

APA



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

WINTER 2015: VOLUME 18, ISSUE 1

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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.

PRESIDENTIAL COLUMN

MITCH PRINSTEIN, PH.D.

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

I have a confession. When I was asked to consider a leadership position in SSCP, I was honored, excited, humbled, but also a little confused. I know what SSCP stands for, I thought. But what exactly does SSCP do? I wondered.

Now, over a year later, I think I know the answer. But do you? More importantly, are we doing all that we can do?

If you are like me, you believe that it is a travesty that across the world – but perhaps especially in the USA as compared to other well-developed countries – many people receiving “treatment” for psychological symptoms have little chance of getting better. Perhaps we also feel similarly outraged by the number of “educational institutions” (many for-profit, some online) that offer degrees in clinical psychology, degrading our field’s reputation in the workforce. You probably have seen recent articles suggesting that psychology is not a “real” science, does not deserve federal funding, and has little to offer to health care. And it seems like things are getting worse.

I am so excited that there exists an organization dedicated solely to the advancement, dissemination, and application of clinical science. I love many debates on our listserv, and I feel a sense of safety and camaraderie when I realize that there is a whole cadre of professionals who have passions similar to my own. Our membership includes a hugely talented, prolific, energetic group of psychologists and trainees, and it is an honor to be among you.

Perhaps we agree – psychology has a lot of work to do if we want to be a field based on science. What are we going to do about it? We are not

going to get anywhere by just complaining that no one understands us. And pointing fingers rarely produces progress. How are we going to make things better? If not us, then who?

I am grateful to many past and current board members who have established SSCP as a credible, flourishing, and well-regarded association. Huge thanks are due to our most recently outgoing board members Michelle Craske, Lauren Alloy, and Victoria Smith. Collectively, they have offered tremendous progress by tirelessly advocating for clinical science education, administering our active awards programs, assisting with the creation of new resources for students, and so much more. I am also inspired and humbled by the outstanding work of Bethany Teachman, our current past-president who has created an infrastructure for disseminating clinical science to practitioners at home and abroad, and paved the way for meaningful advocacy work to be done by SSCP.

Change comes slowly, perhaps in our field especially. Here’s what we have started to do. First, we have made a commitment as a group to use our resources to attempt to influence the field. This is huge. In the vast landscape of professional associations, only a few have decided to have an outward-facing voice – and many of those represent the viewpoints SSCP opposes. We decided to pause our debates about APA for at least a few years, and do our very best to work within the behemoth of politics, governance, and procedure to enact change. Boy, is it frustratingly slow, and complicated, and even absurd at times. But it is a feasible direction to pursue if we want to see results. Second, we have created partnerships. SSCP has a unified and noble mission, but we are small, and there are other like-minded groups that are similarly interested in advocating for science.

Special thanks to APS, ABCT, APCS, SPR, SRP, CUDCP, so many divisions (12, 37, 38, 40, 43, 53, and 54), who have partnered with us on one cause or another to help strengthen our impact. We have power when we all speak in unison.

Third, we have started to address some issues that sorely need an advocate. How about revising continuing education policies to ensure that at least some training in evidence-based approaches (or least those approaches founded on evidence-based principles) is required to maintain one's licensure? Who will mount the case for clinical science as a worthwhile investment for federal research funds? How will we ensure that APA's commitment to clinical practice guidelines will have maximal impact? All of these are important initiatives that will take years to see to fruition, and will require the help of many to make a lasting impact. We are just getting started.

Fourth, we have decided to directly address the public – those people we hope to impact most meaningfully. I am especially excited about this direction for SSCP not only because it is close to the heart of my prior professional service, but because I think our field largely has missed an opportunity to ignite the passion of our consumers. Every potential client, every parent, teacher, and lawmaker out there can be an advocate for clinical science, but so far they are not. Why? Perhaps because no one has asked them. In today's Internet age, the public has become a shrewd consumer of health care services. When they search for information about clinical science, what will they find? We have Scott Lilienfeld and his terrific Public Education and Media Relations committee to thank for beginning to rectify this situation, but this is something we can all do – right now. Imagine the change we can make if we all committed to send a clinical science themed email, post, or tweet each week.

I am excited to be out of space for this column

without even having mentioned so many of the other great things SSCP is doing. The SSCP board has produced outstanding convention programming, liaisons with foreign countries to help disseminate evidence-based practices, career/mentoring databases, while continuing to thrive financially with a growing membership, new websites, SSCP social media profiles, not to mention a remarkable number of resources for students that are produced by our amazing student reps.

SSCP is doing quite a lot these days. There is a lot more to do. Let's keep going!

REMEMBERING RICHARD R. BOOTZIN

RICHARD M. MCFALL, PH.D. & TERESA A. TREAT, PH.D.

We were shocked and deeply saddened by the news that Richard R. Bootzin, Ph.D., had died suddenly and unexpectedly in his sleep on December 4, 2014. We learned afterwards that Dick had been wrestling with heart trouble for some 35 years, although one never would have guessed it from the way he approached life with such equanimity, determination, optimism, and wry wit. With Dick's passing, psychological science has suffered a significant loss. The two of us—representing two generations of clinical psychologists who had the pleasure of working with Dick—want to offer our brief personal perspectives here, hoping that these combined reflections might convey some sense of the breadth and depth of Dick's many contributions to the field throughout his career.

Dick McFall: Dick earned his undergraduate degree from the University of Wisconsin and his Ph.D. from Purdue University. His first academic position was at Northwestern University, where he rose through the ranks to become Department Chair, before moving to the University of Arizona—his final stop. He and I were close in age and became acquainted early in our careers, as both of us were doing research on “experimenter expectancy effects.” Although our individual research interests quickly moved to other problems, we stayed in touch. Dick became a pioneering researcher and leading figure in sleep research, devoting the bulk of his career to investigating the causes, implications, and treatment of sleep disorders. Because we shared a commitment to science-centered doctoral training in clinical psychology and to science-based practice in mental and behavioral health care, our professional lives soon were intertwined. It has been a distinct privilege to have worked closely with Dick over the course of our careers. I've lost a cherished friend.

Dick had the special knack for making good things happen without a lot of fuss or wasted energy. He was a smart, steady, insightful, and effective leader. This led to his being chosen for a number of key roles, especially at critical times. A partial list would include: Department Chair at Northwestern University, Board of Directors of the Council of Graduate Departments of Psychology (COGDOP), President of the Society for a Science of Clinical Psychology (SSCP), President of the Academy of Psychological Clinical Science (APCS), key leadership roles in societies of sleep researchers, Board of Directors and Presidential candidate at the Association for Psychological Science (APS), and, most recently, Founding President of the Psychological Clinical Science Accreditation System (PCSAS). In addition to being a leader, Dick was a beloved and influential mentor, teacher, scientist, and colleague.

I am most familiar with Dick's important contributions to the advancement of Psychological Clinical Science. Here are some highlights: In 1992, he played a key role in organizing a conference in Chicago, co-sponsored by APS, COGDOP, and NIMH, which addressed growing concerns about the accreditation of doctoral training programs in clinical psychology. This conference led to the drafting of an Alternative Accreditation System, which spurred the American Psychological Association's Commission on Accreditation to revise its system; they adopted many of the reforms contained in the draft proposal for the Alternative system. In 1994, Dick was a key participant in a conference at

Indiana University, co-sponsored by I.U., APS, and NIMH, on “Clinical Psychology in the 21st Century.” This conference led to the founding, in 1995, of the Academy of Psychological Clinical Science (APCS), an organization committed to promoting science-centered Ph.D. training in clinical psychology. Dick was on the steering committee that created APCS, was elected to the first Executive Committee, later became the president, and had a strong influence on shaping the organization’s founding values and principles.

In 2006, Dick and Varda Shoham co-hosted a special APCS planning meeting in Tucson that led in 2007 to the Academy’s creation of the Psychological Clinical Science Accreditation System. Under Dick’s steadfast leadership, as the first board president, PCSAS has flourished, and has been exerting a positive influence on the future direction of doctoral training in the U.S. and Canada.

All of us who knew Dick admired and respected him for his quiet, principled, respectful, optimistic, and collaborative approach to solving problems and achieving progress. He was a model of selfless commitment and personal integrity. He was the perfect person for his time, and will be sorely missed.

Teresa Treat: In addition to being a renowned psychological scientist, Dick Bootzin also was an inspiring role model, a dedicated teacher, and an exceptional mentor to scores of junior scholars. Remarkably, his efforts to bring along up-and-coming psychologists extended well beyond graduate and undergraduate students working in his lab. I will always be grateful to have been one of those whom he took under his wing and nurtured over the years. I first met Dick Bootzin in 1994, at the meeting in Bloomington that led to the founding of the Academy. A clinical graduate student in Indiana’s program at the time, watching history unfold before my eyes, I was star-struck when meeting this scientist about whom I’d heard so much from Dick McFall over the years. We quickly discovered shared interests in integrative psychological science, models of clinical training, and statistical analysis. To my good fortune, Dick took an interest in my professional development, and he somehow found time for me at each and every APS/APCS meeting over the last 20 years. Between meetings, we kept in touch over email and worked closely together on a number of projects, including the APS-sponsored festschrift for Dick McFall and the development of PCSAS. We also spent many hours debating statistical minutiae, swapping syllabi and readings for our grad stats courses, laughing at inane statistics jokes that we knew better than to share with others, and developing a humorous informal recognition system for the “stats ninjas” in our graduate training programs. His generosity, wise counsel, and unfailing support made a big difference in my life on countless occasions. I miss Dick tremendously, but I am deeply grateful to have had the privilege of knowing and learning from such a distinguished mentor, teacher, scientist, and friend.

SOCIETY OF CLINICAL PSYCHOLOGY (SCP)/ DIVISION 12 REPORT

DAVID SMITH, PH.D.

The Division 12 Board, including new President, Terry Keane, and new President-elect, Bradley Karlin, met in Boston, MA, February 6-8. David Tolin stepped down as President, following an extraordinarily productive year. David will continue to be actively involved with the Division, especially on the Committee on Science and Practice, which is undertaking a fundamental reworking of the Psychological Treatments website, including a serious reconsideration of the means of evaluating and promulgating treatment protocols. Beyond these executive transitions, there was an additional flurry of Division activity at the meeting, so it is perhaps no coincidence the meeting ended mere hours before “Snowmageddon Boston 2015.”

Along with the usual panoply of Board business, including approval of the annual budget, discussion of membership issues, investment planning, Fellow status approvals, publication reports, section reports, and the like, a few items of special interest to SSCP were addressed.

If you have not visited the Division website lately, you really ought to check it out: <http://www.div12.org> There is a great deal of very useful information there, and the content is being refreshed and augmented regularly. The “Clinical Toolkit”, in particular, is extremely popular as is the greatly enhanced CE Webinar Series. Many SSCPers are providing CE webinars this year, so be sure to take this opportunity to support both your colleagues and high quality CE offerings.

Speaking of supporting your SSCP colleagues, you may also want to look at the very successful Hogrefe series, “Advances in Psychotherapy: Evidence-Based Practice”, edited by Danny Wedding. With well over 30 volumes — many now re-emerging in revised editions — this is an extremely successful series that includes many SSCP authors. A link to the series is also at the Division website.

The Division hosted a very successful Graduate Student Summit meeting in Boston in early October (<http://www.div12.org/clinical-psychology-graduate-student-summit/>). In fact, the summit was so successful, do not be surprised if one appears in a major city near you sometime soon!

The Division continues to refine its Mission Statement and Strategic Goals for purposes of better long-range planning.

The Division’s Diversity Committee is working hard to strengthen its links with diversity committee and initiatives in other larger groups, including APA.

David Tolin is chairing a Practitioner-based Research Task Force that seeks to pair practitioners with research resources to help bridge the gap between research and practice.

Each Section provided a report of its activities. There are far too many interesting activities coming out of the sections to attempt a summary here. Fortunately, and to allow me to make one more plug, this information is also readily available on the section websites, which are linked from:

<http://www.div12.org/sections/>

Finally, the Board marked another transition with the retirement of Lynn Peterson, who has managed the central office for 20 years. Lynn has been replaced by Tara Craighead (yes, daughter-in-law of Ed and Linda Craighead!). Those of you who have worked with and know Lynn may want to visit a farewell and appreciation page at: <http://www.div12.org/a-hearty-farewell-to-lynn-peterson/>

**SSCP TREASURER'S REPORT
STEWART SHANKMAN, PH.D.
UNIVERSITY OF ILLINOIS-
CHICAGO**

BALANCE as of March 2, 2015:
\$40,194.70

FINANCIAL HIGHLIGHTS:

EXPENSES: -\$1,000 (Early Career Award)

INCOME: +\$3000; +\$95.00 (membership check deposit)

**SSCP WOULD LIKE TO
CONGRATULATE ITS NEWLY
ELECTED BOARD MEMBERS:**

President-Elect:

Steve Hollon, Ph.D.
Vanderbilt University

At-large Member:

Douglas Mennin, Ph.D.
Hunter College

Division 12 Representative:

David Smith, Ph.D.
University of Notre Dame

Student Representative:

Andrea Niles
University of California,
Los Angeles

SSCP Events at APS

New York, NY

May 21-24, 2015

Click here for more information:

http://www.sscpweb.org/resources/PDFs/2015_APS_ConventionProgramming_SSCP.pdf

SSCP DISSERTATION AWARD WINNERS

We are pleased to announce the winners of this year's SSCP Student Dissertation Awards. The Awards Committee received many excellent applications this year and we thank all of the students and their mentors for sharing their exciting dissertation projects with us.

We congratulate and celebrate this year's six winners:

JENNIFER FORSYTH

UNIVERSITY OF CALIFORNIA, LOS ANGELES

"The Effects of D-cycloserine on Deficits in Neuroplasticity and Learning in Patients with Schizophrenia"

JESSICA HAMILTON

TEMPLE UNIVERSITY

"Physiological Markers of Stress Generation and Affect Reactivity in Risk for Depression"

ELISSA HAMLAT

TEMPLE UNIVERSITY

"Memory Specificity Training as Depression Intervention"

JULIE MCCARTHY

UNIVERSITY OF MARYLAND

"Functional Neuroimaging of the Social Regulation of Emotion in Schizophrenia"

LAUREN SZKODNY

PENN STATE UNIVERSITY

"PTSD in Daily Life: Using an Ecological Momentary Assessment Approach to Examine Maintenance of Posttraumatic Symptoms at Individual and Group Levels"

MARY WOODY

BINGHAMTON UNIVERSITY

"Using Steady-State Visual Evoked Potentials to Evaluate Attentional Biases in Formerly Depressed Women: Impact of a Negative Mood Induction, Brooding Rumination, and Heart Rate Variability"

DIVERSITY CORNER

ADAM BRYANT MILLER, M.A. & SARAH I. TARBOX, PH.D.

The definition of diversity should be broad. This is perhaps the most important thing to keep in mind when you sit down to work on your talk, lecture, or presentation. All too often, “diversity” in clinical science is limited to aspects of racial diversity. In addition to race, diversity includes (but is not limited to) sex, ethnicity, sexual orientation, gender expression/identity, socioeconomic status, religion, disability, family composition, neighborhood characteristics (e.g. rural/urban, resource availability), and the list continues. A narrow definition of diversity overlooks the rich heterogeneity of our society and the very population(s) we aim to study. As our field of clinical science becomes more sophisticated in terms of methodological rigor, our approach to measurement and treatment of diversity effects also remains surprisingly simplistic within many programs of research. Indexes of diversity are often restricted to sex, age, and race and considered “nuisance” variables to be statistically controlled and put aside. Yet, in another context, it would seem ludicrous to utilize an outdated system of measurement, rely on one variable to represent a heterogeneous construct, and control for variance without testing (for example) interaction and collinearity effects.

Diversity is a broad, complex, and often emotionally charged topic, and actively inviting discussion by raising issues of diversity in a professional or classroom setting can be intimidating. Furthermore, resources on incorporating diversity into a didactic presentation and encouraging productive discussion are difficult to locate and surprisingly scarce. The following guidelines are meant to help (not hinder) the interested speaker integrate discussions about diversity into didactic presentations. If your work or expertise does not specifically address aspects of diversity, consider starting your presentation by discussing your interest in diversity and inviting specific feedback from the audience about how to further integrate diversity into your work or teaching.

Do's

- Elicit discussions about diversity by asking questions of the group.
 - How might these findings hold in rural vs. urban communities?
- Weave diversity throughout each part of your presentation if possible.
 - Consider identifying a theme from the start and check in throughout each section, such as rates of mental illness in underrepresented groups followed by how this lack of information affects the development of interventions.
- Try to spend time talking about more than one type of diversity by considering intersections of identities.
 - As an example, coping with terminal illness may look different among black females compared to Latino males. How might this affect our interventions?
- If talking about treatment, talk about efforts to adapt the intervention cross-culturally (even outside of the US).
 - Even if the treatment has not been adapted, a discussion could be had about how we might consider changing the intervention to match the community.

Don'ts

- Don't say "there isn't enough research" and stop there. At this point, we know that research is lacking.
 - Let's talk about how we can address it, instead. Related to the point above, elicit a discussion around aspects to consider moving forward.
 - Prevalence rates are a starting point. It's also safe to talk about clinical examples that are relevant. This is often incredibly useful and interesting.
- Don't point out that you have to talk about diversity in your talk.
 - Rather, it may be beneficial to say something like, "My goal is to integrate throughout the presentation. Help me track how well I do."
- Don't assume that diversity means non-white and only related to race.
 - It bears repeating, the definition of diversity should be diverse.
- Don't assume diversity does not apply to your topic.
 - As an example, ask how cultures vary in their approach to individuals with traumatic brain injury and/or mental illness.

The task of integrating diversity into didactic and other types of presentations can be daunting. Often, our own insecurities and general discomfort discussing differences get in the way of having respectful, open, and productive conversations, or any discussion at all. The preceding list is in no way exhaustive. It is a starting point. Where possible, seek consultation and feedback from your mentors, colleagues, students, peers, participants, and patients – they likely represent a diverse sample in their own right. In the end, although certainly challenging, raising issues of diversity and actively engaging audiences in discussion is critical to our field of clinical science.

Interested readers are directed to two excellent articles on this topic. Each article provides further resources:

Medin, D. L., & Lee, C. D. (2012). Diversity Makes Better Science - Association for Psychological Science. Retrieved from <http://www.psychologicalscience.org/index.php/publications/observer/2012/may-june-12/diversity-makes-better-science.html>

Wendt, D. C., & Slife, B. D. (2007). Is evidence-based practice diverse enough? Philosophy of science considerations. *American Psychologist*, 62(6), 613–614. doi:10.1037/0003-066X62.6.613

Adam Bryant Miller, M.A.
University of Washington
School of Medicine

Sarah I. Tarbox, PhD
Yale University
School of Medicine

The authors would like to thank Leah Adams, PhD, and the Diversity Advancement Committee members of the University of Washington School of Medicine, Department of Psychiatry for their helpful comments on earlier drafts of this piece.

CLINICAL SCIENCE EARLY CAREER PATH SERIES I

PHASING OUT OF THE EARLY CAREER STAGE

STEWART SHANKMAN, PH.D.

I received my PhD from Stony Brook University in 2005 after which I immediately began my current faculty position in the psychology department at the University of Illinois at Chicago. If my math is right, then this year marks my 10th year of being faculty, or the last year of the 'early stage' of my career (at least according to the NIH definition of Early Stage Investigator). Sometimes, I do not feel that far removed from my graduate student days. Other times, I do. For example, in my graduate psychopathology class this past fall, I tried to illustrate Terrie Moffitt's model of life-course persistent vs. adolescent limited antisocial behavior with the example of Richie Cunningham's befriending of Fonzie on the classic TV show Happy Days. The students just stared at me blankly and I felt very old (and that I probably needed to "sit on it" [<https://www.youtube.com/watch?v=9anJWctHv4A>]).

Looking back over the 'early stage' of my career, my identity as an academic clinical psychologist has definitely evolved. I thought it would be helpful for current students and early career psychologists if I used this essay to reflect on a few lessons that I learned during this time.

The Importance of Mentors. I was extremely fortunate to have Daniel Klein as my mentor throughout my graduate school years at Stony Brook. I learned (and still learn) a lot from Dan. Since graduating, though, I've picked up additional mentors. Over time, I learned that people that you come across in professional contexts have different strengths and expertise and I think it's important to have multiple mentors in your life to provide mentorship for different aspects of your career. There are different people I turn to for advice regarding how to mentor students, do administrative work, write grants, and navigate university politics, among other things. Moreover, some of these mentors have also been other early stage psychologists - essentially peer mentors. For example, my home department at UIC is psychology, but for several years, I attended regular happy hour get-togethers of early stage psychologists from UIC's departments of psychiatry and psychology (and these were sometimes attended by early stage psychologists from neighboring institutions such as Northwestern). These meetings were invaluable to my growth.

Make all collaborations and relationships win-win. In any collaboration or relationship that you establish, I think it is important to try and make it so that both parties benefit in some way. Academia, like most things in life, is about relationships. In the vast majority of professional relationships (e.g., research collaboration, committee work, etc.) I try and create 'win-win' scenarios. That is, I try and think about what I could bring to the relationship that the other person needs while at the same time think about what they bring to the table that I could benefit from. It is true that some people are charitable and will help and provide guidance to you along the way without directly benefiting from the relationship. However, I think collaborations are most productive when both parties benefit. Maybe you bring a statistical expertise that would benefit the other person. Maybe you have a particular clinical skill or training that could benefit the other person. Maybe they have a dataset you could mine (and yield a publication for you both). Or vice versa. Related to the previous paragraph, I have found

that the line between ‘mentor-mentee’ blurs into collaborators over time. This has held for people I viewed as mentors and mentees.

The “win” could also be the door that is opened by the other person. For example, in 2012, I was looking to do my sabbatical in the United Kingdom. I didn’t have any colleagues in the UK, so I ‘cold-emailed’ several researchers to see whether they would be willing to be my local host. I did not get very far. When discussing this process with a friend and collaborator in the UIC department of psychiatry, she said, “I worked for 5 years in London (a fact which I didn’t know). Let me introduce you to my old collaborators. They’re great!” A few emails later, I had a local host lined up in one of the best mental health research centers in the world (King’s College, Institute of Psychiatry).

Don’t burn any bridges. Academia is surprisingly small. If someone develops a bad impression of you (for whatever reason), you never know how it could come back to haunt you. You therefore do not want to develop negative reputations such as ‘you can’t be counted on,’ ‘you don’t play well with others’ or ‘you do sloppy work.’ Even if only one person develops this opinion of you (whether justified or not), it is amazing how this opinion gets around to others in the field (including future employers!). The opposite of ‘burning bridges’ can also be a tremendous benefit. By making a good impression with BASICALLY EVERYONE, positive things can come your way. For example, if I’m reading a letter of recommendation from someone that I know and respect, I will value their evaluation that much more. As another example, as much as we would like to think that grants and publications are reviewed purely on their scientific merit, I think the reviewer’s pre-existing opinion of the investigator/author permeates reviewers’ evaluations as well.

There are, of course, many other lessons to be learned during the early stage of one’s career and I encourage the reader to peruse the other ‘Clinical Science Early Career Paths’ pieces in SSCP’s [past newsletters](#). Now that I am done with the ‘early stage’ of my career, I look forward to gaining new skills and learning new lessons in my ‘mid-career.’ For one, I already know that I have to update my pop-culture references from Happy Days.

About the Author: Stewart Shankman, Ph.D. is an associate professor in the psychology department at the University of Illinois at Chicago. He is also the Director of Clinical Training (DCT) of UIC’s clinical psychology program as well as the secretary-treasurer of SSCP. Dr. Shankman conducts multi-method research that examines the relation between mood and anxiety disorders, the nature of emotional disorders, and basic questions in affective science.

CLINICAL SCIENCE EARLY CAREER PATH SERIES II

CATHERINE B. STROUD, PH.D.

If you had told me at any point during my training that I would be a clinical scientist at a liberal arts college, I never would have believed it. Not possible. But here I am—an Assistant Professor of Psychology at Williams College.

As an undergraduate at the University of Wisconsin (UW)-Madison, I was certain I would become a clinical psychologist. Inspired by my courses and increasingly interested in research, I decided to pursue graduate training. During my senior year, I emailed Lyn Abramson and asked if I could take her two graduate courses in depression. To my surprise, she agreed. Her pedagogy told me a story that I wanted to be a part of—through her teaching of the “big facts” and theoretical models of depression, she illustrated how science builds upon itself to increase our understanding of the disorder and how this understanding informs our intervention methods and vice versa. I had read about the clinical scientist model, but by observing clinical sessions with knowledge of the empirical literature, I knew my path: I wanted to be a depression researcher.

After graduation, I worked as a substitute teacher in a local school system. At the same time, I applied for graduate school and my fiancé applied for PhD programs in Astrophysics. We already had the two-body problem, but somehow it worked out for both of us and I landed at one of the best programs in the country—Stony Brook University. I relished the opportunity to attend a clinical scientist program that trained students in multiple theoretical orientations using an integrative framework. I was also very fortunate to have Joanne Davila as my graduate mentor. Joanne has shaped nearly every facet of my career. But, perhaps, most importantly, she has always placed my career goals as a priority. That meant she did everything possible to support my goals and facilitated the experiences I needed to succeed. Moreover, when there were major challenges in my life, Joanne helped me turn lemons into lemonade. Stony Brook was a great fit for me. Upon graduation, my clinical scientist training led me to UW-Madison for internship, where the highlight was being a student of the late Alan Gurman. Al fueled my interest in couple therapy and rekindled my love of clinical work

After internship, I still didn't know what I wanted to be when I “grew up” so I decided to pursue a joint clinical and research fellowship at The Family Institute at Northwestern University. My time was split between seeing clients and working in Emily Durbin's lab. From Emily, I learned several new statistical approaches and became a better writer. Like Joanne, she provided a strong model of a female academic; taught me skills I needed to succeed in academia; and fully supported my career goals. In my second year of training, drawn to teaching, I asked my clinical supervisors whether I could teach a course at Northwestern as part of my clinical hours. To my surprise, the answer was yes. I taught an undergraduate course on depression and I loved it. Now, I was teaching about the “big facts” and illustrating the epistemology of science. This sparked my interest in teaching, but I was still uncertain about the extent to which I wanted teaching to be part of my career.

And this uncertainty continued when it was time to apply for a “real job.” I loved research, teaching and clinical work. So, I decided to apply to academic positions at R01 universities, but then, looking at the

Psychology Job Wiki, I saw other job descriptions that grabbed my attention—a few positions at liberal arts colleges that were an equal balance of teaching and research (with lots of support for research). I thought to myself (and told significant others in my life), I am going to apply to a few R01 academic positions and then, just for fun (because they sound ideal), a few positions at upper-tier liberal arts colleges, but I will never go.

But I went. I followed my gut—what felt right to me. Importantly, my husband followed his gut too. This was a decision we made together—we wanted what was best for each of us individually, our son and our family. It was a very hard decision—the hardest I have ever made. Today, in the fourth year of my position, it is still hard to believe it all worked out. My husband and I both are assistant professors at neighboring liberal arts colleges in our chosen fields. We both love our jobs and I am thrilled that one of us did not have to sacrifice his/her chosen career path for the other.

Of course, there are also challenges. First, it is hard to balance my time between teaching and research. The teaching is demanding and challenging, but I love it. Second, it is difficult to conduct research at a liberal arts college, without graduate students. However, I really enjoy working with undergraduates and I am very lucky to be at Williams, where the students are bright, motivated and talented. Third, because clinical supervision is not part of my job, it has been hard to maintain the “clinical” part of the clinical scientist model. I miss clinical work and supervision, and plan to start a private practice in the future. Right now, I can’t balance teaching, research and being a mom, with starting a private practice. But, eventually I will be able to. Fourth, it is challenging to build a community with other researchers at a small college because by nature departments are small and interdisciplinary. So, I co-founded a Clinical Psychology at Liberal Arts Colleges SIG at ABCT to build a “home” for people like me, to foster collaborations with clinical psychologists at similar institutions and to build awareness of the liberal arts college as a career path for clinical psychologists.

What have I learned? **Be assertive. Ask.** It never hurts to ask. And of course, even if you are afraid and people say you can’t or won’t be able to do it, still ask. At several points, if I had not asked, I would have missed out on experiences that turned out to have big influences on my career path. **Take risks.** Follow your gut, not your fear. Being early in your training and career means that some of the time (or actually most of the time), you will need to do things that you are not confident that you can do. But, as clinical scientists, we know exposure works: the only way to gain confidence and skills is by doing those things you fear. **Find mentors.** It turns out that graduate and post doc mentors, and others you find yourself along the way, are lifelong. Find mentors who will support you in your chosen path. **Build communities and relationships.** It also turns out that the people you meet during your training become your colleagues once you get your real job. I really enjoy working with my friends on research projects and manuscripts. Even though we are dispersed throughout the country, we help each other. And a lot of my “career” emotional support comes from these relationships. **Keep learning new things.** Most people who go to graduate school love to learn. Once you end your formal training, do things to keep learning. Attend conferences and training sessions. Build collaborations with others outside of your field of expertise. And of course, teach to learn. Teaching—in your courses, your research lab and through collaboration—is the best way to keep learning. Finally, **there is not one straight path**—and everyone’s path is different. Find your own. I didn’t know a clinical scientist could be at a small liberal arts college. But, here I am.

About the Author: Catherine B. Stroud is an Assistant Professor of Psychology at Williams College. Her research examines stress, depression and interpersonal relationships.

STUDENT PERSPECTIVES SERIES I

WHY TRAINEES SHOULD DISAGREE WITH MENTORS (AND WHY MENTORS MIGHT WANT TO LISTEN): A MINI-FESTO

SAMANTHA BERNECKER, M.S.

There is no shortage of contentious subjects in clinical psychology research. There is, almost without a doubt, some controversy about the topic you study (after all, if everything about your area of research were settled, there'd be no reason to do research on it). And your mentor certainly has some stance on that controversy.

What about you—what's your stance? In all probability, you're aligned with your mentor. After all, you likely decided to work with each other because you share some views as well as research interests. And in light of your mentor's greater knowledge and experience, you may be inclined to trust your mentor's interpretations of the data. Or you might be concerned about incurring your mentor's wrath by taking other perspectives.

As you might have surmised from the title of this column, though, I think it could be a mistake to for us trainees to accept to our mentors' positions in areas of controversy without question. In fact, I believe that doing so could limit our career opportunities and could even have a negative impact on psychological science as a whole. Instead, graduate school (or internship or postdoc) might be the ideal time to try on new beliefs. I encourage you, my fellow trainees, to actively seek out information that disconfirms the positions taken by your mentors and to genuinely consider evidence in favor all arguments.

This is, of course, just good science, and ideally all researchers should make this a habit. But as trainees, we might have a unique ability to do so; that is, we might be more successful in truly considering alternative beliefs than more senior researchers. It is unfortunate, but probably true, that the longer our research careers, the more ossified our opinions become¹. This is completely understandable, given the mental processes that will take place as our careers progress (according to principles demonstrated in cognitive and social psychological research): once we commit to a position, our certainty in it will increase; we will have greater mental access to arguments in favor of our position; as we write, we will persuade ourselves that our position is true; and the longer we base our work on a set of assumptions, the more painful it would be to recognize that one of those assumptions is wrong, so we will be strongly motivated to discount evidence that has the potential to undermine our life's work. As trainees, though, we have less at stake and are less personally and publicly committed to one stance. This may give us a rare ability to recognize the truths in multiple sides of an issue.

1 No offense, old fogies. If you're reading this, I'm sure you've remained more "cartilaginous" in your opinions. It's only your old-fogey peers who are "ossified."

There are myriad positive consequences of remaining open and exploring evidence for all alternatives. First, if we do so, we will be more likely to eventually take the position that is more consistent with the data, or we will be more able to acknowledge that the current data are too nebulous to support any conclusions and to remain neutral. In other words, we are more likely to be right!

Second, doing so will enhance critical thinking skills (yours are probably already fantastic—you've made it this far—but they can always be better). It will also cultivate a sense of scientific humility. Through this practice, we might even be able to make balanced consideration of alternatives a lifelong habit, becoming better researchers and thus improving the state of psychological science!

Third, we will be able to provide our labs with new perspectives. We can contribute to research projects by seeing the potential for alternative explanations and proposing methodological additions to rule those in or out, and we can enhance our labs' manuscripts by discussing those alternatives. Advisors, take note! Try to take advantage of the value of this fresh, potentially less-biased perspective, because perhaps your advisee is able to see something you don't!

Finally, and more selfishly, remaining flexible could be a boon for our careers. We could make connections with a broader variety of researchers, giving us more post-graduate opportunities. By avoiding being prematurely pegged as an adherent to one camp, we could be accepted into more scientific circles, and we might even be considered for more jobs.

So, trainees, continue to respect your mentors' knowledge and expertise, but be brave enough to go forth and disagree! And mentors, if you make disagreement easier for trainees by committing to fostering independent thought, you too can reap the benefits of their creativity and fresh ideas. Having been blessed with an advisor who is wonderfully encouraging of my questioning and patiently tolerant of my cheekiness, I know how essential it is to have a mentor's support while exploring.

About the Author: Samantha Bernecker, M. S., is a graduate student in clinical psychology at the University of Massachusetts Amherst. She thinks that it's not very productive to argue about whether "common factors" or "specific techniques" contribute more to change in psychotherapy and that it is more important to investigate individual mechanisms of change, whether they are present in all therapies or unique to a treatment package. She's developing a peer counseling intervention that is intended to deliver some ingredients that are present in a variety of existing mental health interventions and that are also backed by basic research on coping and social support.

STUDENT PERSPECTIVES SERIES II

LIFE AS A GRADUATE STUDENT IN CLINICAL SCIENCE

MAUREEN E. MCQUILLAN

As a second year student in clinical science at Indiana University, it is rewarding to reflect on what I have learned thus far and what experiences have been most beneficial for my development. When I was an undergraduate student at the University of Notre Dame, I benefitted from conversations with graduate students who explained to me what graduate school involved. These conversations convinced me to pursue a PhD in clinical science, and I hope to help other students feel equally informed as they determine their own training paths in psychology. At Indiana University, courses that advanced my research and critical thinking skills, clinical work that closely aligned with my ongoing research, abundant opportunities to present my work, and mutually enriching collaborations with colleagues and undergraduate students have been most fundamental to my development as a clinical scientist.

During my undergraduate psychology training at the University of Notre Dame, I worked closely with Dr. E. Mark Cummings in the Psychology Department and Dr. Stuart Greene in the Institute for Educational Initiatives. With Dr. Cummings, I studied family systems, including single parent families and families who were going through court-ordered mediation for custody disputes at the Notre Dame Law School. I conducted an independent Senior Honors Thesis with Dr. Cummings in which I found that the effect of family conflict and parental depressive symptoms on adolescent depressive and anxious symptoms was explained by adolescents' sense of security in their family system, suggesting a process-oriented target for intervention and prevention efforts. With Dr. Greene, I studied how parent involvement can help young children in at-risk neighborhoods to develop self-regulation and school readiness. I visited classrooms and interviewed children to record their social and academic experiences. I later wrote case studies of exceptional parent-child pairs from this work, and these were later published as a chapter in Dr. Greene's book (Greene & McQuillan, 2013). It was instrumental to my professional development as a clinical scientist to nurture a project from research design to ultimate contribution to society. My undergraduate work was a strong foundation for my work in graduate school, in which I continue to study family-related factors, including sleep schedules, parental responsiveness, and home organization, and the roles these play in the development of attention and emotion regulation during early childhood.

In my first year of graduate school, I completed a multilevel modeling course with Dr. Leslie Rutkowski, as well as a two-week Structural Equation Modeling (SEM) workshop with Dr. Todd Little to learn the foundations of SEM and its longitudinal application for my own research. In my second year, I completed an additional course with Dr. Rutkowski in longitudinal data analysis in order to use multilevel modeling to study the growth trajectories in individual children's sustained attention. I also completed a course with Dr. Brian D'Onofrio in clinical science, learning the importance of critical thinking, especially for research and applied work in clinical psychology. I am now enrolled in an intensive course on teaching to prepare me to lead a course on scientific research methods for undergraduate students in my third year. This spring, I will take a course in clinical

science taught by our Department Chair, Dr. William Hetrick, to prepare for writing my qualifying exams this summer. Such courses have not only deepened my understanding of clinical science, but have also structured and propelled my research program.

During the fall of my first year, I started observing and soon seeing clients in a parent behavior management program to initiate my clinical training. My advisor, Dr. John E. Bates, supervises this clinical practicum, allowing me to learn from him in a more applied setting. In this practicum, I have been able to use and directly test my research findings about best practices for scaffolding children's sustained attention during independent work and play, developing consistent routines, and ensuring that children get adequate sleep. I have observed first-hand a wide-range of complexities associated with behavior problems, as well as the obstacles families of children with behavior problems often encounter at home and school. Such observations directed me to new research questions, which I would not have identified without this clinical experience. Through this practicum and Dr. Bates' well-established connection to the community, I have also conducted training workshops at the local Head Start and day care centers for parents and teachers about sleep hygiene and the treatment of behavior problems. In these workshops, I have encountered more diverse populations and complex questions from parents in need of answers, motivating my continued research.

Presentations at conferences and in-department seminars have further challenged me to share my work with leading researchers and receive suggestions that have sharpened my research questions, analyses, and conclusions. Last May, I was one of the SSCP Student Poster Competition Winners at the Annual Convention for the Association for Psychological Science, an honor that was reflective of what such presentations have encouraged me to do – ask important research questions, test them rigorously, write and talk about them clearly and enthusiastically, and converse with other researchers about my work—steps that are crucial for the progression of clinical science.

I have also engaged in integrative research collaborations with other professors and graduate students across areas of psychology, and I have had the honor of helping several undergraduates with their research. Although I simply hoped to spread the knowledge that had been shared with me when I was in undergrad, these collaborations have been fruitful for me too, ultimately enhancing my research questions and techniques. Life as a clinical science graduate student is constantly evolving, as my mentors, courses, clinical work, presentations, and collaborations regularly polish both my research and clinical skills.

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About the Author: Maureen McQuillan is a second year doctoral student in Clinical Science at Indiana University. Her research interests include how sleep, parents, other caregivers, and the home environment affect regulation of attention and emotion during early childhood.

CLINICIAN PERSPECTIVES SERIES

COMMUNITY-BASED COLLABORATION IN PRIVATE PRACTICE

JOANNE CHAN, PSY.D.

While I was still a graduate student, I was told that once I obtained my degree and became licensed, I would have many options available to me: I could write, teach, perform clinical work, supervise, do research, develop programs, consult, run my own business, and more. It appeared that there were endless possibilities! As someone who relishes new experiences, this aspect of being a psychologist was encouraging.

Flash forward several years to 2011. I had a nice office in the heart of San Francisco, a full practice of patients that I loved working with, and a network of like-minded colleagues that I consulted with. However, I discovered that something was missing in my career life: I felt like I wasn't doing enough to help all of the people who couldn't access private therapy.

This epiphany motivated me to explore opportunities to make more of a contribution to projects that would impact people on a greater scale. As I started to develop connections with professionals who had similar goals and interests, I found a vibrant community focused on helping those suffering from hoarding disorder, one of my areas of specialization. The development of these relationships strengthened over time and soon evolved into collaborations.

As we worked together towards a common goal, each of us contributed our skills and expertise to make hoarding disorder treatment accessible to more people. We dove into a project that grew into a fully funded three-year clinical outcomes study on treatment for hoarding disorder. The collaborative team consists of researchers and academics from the University of California at San Francisco (UCSF) and California State University East Bay (CSUEB), individuals with lived experience of hoarding disorder, and mental health advocates from the Mental Health Association of San Francisco (MHASF). Some of my collaborators have specialized skills in obtaining funding for research, and others on the team are skilled at planning and executing research studies. Whatever our role, it was clear that without each other we would not be able to achieve what we did had we attempted this project individually. The collaboration is currently in its second year and has been a formative learning experience. Here are a few of my recommendations for those who may be interested in forming collaborations as well:

First, figure out if collaborating on a large, multidisciplinary project makes sense for your career goals. I have several goals for my career, one of which is to make a significant contribution to the field and another is to maintain a thriving, independent practice. Wanting to stay in private practice meant that I would not be able to join a large medical system, even though it would be an ideal place to develop a new program due to the infrastructure already in place to support it. I decided that the best

option would be to intentionally form relationships with other like-minded colleagues with whom I would be able to collaborate. At first, our collaborations were small, but after several years, our work opened doors to an opportunity to accomplish significantly more with a funded three year hoarding treatment outcomes study.

Second, be purposeful about developing strategic partnerships and maintaining these relationships. I know there are specific clinical skills and expertise I could contribute to a project, but have learned that developing a program requires administrative support and experience writing and obtaining funding as well. By collaborating with UCSF, CSUEB, and MHASF, the combined skills and expertise we collectively brought to the project enabled our success. Thus, it is crucial to know what your strengths and limitations are in order to find people whose participation will be mutually beneficial.

Third, be aware of the real challenges of collaborating. More often than not, collaborating is complicated. The complexities of working in a multidisciplinary team of professionals from different systems and work cultures requires clear communication, effective problem-solving, specific goals, regular progress monitoring, and awareness of each person's role and responsibility. When a team is large and goals are ambitious, an efficient, target-focused working style usually works best.

I am fortunate to have found a unique community of colleagues to work with towards our collective goal. Although it took significant time and effort to solidify these working relationships, I believe that our combined efforts will pay off in personal and professional rewards as we continue to observe the impact of our project over the next few years.

About the Author: Joanne Chan, Psy.D., has a private practice in San Mateo, California. She specializes in providing evidence-based treatment to people with anxiety disorders, OCD, OC related disorders, trauma, and stress-related disorders.

UPDATE FROM THE STUDENT REPRESENTATIVES

ROSANNA BREUAX, UNIVERSITY OF MASSACHUSETTS AMHERST

ANDREA NILES, UNIVERSITY OF CALIFORNIA, LOS ANGELES

As your student representatives, we would like to take this opportunity to update you on a couple opportunities and resources for our members:

- **SSCP Student Outstanding Teacher Award Winners** - The award committee has completed its review of applications, and was very impressed by the large number of phenomenal, truly exceptional candidates and their exceptionally advanced teaching contributions to clinical psychology. We are very pleased to announce the two winners of the first ever SSCP Outstanding Teacher Award! Please see this issue for interviews with each of our two award winners.

Sophia Choukas-Bradley

Advisor: Mitchell J. Prinstein, Ph.D.

University: University of North Carolina at Chapel Hill

Expected graduation: August 2016

Internship: n/a

Jena Shaw

Advisor: Evan M. Forman, Ph.D

University: Drexel University

Expected graduation: June 2015

Current Internship: Geisinger Medical Center, Danville, PA

- **Student Listserv Facilitator Opening** - We are currently recruiting a new student listserv facilitator. This is a wonderful way to get more involved with SSCP and your fellow graduate students! The duties of the listserv facilitator are to ensure that the listserv stays active and meets student needs by (a) posting discussion questions, (b) organizing guest appearances by faculty members, other psychologists, and graduate students to address various topics, and (c) monitoring professional organizations (ABCT, APAGS, APS) and disseminating pertinent information to the wider student membership.

The ideal candidate would (a) be involved in a number of professional organizations, (b) be advanced in their program and have experience with relevant student issues (e.g., comprehensive exams, internship, etc.), (c) be able or willing to take a stand on issues and share opinions, so as to facilitate discussions, (d) be involved with, committed to, and passionate about the science of clinical psychology, and (e) have held previous position(s) of advocacy for students.

Please note that these are only guidelines and we encourage people to volunteer even if they do not think they necessarily meet all of the guidelines.

The student will also work closely with the SSCP student board, including the student representatives and communication managers. We are also very open to any ideas that you may have to continue helping the listserv grow as a helpful resource for students.

If you are interested in this position, please email us (rbreaux@psych.umass.edu and aniles@ucla.edu) your CV and a brief explanation of why you are interested and why you think you are a good candidate.

Follow us on Social Media!

Twitter: https://twitter.com/_SSCP

Facebook: <https://www.facebook.com/pages/Society-for-a-Science-of-ClinicalPsychology/333436279606?ref=hl>

Contact Us!

We would love to hear from you with any suggestions, comments, questions, or concerns regarding SSCP student membership or resources for students.

Rosanna Breaux: rbreaux@psych.umass.edu

Andrea Niles: aniles@ucla.edu

CONGRATULATIONS TO THE SSCP OUTSTANDING STUDENT RESEARCHER AWARD WINNERS!

Please join us in congratulating the five winners of the first annual SSCP Outstanding Student Researcher Award. This honor recognizes our very top student's exemplary contributions to clinical science and their future promise as a rising star of our field.



Autumn Kujawa

Advisor: Daniel Klein, Ph.D.

University: Stony Brook University

Expected graduation: 2015

Current Internship: University of Illinois at Chicago

Autumn Kujawa completed her undergraduate degree at the University of Mary Washington in Fredericksburg, VA. She is a doctoral candidate in clinical psychology at Stony Brook University and clinical intern in the Department of Psychiatry at the University of Illinois at Chicago (UIC). Her research focuses on identifying early markers of risk for depression and anxiety in children.

1. What are your research interests?

I am primarily interested in factors that contribute to the development of depression and anxiety. In my research, I use psychophysiological and behavioral measures to identify emotional processing styles in childhood that may contribute to the onset of internalizing disorders later in life. I am also interested in the ways that early experience, including parenting and life stress, shape emotional development and contribute to risk for psychopathology.

2. Why is this area of research exciting to you?

This area of research is exciting to me because we may have the ability to identify early vulnerabilities for emotional disorders prior to the onset of symptoms. That is, my work suggests that children at high risk for depression and anxiety exhibit abnormalities in how they process and respond to emotional information even before they develop symptoms. This could potentially lead to improved methods for identifying children at greatest risk and more effective prevention efforts that could focus on modifying these deficits and possibly preventing the later development of the disorder.

3. Who are/have been your mentor(s) or scientific influences?

My graduate mentors are Drs. Daniel Klein and Greg Hajcak Proudfit. They are both incredibly supportive and knowledgeable, and I am very grateful for the training and guidance they have provided me. I am also thankful to have had the opportunity to work with a number of other excellent researchers over the years. Prior to graduate school, I worked with Dr. Koraly Pérez-Edgar, who introduced me to event-related potentials (ERPs) and the use of psychophysiological measures with

young children. Currently, as an intern at UIC, I have the opportunity to work with a number of excellent supervisors and research mentors, including Dr. Luan Phan.

4. What advice would you give to other students pursuing their graduate degree?

Research can be very exciting and rewarding, but there are also discouraging times (like when a paper gets rejected again!). For me, it has been helpful to keep in mind that these things happen to everyone, and also to have the support and encouragement of friends and colleagues with similar goals. In addition, for success in graduate school, I think it is extremely important to prioritize tasks and projects, set daily goals and reward yourself for small accomplishments.



Catharine Fairbairn

Advisor: Michael A. Sayette, Ph.D.

University: University of Pittsburgh

Expected graduation: 2015

Current Internship: Ann Arbor VA/University of Michigan

Catharine was born in England and raised in Boston. She graduated from Barnard College in 2006 with a joint undergraduate degree in music and psychology. She recently defended her dissertation in clinical psychology at the University of Pittsburgh, and is completing her clinical internship at the Ann Arbor VA. In her spare time, she enjoys cooking and curling up with a good book.

1. What are your research interests?

I'm interested in how alcohol consumption conveys reward in social settings. In particular, my work uses laboratory paradigms, nonverbal measures of emotion, and advanced statistical methods to explore alcohol's emotional rewards in social context.

2. Why is this area of research exciting to you?

The vast majority of alcohol consumption in everyday life occurs within the context of social exchange. But within laboratory studies of alcohol's effects, participants have almost always consumed alcohol in isolation. As a result we know little about how alcohol might act within a social environment and the rewards it might convey when consumed in social contexts. The desire to create social relationships with others is among the most powerful motives that humans possess, and an understanding of alcohol's social rewards could inform our knowledge of how alcohol use disorders develop.

3. Who are/have been your mentor(s) or scientific influences?

I have been incredibly lucky in my mentors.

Some people seem to have an innate talent for mentoring such that they are simply inspiring in and of themselves, whereas others devote an enormous amount of time and energy to their mentoring relationships to ensure that their students get the training they need. I was fortunate to work with a graduate mentor, Michael Sayette, who falls squarely into both of these categories.

In addition to Michael, I had many senior and junior mentors at the University of Pittsburgh who've

been unbelievably generous with their time and influential in my training. Jeff Cohn has a great gift for coming up with exciting research ideas and has encouraged me to think inventively, and John Levine has pushed me to express my ideas with precision and relate my work to theory. Kasey Creswell has given me the incredible gift of believing in me at times when few people did (and perhaps she shouldn't have either!) and, more recently, Aidan Wright has taught by example how to be a fantastic collaborator. I also had a great deal of support before coming to graduate school and was fortunate to work with a number of sharp and compassionate clinical scientists including Eshkol Rafaeli at Barnard College and William Dundon at the University of Pennsylvania.

Finally, all sorts of researchers have inspired me from their writings. In alcohol research I have been influenced by Claude Steele, Kenny Sher, John Curtin, and Dwight Heath. In the field of social psychology I have been influenced by Nicole Shelton, Roy Baumeister, David Kenny, and Kip Williams.

4. What advice would you give to other students pursuing their graduate degree?

I recently read a beautiful metaphor in a book by writer Annie Dillard that nicely describes my graduate research career. Dillard talks about her first efforts at splitting her own wood with an axe. She notes that her early attempts were marked by an incredible effort, but very little result--she found herself hacking away at the wood, sweating, exhausted, and creating all sorts of splinters. She says that she only became successful at splitting wood when she stopped aiming for the wood itself, but instead started aiming *through* the wood for the chopping block beyond. She found that, if she aimed for the chopping block, the wood would cut itself.

In graduate school, it is very easy for your research world to become small and for your goals to narrow. These smaller immediate demands seem so pressing--passing a committee meeting, making your professors happy, submitting a successful abstract, ... But if this is all you aim for in your research, then you will likely end up exhausted, hacking away and making splinters, like I did for a little while. I only started being successful at these smaller tasks when I started making my goals bigger than them. Around my third year in graduate school, I began to focus on filling a need in the field, advocating for a position that I felt needed to be expressed, and ultimately (hopefully) helping a group of people in need. As I shifted my focus to these larger goals, I found that the smaller training goals naturally took care of themselves. In short, my advice for graduate students would be to aim *through* the wood in your graduate research, aim for the chopping block.



Cheri Levinson

Advisor: Thomas L. Rodebaugh, Ph.D.

University: Washington University in St. Louis

Expected graduation: 2015

Current Internship: University of North Carolina School of Medicine

Cheri Levinson is currently a psychology intern at the University of North Carolina School of Medicine in the Eating Disorder Program. Cheri attended Washington University in St. Louis for graduate school and will be awarded her Ph.D. in Clinical Psychology in August 2015. For undergraduate she attended the University of Kentucky and graduated with a Bachelor's in Psychology and History and a minor in piano performance. During Cheri's time in

graduate school at Washington University she was awarded grants and awards, including a pre-doctoral F-31 fellowship from the National Institute of Mental Health, a Philanthropic Educational Organization Fellowship, and an APA Dissertation Award. Cheri's research is focused on understanding and treating comorbidity between eating and anxiety disorders and on applying empirically based treatments for anxiety disorders to the eating disorders. In her free time Cheri enjoys hiking, yoga, traveling, cooking, and taking her dog for walks.

1. What are your research interests?

I have two primary lines of research. My first line is developing and testing a comprehensive model of social anxiety and eating disorder comorbidity. These disorders are very highly co-occurring (~68% of individuals with an eating disorder also meet criteria for social anxiety disorder). I am interested in figuring out what risk factors are shared between the disorders to delineate why social anxiety disorder versus an eating disorder versus both develops. Ultimately, I plan to design a treatment that addresses shared underlying vulnerabilities and maladaptive behaviors in a single protocol. My second line of research is focused on extending empirically based treatments for anxiety disorders, specifically exposure therapy, to the eating disorders. I am really interested in using exposure therapy as a way to treat anxiety surrounding eating, which is really common in Anorexia Nervosa (AN). Most recently, I conducted a clinical trial testing D-cycloserine (DCS; a learning augmentation medication) facilitation of exposure therapy for AN. We found that DCS-facilitated exposure therapy increased weight gain relative to placebo plus exposure therapy, which is really exciting for the development of future novel interventions plan to build upon these findings to test which mechanisms drive weight change via exposure therapy in individuals with AN.

2. Why is this area of research exciting to you?

This research is exciting because I think it has the potential to alleviate the extreme suffering and impairment that are associated with social anxiety and eating disorders. If we are able to develop a treatment protocol that can address multiple disorders at once, we will be able to treat these illnesses much more quickly and efficiently. Further, we may be able to develop preventative interventions that can halt the development of these disorders. Regarding exposure therapy for the eating disorders, I think this line of research is extremely exciting because it has the potential to successfully address a treatment refractory illness. AN is one of the most impairing and deadly disorders and there are no established empirically based treatments for adults. Exposure therapy works extremely well for anxiety disorders and it makes sense that it should work for AN (and other eating disorders). The results on exposure therapy for AN have been very promising and it is exciting that we may finally have a treatment that might work for this extremely impairing disorder.

3. Who are/have been your mentor(s) or scientific influences?

I have been lucky to have amazing advisors throughout undergraduate and graduate school. In graduate school my primary mentor was Thomas Rodebaugh at Washington University. He is an excellent advisor because he is always available and really cares about helping his students succeed. I was also lucky to get to work with Eric Lenze at Washington University School of Medicine, who has been very supportive and helped me develop my interest in exposure therapy and clinical trial development. Finally, I can't forget about my amazing undergraduate advisors at the University of Kentucky, Greg Smith and Peter Giancola who first sparked my interest in clinical science research.

4. What advice would you give to other students pursuing their graduate degree?

If you have an interesting idea, don't be shy about pursuing it. Start collecting data. The more data you collect, the more questions you will be able to answer.



Quetzal Class

Advisor: Brian M. D'Onofrio, Ph.D.

University: Indiana University Bloomington

Expected graduation: 2015

Current Internship: Indiana University School of Medicine

Quetzal Class completed her bachelors of science at the University of California, San Diego. She is a doctoral candidate in clinical psychology at Indiana University, Bloomington and is currently completing her clinical internship at the Indiana University School of Medicine. Her research uses quasi-experimental and family-based designs to examine the long-term ramifications of risk factors that occur around the prenatal developmental period.

1. What are your research interests?

I use quasi-experimental approaches (e.g., natural experiments) and genetically-informed research designs (e.g., sibling- and cousin-comparison) to more rigorously examine the associations between pregnancy-related risk factors (e.g., low birth weight) and adverse offspring outcomes (e.g., infant mortality, Autism Spectrum Disorder). The Developmental Origins of Health and Disease (DOHaD) hypothesis suggests that early life influences can causally impact later functioning because the insult is experienced during a sensitive developmental period (Barker, 1998). Alternative explanations for the associations between pregnancy-related risk factors and adverse offspring outcomes need to be explored because genetic and environmental confounds are often uncontrolled.

2. Why is this area of research exciting to you?

I am fascinated with examining the DOHaD hypothesis because I find prenatal and early development remarkable. The complex and rapid processes involved in prenatal development present numerous scientific questions. My interests are ignited by the idea that the foundations of all systems occur within this delicate and rapid process. Further, early development is not just an important period for the infant, it is also an important transitional period for the mother and father. Observing and seeking to understand this amazing transitional period from the perspective of all parties involved will forever peak my interests.

3. Who are/have been your mentor(s) or scientific influences?

My graduate advisor, Dr. Brian D'Onofrio, helped me develop as a scientist and professional by providing support, guidance, and mentorship. I strive to emulate Dr. D'Onofrio's effort to perform rigorous, high quality research. Before attending graduate school, my research interests blossomed while working Dr. Curt Sandman. Dr. Sandman's passion and interest in fetal development is contagious and inspiring. In addition, my prestigious international collaborators have influenced my development by challenging me to always be on the cutting edge of research. Over the years, I have also been fortunate to study under fantastic psychology professors and alongside dedicated undergraduate,

graduate, and postdoctoral students. I am truly grateful for rich scientific community I have had the opportunity to work with.

4. What advice would you give to other students pursuing their graduate degree?

Surround yourself with supportive colleagues and friends, they will make the challenging time easier and the fun times more of a celebration. Work-life balance is important. Being true to your life priorities will help you maintain a work-life balance and may also improve your work quality.



Stephanie Gorka

Advisor: Stewart A. Shankman, Ph.D.

University: University of Illinois at Chicago

Expected graduation: 2016

Stephanie Gorka completed her B.S. in psychology at the University of Maryland, College Park. She is currently a doctoral candidate in clinical psychology at the University of Illinois at Chicago (UIC) under the mentorship of Drs. Stewart Shankman and K. Luan Phan. Her research focuses on affective and cognitive processes that contribute to comorbid internalizing psychopathology and substance use.

1. What are your research interests?

My research is focused on affective and cognitive processes that contribute to comorbid internalizing psychopathology and substance use. So often these disorders are studied and treated separately when in fact they share many neurobiological, cognitive, and emotional processes. I believe that identifying and delineating the interactions between these disorders could have a profound impact on mental health theory and practice and this is something I am very passionate about. My dissertation, which reflects these interests, seeks to examine the unique and interactive effects of anxiety symptoms and alcohol use on threat responding.

2. Why is this area of research exciting to you?

As an undergraduate and post-baccalaureate, I worked as a research therapist for a randomized control trial for substance users. The therapy protocol was delivered in group format and aimed to reduce depressive symptoms and improve substance use treatment outcomes. By running these groups, and working closely with patients, I gained an acute awareness of the devastating impact of addiction. It was also during this time that I began to recognize the role of depression and anxiety in this population. Clients repeatedly described how terrified they were of sobriety and the resulting negative affect. Hearing these fears first-hand inspired a shift in my research focus and put me on the path that I am on today.

3. Who are/have been your mentor(s) or scientific influences?

My first mentors were Drs. Stacey Daughters and Carl Lejuez. They introduced me to the field of clinical science and taught me a lot about how to be an academic researcher. I am forever grateful for the excellent training they provided me early on. In graduate school, my primary mentor has been Dr. Stewart Shankman. His work focuses on the relation between anxiety and depression and through

him I have gained invaluable insight into the study of comorbidity. Although Dr. Shankman is not a substance use researcher himself, he has been extremely supportive of my interests and has helped me apply concepts and methodology from his lab to field of addiction. Lastly, in graduate school, I have had the opportunity to work with Dr. K. Luan Phan. Dr. Phan studies how brain circuit function relates to affect and motivation. He also has an exciting line of research on the neuropsychopharmacological effects of psychoactive substances that I have been actively involved in. Working with Dr. Phan has really sparked an interest in psychopharmacology and has motivated me to take my work in this direction. Overall, I have been very lucky in my mentorship thus far and owe a lot of my accomplishments to these great scientists.

4. What advice would you give to other students pursuing their graduate degree?

My advice for other students is collaborate often, try and work with several different datasets and capitalize on opportunities to expand your statistical skillset. Graduate school is the time to develop a research toolbox that you can utilize for years to come. By working with other individuals and datasets, you will gain exposure to different types of methods and techniques. In other words, you will learn how to answer an empirical question in several different ways. For me, this approach has been extremely rewarding. I have lots of examples to draw from and feel excited about the possibility of systematically addressing my research interests from multiple angles.

CONGRATULATIONS TO THE SSCP OUTSTANDING STUDENT TEACHER AWARD WINNERS!

Please join us in congratulating the two winners of the first annual SSCP Outstanding Student Teacher Award. This award recognizes our very top student's exemplary contributions to clinical science through teaching and their future promise as a rising star of our field.



Sophie Choukas-Bradley

Advisor: Mitchell J. Prinstein, Ph.D.

University: University of North Carolina at Chapel Hill

Expected graduation: August 2016

Sophia ("Sophie") Choukas-Bradley is a sixth-year doctoral student in clinical psychology at the University of North Carolina at Chapel Hill (UNC). Her research interests focus broadly on the roles of psychosocial factors and gender in adolescents' and young adults' mental health symptoms and health-related behaviors. Her dissertation, supported by the Henry David Research Grant and the Doug Kirby Adolescent Sexual Health Research Grant, is investigating peer factors in adolescents' trajectories of sexual behavior. Sophie's primary research mentor is Mitch Prinstein, and she also has collaborated with numerous researchers in psychology and public health. As an instructor, Sophie has independently taught five Abnormal Psychology courses, receiving several teaching awards and honors. She also has served as a teaching fellow for graduate courses in evidence-based therapy and assessment. As a clinician, Sophie has special interests in interpersonal models of psychotherapy (e.g., couples therapy, group therapy) and working with adolescent girls and young women. Before beginning her doctoral work at UNC, Sophie graduated magna cum laude from Brown University.

1. What are your teaching interests and/or teaching philosophy?

My goals as a teacher are to engage students in the course material, encourage critical thinking, and motivate students to apply course material to life beyond the classroom. I also try to instill a broader interest in and curiosity about the field of psychology. I love teaching, and I always aim to convey my enthusiasm for teaching and for clinical psychology. I also communicate to students, directly and indirectly, that I care about their individual learning and professional development. For example, I learn students' names as quickly as possible, even in a large class, and I aim to meet individually with as many students as possible. Although these practices take a lot of time, they make my job as a teacher infinitely more rewarding, and they also help to greatly increase students' motivation to engage with and learn the material. Finally, an important part of my teaching philosophy regards the content: I believe "less is more." For example, I do not try to cover all the chapters in the textbook or expect students to memorize facts that they will immediately forget after the exam. Rather, I try to help students understand key concepts and "the big picture."

2. What do you enjoy most about teaching?

Most of my teaching experiences have been as an instructor of undergraduate Abnormal Psychology courses, which I have found to be incredibly rewarding. In these experiences, I enjoy helping students to understand the nuances of our field, and to develop empathy for individuals suffering from mental disorders. I also aim to help students to think critically about media portrayals of mental illness and the field of clinical psychology, and to increase their understanding of psychology as a science. I enjoy using real (de-identified) case examples to help students understand the experience of mental disorders and how they are treated. I also love to meet individually with students and help them understand options for careers in psychology, and I devote a full class period each semester to discussing grad school options in psychology. One of the most rewarding parts of teaching undergraduates is helping students develop an interest in pursuing a career as a clinical psychologist.

3. Who are/have been your mentor(s) or other influences on your teaching?

My graduate school advisor, Mitch Prinstein, is an outstanding teacher and mentor, and he has had an important influence on my teaching. He helped me understand that to be an effective teacher for undergraduate courses, it is important to be engaging and entertaining, and to create a cohesive community feeling for the class, even in a large lecture-based course. I also have learned a great deal from many other instructors and teaching supervisors at UNC, who have taught me about the complexities of research, assessment, therapy, and teaching in clinical psychology.

4. What advice would you give to other students pursuing their graduate degree?

Use your time in grad school to figure out what you love. The wonderful thing about our field is the broad range of career options that are possible. I believe our field would be strongest if every grad student in clinical psychology were to figure out what they truly loved – not what they believed they “should” do – and then pursued careers based on their passions. Throughout grad school, note what activities you most look forward to, what types of tasks you find yourself going “above and beyond” in, and what makes you look at the clock and think, “Oh no, there are only ten minutes left!” For example, I realized how much I loved teaching when I found myself excited to wake up and teach an 8 a.m. class, and when I realized I consistently felt disappointed when there were only a few minutes left in class. Finally, a specific piece of advice about teaching during grad school: If you didn’t like a particular experience TAing, or you didn’t enjoy your first experience teaching your own class, that doesn’t mean you don’t like teaching! I have found that with each new teaching experience, the stress decreases and the joy increases.

**Jena Shaw**

Advisor: Evan M. Forman, Ph.D

University: Drexel University

Expected graduation: June 2015

Current Internship: Geisinger Medical Center, Danville, PA

Jena Shaw is completing her PhD in Clinical Psychology at Drexel University where she works with Drs. Evan Forman, James Herbert, and Michael Lowe. Her research interests involve the use of acceptance-based treatments and associative training interventions to improve health behavior change, particularly for weight loss and eating disorders. She has published 11 journal articles and numerous posters and presentations in related topics. Jena has been an adjunct instructor at Drexel since 2012, where she teaches undergraduate topics including data analysis, abnormal psychology, social psychology, and the psychology of eating and weight, and a graduate course sequence in data analysis. She is currently completing her predoctoral internship at Geisinger Medical Center and anticipates graduating in June 2015.

1. What are your teaching interests and/or teaching philosophy?

I enjoy teaching a variety of topics in clinical, health, and social psychology, however, my greatest strength is in teaching data analysis and research methods. I find it very rewarding to help students overcome their initial apprehension about statistics and gradually build a new skillset that can open up their ability to think critically about findings within the field, and occasionally sparks their interest in conducting research themselves!

In all of the courses I teach, I seek to create an environment in which students are exposed to new ideas, actively engage with course material, practice key skills, and receive clear, useful feedback that promotes improvement and growth. I am lively in the classroom and engage students by collecting examples and building complex models with them, rather than passively referring them to lists or diagrams. This allows me to make the entire process of building an example an opportunity to review basic principles and draw connections. I believe that these techniques are particularly effective for engaging students in material that is not conventionally exciting, such as statistics, and breaking down complex material so that it is easier for students to understand.

2. What do you enjoy most about teaching?

For me, the most rewarding aspect of teaching is seeing student improvement, either in their knowledge of a given topic or in a broader skillset (e.g. writing). I also enjoy engaging students' interest in the material and find that my favorite classes are those in which the students actively discuss the material or bring up insightful questions about a topic.

I also appreciate the intellectual challenges of teaching. For one, it often involves breaking down complex material into digestible parts on which to build a novice's understanding, or coming up with alternate ways of explaining a concept so that more students are able to connect to the idea. Teaching well therefore involves a mastery of both the breadth and depth of a topic, and I find that my

understanding of a topic expands every time I teach a course. I also find that the students themselves push me to grow by asking questions and making comments that I had not previously considered. I can honestly say that rather than becoming a teacher because I had expertise in certain topics, I have been able to become a bit more of an expert through the experience of teaching.

3. Who are/have been your mentor(s) or other influences on your teaching?

In spite of having many excellent instructors in college and graduate school, I most strongly connect my own teaching methods to one of my high school English teachers, who was a particularly effective instructor. She was terrific at pushing students to improve and grow regardless of their starting skill level. I also remember the effort she put in to providing thorough feedback, not only to correct content-based errors, but also to encourage deeper thinking about the material and to build skills in writing and public speaking. She built in the expectation that her feedback would be used in subsequent assignments to increase the likelihood that students would actually improve across the term. I try to model my own feedback to students after her example. Although I may not have always appreciated it at the time, the feedback that I got from this teacher made me a better writer, and I can only hope that some of my students will have a similar experience in my courses.

4. What advice would you give to other students pursuing their graduate degree?

From what I have seen in my job search, if you are considering working in academia (especially at smaller colleges which tend to be more teaching focused), having independent teaching experience is a definite plus (and sometimes a requirement) for applying to faculty positions. If you look for opportunities to teach a class on your own after getting your Masters degree you will be more eligible to apply for these kinds of positions right out of graduate school. If your university does not have teaching positions available, other schools in your area may regularly offer adjunct positions. Start out with a topic that you know well so that it's easier to prepare, and ask others for their syllabi or materials from similar coursework to give yourself a starting point for structuring the course. There also may be useful resources online or from your textbook publisher. Even with support, teaching independently is time consuming from start to finish, especially the first time through. If possible, schedule the first time you teach a particular course during a period where you have more downtime in your schedule, such as the summertime, to avoid getting overloaded.

5th Annual Varda Shoham Clinical Scientist Training Initiative

The Society for a Science of Clinical Psychology (SSCP) wishes to announce the 5th annual Varda Shoham Clinical Scientist Training Initiative (formerly the “Clinical Scientist Training Initiative”) grant program. Applications are invited for small (up to \$1500), non-renewable grants for training programs at the predoctoral, internship, or postdoctoral levels to launch new projects or support ongoing initiatives that are designed to more effectively integrate science and practice into their training program.

FYI, this year the application procedure has changed slightly to offer three different tracks for applicants: 1) Conducting science in/on applied settings, 2) Innovation in clinical science training or resources, or 3) Value-added to the program. These tracks are aimed at maximizing the diversity of applications and awards given.

Applications are due by March 31, 2015, and funds will be distributed during the summer of 2015. Application instructions are available at: <http://www.sscpweb.org/page-18087>.

The list of past awardees can be found at: <http://www.sscpweb.org/page-18088>

The application is short and easy, so please consider applying!

Also, for more information on the grant and coverage of prior winners, see the APS Observer: <http://www.psychologicalscience.org/index.php/publications/observer/2012/january-11-2012-observer-publications/training-grants-encourage-integration-of-clinical-science-and-practice.html>