placement program is to expose interns to scientist/practitioner role models and to the mechanics of running large research studies and grants. The intern functions at the level of a research associate. Specific duties may include participating in research team meetings, running participants in research protocols, assisting with literature reviews, consulting on statistical analysis, manuscript writing and grant writing. Interns may also consult on subprojects that may exist within the data being collected or work with the primary investigator on developing research subprojects. Interns are allocated 4 hours per week for the entire internship year at their assigned research placement site. Most interns spend an additional 2 hours per week for preparation, literature review, writing and other activities that can be conducted offsite. Most interns have the opportunity to submit convention presentations and publish manuscripts as part of their research training experience. Faculty members pay a modest fee (\$2,700) to have an intern placed with them for the year. This money is then used to pay for other research activities that interns can benefit from such as those described below as well as small internal research grants to which interns can apply providing travel money for research conferences. Trainees are allotted 10 professional days to allow for participation in activities such as conferences and colloquia.

Second, the internship at Brown also has special events that focus on research. One event is Research Day, an event that brings a keynote speaker to the Department of Psychiatry and Human Behavior, to present cutting edge research. Two or three Brown faculty also present results of their most recent research. Trainees present posters of their research and awards are given for the two best posters presented by interns. Interns also have the opportunity to invite a department-wide Grand Rounds speaker each year. Interns select a renowned research psychologist to present their latest

findings. Following Grand Rounds, the speaker meets with the interns over lunch to discuss their findings as well as give insight into research careers.

Third, the Brown internship has created investigator-funded clinical research internship slots that meet the clinical training requirements of our APA approved internship, but provide more concentrated clinical research training in a particular specialty area. All interns who have participated in this program have successfully competed for postdoctoral fellowship and academic positions beyond the internship year. Interns in these positions spend about half their time during the internship year working on the research team of a faculty member. At least 10 hours of this experience consists of providing assessment and intervention services as part of an ongoing clinical research protocol. The remaining 10 hours of this experience is spent participating in research-related activities. This structure allows for immersion in a research protocol while at the same time receiving clinical training in cutting edge intervention research. For the other half of their training, they are assigned to standard clinical rotations that ensures these interns complete the same amount of clinical training as all other interns in our program.

### **Concluding Remarks**

While the focus of internship training is and should be on advanced clinical training, this does not preclude attention to the development of clinical scientists. In fact, we would argue that the inclusion of clinical science training results in an improved internship training experience and better clinical practice in the long run. This attention to research during internship also helps to maintain some continuity between graduate school and post-graduate work. Internship directors and faculty may need to slightly shift the emphasis of clinical internships to enhance opportunities for research. The resources available at an internship site will vary and some interns may need encouragement to pursue clinical science activities during this primary clinical year. Nonetheless, there are a number of ways in which training in clinical science can be addressed in the curricula of internship programs.

### **Reference**

Kendall, P.C. (2001). Flexibility within fidelity. *Clinical child and adolescent psychology newsletter*. 16(2), 1-5.

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# SSCP Student Posters at APS Annual Meeting

*May 22 - 25, 2008, in Chicago, IL*

The Society for a Science of Clinical Psychology (SSCP) hosts an annual student poster session at the APS Annual Convention. A \$200 cash award is given for the best student poster at this session. Submissions will be reviewed by SSCP members. If you would like to have your poster considered for the SSCP student poster session, select 'SSCP Poster' in the first step after you select poster and 'start new submission.'

To be eligible to submit an SSCP poster, the first author of the poster must be a graduate student **and** must be a member of SSCP at the time of submission. Submissions to the SSCP graduate poster session must be completed by January 31, 2008.

The SSCP poster submission can deal with any area within scientific clinical psychology (e.g., the etiology or correlates of psychopathology, assessment/diagnosis, clinical judgment, psychiatric classification, psychotherapy process or outcome, prevention, psychopharmacology). The research and analyses presented in the poster submission must be completed (i.e., submissions containing such language as "Findings will be presented...." will not be considered). Please be sure to provide enough relevant detail in the summary so that reviewers can adequately judge the originality of the study, the soundness of the theoretical rationale and design, the quality of the analyses, the appropriateness of the conclusions, and so on.

It promises to be an exciting meeting, with major addresses by Shelley Taylor, Laura Carstensen, John Cacioppo, Morris Moskovich, David Meyer, Howard Friedman, and Frank Schmidt; Inside the Psychologist's Studio with Daniel Kahneman; and a festschrift for Elliot Aronson. The Clinical Track will include an invited address by Ian Gotlib; invited talks by Richard Zinbarg and Kate Keenan; an invited symposium on DSM-V chaired by David Watson; and a joint Clinical and Physiological Track invited two-part symposium on the "state of the art" and "the future of the science" of functional neuroimaging co-chaired by John Allen and Tyler Loring.

If you have any questions please contact Daniel Klein, SSCP President, at:  
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## Results of 2007 SSCP Elections

The results of the 2007 election are as follows:

The revision of the by-laws passed by an overwhelming majority.

We were fortunate to have strong slates of candidates for President-Elect, the two At-Large Representatives, and the two Student Representatives, and the tallies for each of these three sets of positions were very close.

The 2008 President-Elect is Howard Garb.

The two At-Large Representatives are Bob Knight (2 year term) and Kelly Wilson (1 year term).

The two Student Representatives are Ashley Pietrefesa (2 year term) and Frank Farach (1 year term).

Many thanks to those who agreed to be nominated, and to all who voted!

## SSCP Membership

If you haven't already done so, now is the time to renew your membership in SSCP. SSCP membership dues remain very affordable (\$35 for members, \$10 for students), and you do *not* have to belong to APA or Division 12 to join SSCP. To print out the renewal form and pay by check, or to renew using a credit card, please go to our website at [www.sscpweb.org](http://www.sscpweb.org). Thank you for continuing to support SSCP!