

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

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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

Psychosocial Interventions and Medications

Steve Hollon, Ph.D., Vanderbilt University

Earlier this spring I took part in a dialogue on the relative contributions of psychosocial interventions and medications in the treatment of depression. The dialogue was sponsored by the McMaster University Alumni Association and included presentations from Irving Kirsch, Associate Director of the Program in Placebo Studies at the Harvard Medical School, author of the treatise "The Emperor's New Drugs: Exploding the Antidepressant Myth"; Benoit Mulsant, Professor and Chair of the Department of Psychiatry at the University of Toronto and an expert in the pharmacological treatment of depression; and me. We each gave brief presentations then responded to questions posed by Paul Andrews, an evolutionary psychologist at McMaster University who organized the dialogue and has some rather provocative things to say about the adaptive function of depression and the way antidepressant medications really work. The audience posed questions as well.

Professor Kirsch went first and presented meta-analytic evidence from controlled medication trials that showed that the placebo effect was quite large and the pharmacological effect surprisingly small (Kirsch & Saperstein, 1998). He followed this up by using the Freedom of Information Act to obtain files from the Food and Drug Administration (FDA) containing the data from all the trials (published and unpublished) that had been registered to win approval to take various medications to market. What he found was that although differences between drug and placebo were significant, they were small in magnitude and conditioned upon a significant treatment by severity interaction such that only those patients with more severe depressions passed the criteria for clinical significance established by the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom (Kirsch et al., 2008). This led him to challenge the widely held view that depression was the result of a chemical imbalance in the brain and to emphasize the role of nonspecific factors (Kirsch, 2010).

My presentation came next. The bulk of my work has focused on comparisons between cognitive behavior therapy and antidepressant medications. Like Kirsch, we have a meta-analytic study that indicates that "true" drug effects (drug-placebo differences) only emerge among patients with more severe depressions (Fournier et al., 2010), but we also have a meta-analysis that indicates that the same is true

for psychosocial interventions (Driessen et al., 2010). I showed slides from Erick Turner's classic study that found that publication bias inflated the apparent efficacy of antidepressant medications (Turner et al., 2008), but also showed evidence that the same was true for psychosocial interventions (Driessen et al., 2015). While I would agree with Kirsch that nonspecific placebo effects make up the largest portion of response to antidepressant medications, we also have meta-analytic data that suggest that the same is true with respect to nonspecific "common elements" for the psychosocial interventions (Cuijpers et al., 2012). It is not that antidepressant medications or empirically supported treatments like cognitive behavior therapy do not work, but rather that they work for largely nonspecific reasons among patients with less severe depressions. Score one for Kirsch. That being said, cognitive therapy does appear to have an enduring effect that reduces risk for relapse following treatment termination (Cuijpers et al., 2013). Medications also protect against subsequent relapse and recurrence but only for so long as one stays on them.

Nonetheless, antidepressant medications do have specific effects that can be quite important for at least some patients. Professor Mulsant focuses on "hard to treat" older patients with depression and comorbid physical illness, psychotic depression, bipolar disorder, schizophrenia, and dementia. He pointed out that such patients often require more aggressive medication treatment or somatic therapies like electroconvulsive therapy (ECT) and tend to show far more attenuated nonspecific response. He also noted that high quality psychosocial treatment of the kind delivered in my studies is largely unavailable in much of the United States and Canada and he is right. In the United Kingdom with its single payer system the government has invested over £700 million pounds to train therapists in the National Health Service to provide the kinds of psychosocial interventions that have fared well in controlled clinical trials (Layard & Clark, 2015). We have nothing like that in North America. More is the pity since, as Professor Mulsant pointed out, depression accounts for more misery and more deaths (by suicide) than many of the medical illnesses that attract more in the way of public investment or charitable donations.

Now back to our host Professor Andrews. As an

evolutionary psychologist he asks whether depression has an adaptive function and suggests that it promotes a tendency to dwell on the complex problems that triggered the current episode, something he calls analytic rumination (Andrews & Thompson, 2009). Rather than being a problematic symptom (as I have long believed) he views rumination as a search for a solution and suggests that this process may help account for the tendency of each episode to end on its own even in the absence of treatment (spontaneous remission). Moreover, he views medications as interfering with that process much as cold remedies suppress the symptoms of a cold while prolonging the infection. He suggests that medications work not so much by redressing a chemical imbalance in the brain as by perturbing the balance of neurotransmitters in the synapse (Andrews et al., 2015). Consistent with this notion, the more a specific medication perturbs the neurotransmitters associated with depression (as measured in animals), the greater the risk of relapse (in humans) when medications are discontinued (Andrews et al., 2012).

He goes even further. It is well established that all antidepressants increase the amount of neurotransmitter in the synapse, either by inhibiting oxidation (in the case of the monoamine oxidase inhibitors) or by blocking reuptake into the presynaptic neuron (in the case of the tricyclic antidepressants or the selective serotonin reuptake inhibitors). What is not well understood is why that relieves symptoms of depression. It is widely assumed that depression involves a neurotransmitter deficit or a dysregulation in the neurotransmitter system that can be corrected by increasing the amount of neurotransmitter in the synapse. However, people born with a short allele for the serotonin transporter gene (who therefore have trouble clearing serotonin from the synapse) are at elevated risk for depression when under stress (Caspi et al., 2003). I have been teaching a course on depression this spring and my undergraduates have trouble reconciling those two bits of evidence. How is it that people with excess serotonin in the synapse because they drew the short genetic straw are at elevated risk for depression but increasing the amount of serotonin in the synapse (as medications do) leads to a reduction in depression? The two sets of findings seem to contradict each other.

Andrews may have an answer for that. What we know from animal studies is that antidepressants do increase the amount of neurotransmitter in the system over the short-run (for a couple of days or so) but that then triggers compensatory homeostatic mechanisms that reduce synthesis in the presynaptic neuron and down-regulates sensitivity in the post-synaptic neuron (Andrews et al., 2015). The therapeutic benefit is not derived directly from increasing the amount

of neurotransmitter in the synapse (which is what antidepressant medications first do) but rather by the subsequent reduction in the amount of neurotransmitter in the presynaptic neuron and sensitivity to it in the post-synaptic neuron. It is like holding up a match to a thermostat to turn the furnace down.

Moreover, so long as the medication is in the system, the counter-regulatory homeostatic mechanisms are like a coiled spring, ready to spring back when the medications are taken away. According to Andrews, it is not that medications do not work, but that they do so by suppressing symptoms at the expense of prolonging the underlying episode. The more the system is perturbed, the greater the risk of relapse when the medications are taken away. If Andrews is correct, then taking antidepressants virtually guarantees that you will become depressed again after you discontinue them, the world's most perfect mousetrap.

Back in the summer of 2010, Robert Whitaker, an investigative journalist, published a book called "Anatomy of an Epidemic" (Whitaker, 2010). In that treatise he argued that since the advent of the psychiatric medications, the rates of psychiatric disability have gone up and that new disorders have appeared that were unheard of in the past. He further claimed that unmedicated patients did better in the long-run than those who were put on medications and that the course of disorders like depression have "coarsened" over the intervening years. All this he attributed to an adverse (aka iatrogenic) effect of psychotropic medication. In essence, they suppress symptoms at the expense of worsening the long-term course of the disorder. Each of the problems that Whitaker attributed to the iatrogenic effect of the various medications can be explained away, but it takes a different explanation for each and science typically has not been kind to non-parsimonious explanations.

We do not know whether Whitaker is right, but we do know how it could be tested. In essence, patients randomized to either antidepressant medications or pill-placebo simply need to be treated to remission and then discontinued. If Kirsch is correct, then remission rates in the placebo condition should approach three quarters of the rates observed for active medication, and, if Mulsant is correct, the remaining quarter of the patients should be more severe and more comorbid. I suspect that both will be correct. If Andrews is correct, then patients treated to remission on medications should show a higher rate of relapse following discontinuation than comparable patients treated to remission on pill-placebo, an iatrogenic effect. Moreover, if cognitive therapy truly has an enduring effect, then patients randomized and treated to remission in that condition should be even less likely to relapse following treatment termination than patients brought to remission on

placebo. While no one would knowingly prescribe pharmacologically inert placebos to depressed patients in actual practice, pill-placebos make the ideal nonspecific control condition for identifying iatrogenic or enduring effects in the context of a controlled trial. We do not know what we would find but it is a study that needs to be done. If there is even a chance that medications are iatrogenic that needs to be known and there is little basis for privileging cognitive therapy over other types of psychotherapies if it does not have a “true” enduring effect.

Finally, it is common practice to combine psychotherapy with medications but there is reason to think that doing so may undercut the enduring effect of cognitive behavior therapy (see Barlow et al., 2000). In that study, patients with panic disorder treated to remission with cognitive behavior therapy alone were considerably less likely to relapse following treatment discontinuation than patients treated to remission with medications alone. Patients treated to remission with combined treatment were as likely to relapse as patients treated with medications alone when that combination involved an active medication, but no more likely to relapse than cognitive behavior therapy alone when that combination involved a pill-placebo. In effect, it was not thinking that you were taking an active medication that increased risk of relapse in combined treatment when the pills were discontinued; it was having active medication in the system during treatment. It was a pharmacological effect that undermined the enduring effect of cognitive behavior therapy.

Mark Twain once said, “It ain’t what you don’t know that gets you into trouble. It’s what you know for sure that just ain’t so.” It may be that we are too sure that we understand just how our most efficacious treatments work. Cognitive psychologists say that the best way to uncover biases is to put people together who hold maximally dissimilar views, a process they call adversarial collaboration (Mellers, Hertwig, & Kahneman, 2001). It was a most interesting evening that might lead to just such an adversarial collaboration.

To watch the video of the dialogue at McMaster University visit: <https://youtu.be/cEAPQ2Bp1rc>

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Financial Report

Secretary/Treasurer

Kate McLaughlin, Ph.D.

PAST MONTH FINANCIAL ACTIVITY

Income - \$750 in dues

Expenses - \$4500 for Clinical Training Initiative Grants, \$2000 for Outstanding Mentor Award and Susan Nolen-Hoeksema Early Career Award, \$200 for Student Clinician Awards

Don't miss the March 2016 issue of Division 12's

Clinical Psychology: Science and Practice

Papers in this issue include:

What Distinguishes Suicide Attempters from Suicide Ideators? A Meta-Analysis of Potential Factors by Alexis M. May and E. David Klonsky

Anger: The Unrecognized Emotion in Emotional Disorders by Clair Cassiello-Robbins and David H. Barlow

Conducting Psychopathology Prevention Research in the RDoC Era by Alyson K. Zalta and Stewart A. Shankman

Behavioral Activation for Major Depression in Adolescents: Results From a Pilot Study by Lorie A. Ritschel, Cynthia L. Ramirez, John L. Cooley, and W. Edward Craighead

Find the full Table of Contents and articles at:

<http://onlinelibrary.wiley.com/doi/10.1111/cpsp.2016.23.issue-1/issuetoc>

Join us in Chicago...

SSCP Events at APS

Dissemination of Psychological Interventions

Symposium Thursday 5/26 3:30-4:50 PM

Steven D. Hollon, David M. Clark, Stacy Frazier, James E. Maddux, Daisy Singla

SSCP Board Meeting Friday 5/27 8:00-10:00 AM

Poster Presentations Friday 5/27 10:00-10:50 AM

Student Social Friday 5/27 1:00 PM at Timothy O'Toole's Pub

Panel Discussion: How Did You Get Beyond The

Ivory Tower? Friday 5/27 1:00-2:30 PM

Greta Massetti, Holly Lam, Matt Wallaert

Presidential Address Friday 5/27 4:00-4:50 PM

Steven D. Hollon, Vanderbilt University
"Treatment Guidelines and ESTs"

Distinguished Scientist Award Address Friday
5/27 5:00-5:50 PM

David M. Clark, Oxford University
"Developing and Disseminating Effective Psychological Therapies for Anxiety Disorders: Science, Economics and Politics"

Diverse Perspectives in Psychological Science

Saturday 5/28 11:00 AM-12:20 PM

Thomas M. Olino, Lisa M. Diamond, Joseph P. Gone, Michelle R. Hebl, Enrique W. Neblett, Jr.

Diversity Corner

A Long Road Ahead for Diversity Science

David H. Rosmarin, Ph.D., ABPP, McLean Hospital/Harvard Medical School

In many ways, clinical psychological science has reached a golden age. Our conceptualization of how behavioral, cognitive, environmental, social, and neurobiological factors contribute to the onset, development, and maintenance mental distress is more sophisticated than ever. Even more important, our field now has a veritable toolkit of evidence-based strategies to target many of these factors, and thereby ameliorate not only many symptoms but the causal mechanisms that lie behind them.

However, we have a long road ahead! Consider that less than half of studies in our discipline even report participant characteristics along ethnic/racial lines, and despite legally mandated NIH guidelines to the contrary, diversification of research samples is more the exception than the norm (Mendoza, Williams, Chapman & Powers, 2012). As my colleague and fellow SSCP member Dr. Joe Gone has pointed out, this trend may represent a natural tension between the call for standardization and simplification within science versus a call for inclusion even at the expense of complexity within a diversity-driven mandate. Indeed, psychological science is not alone – biomedical sciences also struggle to fully attend to diversity. However, the United States Census Bureau projects that by 2020 more than 50% of children in the America will be ethnic minorities. The future relevance of our field thus depends on the extent to which we address issues of diversity.

Over the past two years – since the inception of its Diversity Committee – SSCP has come a long way. We have...

- Revised our by-laws to reflect an explicit commitment to diversity science
- Created a student diversity research award
- Launched a section of our website dedicated to diversity science, and posted quarterly announcements related to diversity and clinical psychology in the SSCP Twitter feed
- Initiated and authored a column dedicated to diversity science in the SSCP newsletter
- Presented a panel on diversity science at the

APS annual meeting

- Published (in press) a special series on diversity science in the APS journal *Clinical Psychological Science*, under the mentorship and guidance of Dr. Alan Kazdin

We are also in the midst of planning the following:

- An international outreach effort to directors of clinical training to recruit diverse members for SSCP, with a focus on students
- A brief survey/study of SSCP membership to evaluate attitudes towards diversity science
- A research-based initiative to create guidelines for clinical programs and professional associations in how to recruit minorities

Going forward, I will remain a member on the SSCP Diversity Committee but step down as Chair in order to hand over the reins to Adam Bryant Miller, PhD. I am certain that Adam will continue to lead SSCP not only towards increased awareness of diversity science, but towards increasing the diversity of our membership.

Awards & Recognition

Lawrence H. Cohen Outstanding Mentor Award Winner



Richard Heimberg, Ph.D. is the winner of the 2016 Lawrence H. Cohen Outstanding Mentor Award. Dr. Heimberg is the Thaddeus L. Bolton Professor of Psychology and the Director of the Adult Anxiety Clinic at Temple University. Dr. Heimberg is a uniquely gifted contributor to psychological science, given his ability to balance excellence in research with dedication to imparting scientific knowledge. He has been the leader in investigating anxiety reactions to interpersonal contexts and treatments for social anxiety disorder, demonstrating a dedication to the empirical process using a multi-method approach. As an educator, Dr. Heimberg imparts knowledge to his students with the same precision. He believes in the idea of a scientific community and knows that advancing our understanding of behavioral science starts with facilitating new thinkers and creating future investigators. Dr.

Heimberg regards his experience of training more than 60 doctoral students and 10 postdoctoral fellows as his greatest professional blessing. Not focused solely on academic success, he attends to the entire person, paying close attention to his student's individual personality, life circumstances, and intellectual interests. With the capacity to see the world from his students' perspective, Dr. Heimberg is able and willing to help students carve out a path that is truly well suited for each individual.

Susan Nolen-Hoeksema Early Career Award Winner



Thomas Olino, Ph.D. has been selected for the 2016 Susan Nolen-Hoeksema Early Career Award. Dr. Olino completed his Ph.D. in clinical psychology at Stony Brook University with a minor in quantitative methods and is currently an Assistant Professor at Temple University. His work focuses on the etiology of depression, with a particular emphasis on diminished anticipation of and responses to reward as a potential marker of risk for depression. Dr. Olino's research is informed by multiple measurement approaches, including self-report, behavioral assessments and functional MRI. He has published over 100 articles in leading journals in the field and his research is funded by the National Institute of Mental Health.

Outstanding Student Diversity Research Award Winner



Juliette McClendon Iacovino, M.A. is the winner of the first annual SSCP Outstanding Student Diversity Research Award. Juliette is a PhD candidate at Washington University where she is studying under the auspices of Dr. Tom Oltmanns. A graduate of Harvard (AB, Social & Cognitive Neuroscience), her research - which has been published in the *Journal of Abnormal Psychology* and other high impact journals and is presently supported by an NRSA - examines psychosocial and cultural risk factors for a broad array of mental and physical health problems, with a focus on racial disparities. She is also committed to diversity training and has served extensively within her department and university on many committees to increase awareness of issues related to diversity science.

Awards & Recognition

Outstanding Student Teacher Award Winners



Kimberly Kamper, M.A.

Kimberly Kamper is a 6th year graduate student at the University at Buffalo and is currently completing her predoctoral internship at the University of Rochester Medical Center. Her research, teaching and clinical interests all center around understanding the development of children and adolescents and factors that put them on pathways towards psychopathology. Using a developmental psychopathology framework, she works primarily with young children, researching the development and maintenance of aggressive behaviors and victimization. Her research includes both basic and applied work.

What are your teaching interests and/or teaching philosophy?

My philosophy of teaching is grounded in Lev Vygotsky's zone of proximal development, in which my goal is to try to meet each student where they are developmentally and teach at a level in which they are required to stretch their abilities. This structure for my teaching is the way that I believe will best help them learn. I believe that students can attain more advanced independent thinking when provided guidance, structure and encouragement. Although it is important for them to learn the material within my class, I feel much more accomplished when I am able to foster students' ability to think critically and problem solve situations to deduce the correct information.

What do you enjoy most about teaching?

What I love most about teaching is seeing students become passionate about the material. I find that although I tend to naturally enjoy teaching, what I love most is when students seem engaged with the material and express an interest in learning more and becoming more involved. I like hearing their own stories that allow them to better understand the material.

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

My primary advisor, Jamie Ostrov, has influenced my teaching through his ability to deliver lectures in an engaging yet advanced way. His support and mentorship of both undergraduate and graduate students has modeled how to meet students where they are academically while demanding high levels of effort. I also view my father and sister, both high school teachers, as exemplar models for excellence in teaching. Always using innovative techniques with new technology, I find that their advice and guidance has helped me foster a more productive and intimate approach to my rather large classes.

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

Find what makes you most passionate, whether it is teaching, research, clinical work, service, or whatever combination of all of these and devote your time to it. Ask those around you for help because often they have a different perspective or experience that can benefit you. And don't give up!

Outstanding Student Teacher Award Winners



Alexander J. Williams, M.A.

Alexander Williams graduated with his B.A., Summa Cum Laude, from William Jewell College in 2008, majoring in psychology, political science, and history. He received his MA in political science in 2010 and his MA in clinical psychology in 2013, both at the University of Kansas. Alex has defended his dissertation and will earn his PhD in clinical psychology (health specialization) from the University of Kansas upon the completion of his internship at VA Eastern Kansas Health Care System (Leavenworth) in July 2016. Alex loves teaching, particularly about critical thinking in psychology. His research examines ways to improve outcomes for therapy via manipulations of cognitive heuristics (e.g., the peak-end rule of memory). Clinically, he is interested in evidence-based practices.

What are your teaching interests and/or teaching philosophy?

A story places educational researcher John Dewey in a secondary school classroom. The teacher wanted to show off his students and invited Dewey to quiz them. Dewey asked, "If I drilled down into the center of the earth, what would I find?" He was met with blank stares. The teacher interjected, "You are asking the question wrong, Dr. Dewey." Whereupon he turned to his students and asked, "Class, what is the state of the center of the earth?" The class replied, in rhythmic unison, "The state of the center of the earth is one of igneous fusion."

While possibly apocryphal, this story highlights the pitfalls of rote learning. Stripped of context, students may memorize list of facts without an appreciation for what they mean. When I first started teaching, I was in the "state of igneous fusion" camp, seeing the educational dynamic as: I lecture, the students passively receive and memorize. The more I learned about curriculum and instruction, the more my approach changed. Now I encourage my students to be active learners, and most importantly, thinkers. Lectures are valuable, but I believe they need to be supplemented by evidence-based activities that actively involve and test students' understanding.

What do you enjoy most about teaching?

The parts of teaching I find the most enjoyable are when I have data indicating that I am effectively educating students. Finding teaching personally fulfilling is a necessary component of good teaching, but it is not sufficient. We should ask of any teacher, "Is she using evidence-based teaching methods, and is the information she is teaching evidence-based?" So, for instance, I could teach students about the efficacy of exposure therapy for panic disorder (evidence-based information), but I might do a horrible job teaching it. Conversely, I could do a brilliant job conveying material (evidence-based teaching), but be educating students that "frigid mothers" are responsible for autism. Good teachers focus on using evidence-based teaching practices and teaching evidence-based information. I enjoy it those times when I see data suggesting that I did reasonably well at both.

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

My parents, Drs. Robert and Sharon Williams, are both celebrated educators. They've had the biggest influence on my love of teaching. I'm not sure if that's because I have their genes or because of what they've taught me. The former probably deserves much more credit than I intuitively realize, but either way, I love and appreciate them! Dr. Sarah Kirk, the director of the Psychological Clinic at the University of Kansas, is a wonderful professor, an insightful mentor, and someone I am proud to call a friend. My undergraduate psychology and political science professors (Drs. Pat Schoenrade, Ray Owens, Gary Armstrong, Alan Holiman, and Rein Staal) instilled in me a love of the social sciences. Drs. Michael and Joye Anestis, via their blog, Psychotherapy Brown Bag, had a tremendous influence on my embrace of empiricism, in both my clinical work and teaching. Same, too, for *Science and Pseudoscience in Clinical Psychology*, edited by Drs. Scott Lilienfeld, Steven Jay Lynn, and Jeffrey Loehr.

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

Be knowledgeable without becoming dogmatic. Be questioning without becoming cynical.

Outstanding Student Teacher Award Winners



Anna Winiarski, M.A.

Anne Winiarski is fifth year Ph.D. candidate in the Clinical Psychology program at Emory University in Dr. Patricia Brennan's lab. She is broadly interested in exploring the development of emotion regulation across childhood. Through her dissertation research, she is examining the physiological and behavioral correlates of emotion regulation, and their utility in predicting the development of externalizing behavior across childhood. Clinically, she has worked at the Emory University Psychological Center, as well as the Children's Healthcare of Atlanta (in the Hematology, Oncology, Neuropsychology, and Solid Organ Transplant departments). Anne has also sought out numerous teaching and mentorship experiences. She has been on an undergraduate honors thesis committee, and co-mentored several students in her lab. She also taught/co-taught six courses in graduate school, and was a TA for twelve courses as both an undergraduate and

graduate student. Prior to enrolling in Emory's Ph.D. program, Anne earned her B.A. in Psychology at Northern Michigan University and her M.A. in Developmental Psychology from Teachers College, Columbia University. She will complete her clinical internship at Rush University Medical Center in Chicago.

What are your teaching interests and/or teaching philosophy?

I believe it is important for students to find meaningful ways to apply their classroom knowledge. For example, through my recent involvement in a community partnership program at Emory University, I have enjoyed finding creative ways for my students to apply general psychological principles to the design and implementation of community engagement activities. In addition, I enjoy co-teaching multidisciplinary courses with colleagues from different departments at the university. Not only has it been interesting to model interdisciplinary discourse to students, but co-teaching has also made me a much more active learner. Going forward in my career, I would like to continue developing innovative ways to teach psychology courses through an interdisciplinary lens, and I plan to challenge my students to find real-world applications of the skills and knowledge they acquire in the classroom.

What do you enjoy most about teaching?

Although I enjoy being in the classroom and teaching a subject that I am extremely passionate about, I have found that mentorship has been an extremely rewarding extension of my teaching. Specifically, I enjoy working with students who are in the process of making decisions about their careers, as well as with students who are working on independent research projects. It is very rewarding to help a student develop confidence in his or her own research skills. It is also incredible to see students apply the skills they learn in college to various career trajectories after graduation. My mentors have been integral to my professional development, and so I try to be equally supportive of students who seek out opportunities to go above and beyond the basic requirements of a course by getting involved in research or planning for the next steps in their emerging careers.

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

I have had several very supportive mentors over the course of my undergraduate and graduate training. These overwhelmingly positive experiences have undoubtedly led me to where I am in my career, and have encouraged me to "pay it forward" to junior colleagues and trainees. Those who have had the strongest influences on my teaching were my undergraduate mentor, Dr. Harry Whitaker, as well as my graduate advisor, Dr. Patricia Brennan. Together, they provided me with ample opportunities to develop as a teacher, mentor, researcher, and clinician. They were supportive, collaborative, and encouraged me to take risks even though the path of least resistance may have been my preferred path at the time. Furthermore, having numerous opportunities to observe their teaching, as well as co-teach in a classroom with them, strongly shaped my own approaches to pedagogy.

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

I believe that having an open mind and a strong intellectual curiosity to learn about many different fields of study (even those that appear to be outside of your immediate area of interest) are imperative to success in graduate school. While it certainly is important to have a niche that you can continue to cultivate well beyond graduate school, trying to branch out in your teaching and research endeavors will ultimately make you well-rounded and well-versed across multiple areas of inquiry. In addition, being open to working in other disciplines will enable you to forge collaborations that may last for years after you graduate. Because teaching and research are becoming increasingly interdisciplinary, it is important to start developing these collaborative skills and relationships as early in your career as possible.

Outstanding Student Clinician Award Winners



Halina Dour, M.A.

Halina Dour grew up on the east coast in New Jersey. She received her B.A. from Wellesley College and worked for two years as a laboratory manager at Harvard University with Dr. Matthew Nock. She then enrolled in the clinical psychology doctoral program at UCLA under the mentorship of Dr. Michelle Craske. Currently, she is completing her internship at the VA Sepulveda Ambulatory Care Center in Los Angeles and will begin a post-doctoral fellowship at the VA Seattle in August 2016. Her clinical and research interests are in maximizing treatment efficiency for anxiety and depressive disorders

What are your clinical interests?

My clinical interests are in providing the most efficient mental health care to a variety of patient populations, but especially those suffering from anxiety and depression. I define efficiency as reducing costs while improving patient outcomes. Clinically, I exercise this interest through: (1) thorough assessment and subsequent development of dynamic conceptualizations, (2) evidence-based intervention selection, and (3) treatment adaptation to meet clients' needs. Striving for clinical efficiency has required me to gain knowledge of multiple evidence-based treatments and strategies, develop individualized strategies and materials when necessary, and assess intervention utility throughout treatment.

Why is this area of clinical work exciting to you? What is the most rewarding part of your clinical experiences thus far?

Anxiety and depression are the two most prevalent mental health disorders that also incur enormous costs. While the treatments for these disorders arguably have the largest evidence-base, the rates of anxiety and depression still remain high and there is much room for improvement in patient outcomes. Mental health treatment efficiency is a phrase that I adopted to describe my interest in providing the best care possible to the most people with the fewest costs. This population and this work is exciting, because I potentially can help large numbers of people who currently suffer from mental health and related conditions. On a day to day basis, I am most energized by the process of creatively applying my knowledge of science and evidence-based interventions to treat each unique patient that I see. Of course, the most rewarding piece of my work is seeing those individuals improve, especially the ones with whom I struggled throughout treatment.

Who are/have been your mentor(s) or clinical influences?

Dr. Michelle Craske, my advisor at UCLA, taught me how to apply science to my clinical work and helped me develop the skill of treatment development. Dr. Lynn McFarr and the Harbor-UCLA team is responsible for shaping me into a clinical practitioner. Through their amazing supervision and clinical opportunities, I learned the soft skills of therapy and a diverse skill set in evidence-based practice with difficult populations. Finally, my practicum and internship experiences at the VA Sepulveda further solidified my clinical skills and enhanced my love for working with veterans. I am very grateful to all of my mentors and for all of these opportunities.

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

Be open to feedback and change. Don't expect yourself to be great or even good when you start. If you are open to change and are excited about learning, you will see enormous growth during your graduate career.

Outstanding Student Clinician Award Winners



Kate L. Herts, M.A.

Kate Herts is a fourth-year doctoral candidate in clinical psychology at UCLA. Kate holds a B.A. from Brown University and an M.A. from UCLA. Kate's research and intervention interests focus on promoting psychological resilience for patients with chronic illness. Kate's dissertation study will test the efficacy of a Cognitive Behavioral Therapy (CBT) intervention and an educational materials intervention in improving psychosocial outcomes for young adults with chronic illness. To date, Kate has provided evidence-based treatments (EBTs) including CBT, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Integrative Behavioral Couple Therapy to patients with diverse presenting problems. Kate has worked as a therapist in several settings, including a Department of Mental Health organization and a hospital clinic for patients with Cystic Fibrosis. In her fifth year, Kate

will mentor beginning clinicians and serve on the Clinic Management Team in her role as the department Clinic Associate. She will also pursue her interest in treating patients with chronic illness as a pre-doctoral psychology intern at the Simms/Mann-UCLA Center for Integrative Oncology. Kate is excited to continue to contribute to the development, implementation and dissemination of EBTs and the growth of integrated care programs throughout her future career as a clinical health psychologist.

What are your clinical interests?

I am primarily interested in developing, implementing and evaluating evidence-based treatments for patients living with chronic medical illness (e.g., cancer, diabetes). More broadly, I am interested in working with patients who have endured diverse chronic stressors including financial hardship and complex trauma.

Why is this area of clinical work exciting to you? What is the most rewarding part of your clinical experiences thus far?

I am excited to see our field moving towards an integrated care model that allows patients to get medical, mental health and other needed services at their community hospital or clinic. Patients with chronic medical illness may be at higher risk for psychosocial problems as compared to healthy peers. Integrated care offers a unique opportunity to reach patients with chronic illness who might not otherwise receive needed mental health services. One of the most rewarding parts of my clinical work to date has been having opportunities to meet service needs that otherwise might not be met. For example, this year I have been privileged to help develop a partnership between the UCLA Psychology Clinic and the UCLA Cystic Fibrosis (CF) Clinic. Patients with CF are at higher risk for anxiety and depression as compared to their healthy peers. As a result of this partnership, I and future UCLA practicum students can now provide low-fee therapy to CF patients at low cost and with little to no wait.

Who are/have been your mentor(s) or clinical influences?

I have been lucky to have several highly supportive and influential mentors. As an undergraduate I worked closely with Gary Maslow, M.D. on an intervention for teens and young adults with chronic illness. Serving as a mentor for the intervention initiated my interest in treating patients with chronic illness. As a Master's student at Harvard, I worked as a research assistant for Kate McLaughlin, Ph.D. Dr. McLaughlin inspired me to enter the field of clinical psychology. Both Dr. Maslow and Dr. McLaughlin continue to be avid supporters of my research and professional development. Throughout my clinical training at UCLA, I have been privileged to have the mentorship of Danielle Keenan-Miller, Ph.D., director of the UCLA Psychology Clinic. Dr. Keenan-Miller was also my supervisor during my second year of the doctoral program, a formative time during my clinical training. Finally, Annette Stanton, Ph.D., is my research advisor and the clinical supervisor for my dissertation study. Dr. Stanton exemplifies the role of a clinical health psychologist. She provides clinical supervision and conducts basic and intervention research in populations of patients with cancer. Dr. Stanton's guidance and support have been an invaluable part of my training.

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

I recommend that clinical students purposefully seek out and take advantage of opportunities for mentorship, be it from supervisors, research advisors or more advanced clinicians. Graduate school provides a wonderful opportunity to grow as a clinician while immersed in a community of psychologists. Mentors can offer essential guidance and support as you seek to become the kind of clinician and professional that you want to be.

Awards & Recognition

2016 Varda Shoham Clinical Science Training Grant Winners

Training Doctoral Students in Methods of Dissemination Susan Orsillo, Ph.D., Suffolk University

Within the field of clinical psychology, there is considerable delay in the translation of research into practice. Thus, despite recent improvements in evidence-based treatments that effectively impact psychopathology, well-being, and quality of life, many clients fail to receive high quality mental health care. One factor contributing to this problem is a shortage of trained clinicians. The goal of the current project is to train and supervise graduate students in methods of testing the effectiveness of cost-effective methods of therapist training in evidence-based therapy. Specifically, doctoral students at Suffolk University will be involved in the development, distribution, and evaluation of a measure aimed at assessing the effectiveness of a full-day training in acceptance-based behavioral therapy (ABBT) for generalized anxiety disorder (GAD) and related disorders. Not only will this project enhance the dissemination of an evidence-based approach to treatment in the community, but it will also provide students with a mentored opportunity to engage in empirically-informed methods of dissemination.

Expanding the Training and Implementation of Parent-Child Interaction Therapy (PCIT) in Under-Resourced Settings Cara Remnes, Ph.D. and Jennifer Cruz, Ph.D., Morgan Stanley Children's Hospital of New York Presbyterian – Columbia University Medical Center

Funds from the SSCP Varda Shoham Clinical Science Training Initiative grant will be used to further integrate evidence-based practice into the training of clinical child psychology interns and externs at New York Presbyterian – Columbia University Medical Center (NYP-CUMC) while also improving outcomes for under-resourced youth with disruptive behavior disorders. At NYP-CUMC, there is great demand for effective and efficient treatments for youth behavior problems. Parent-Child Interaction Therapy (PCIT) is a time-limited dyadic treatment approach that reduces behavior problems in youth ages two to eight. In this treatment, parents are coached in the use of behavioral strategies through the use of a one-way mirror and bug-in-the-ear audio device.

In addition to strengthening the PCIT program within the outpatient Pediatric Psychiatry clinic at NYP-CUMC, funds from this award will be used to expand the program to the School-Based Mental Health (SBMH) Program. PCIT will be delivered to families seen within one of SBMH clinics and Teacher-Child Interaction Therapy (TCIT) will be provided in two of the classrooms within this school. Funding from this grant will contribute to training materials, bilingual resources, and updated technology to elevate PCIT training and treatment services.

Community-based Implementation of Parent-Child Interaction Therapy for Families Exposed to Domestic Violence Sarah Taber-Thomas, Ph.D, University of Buffalo

Limited evidence-based treatments are available for families experiencing intimate partner violence, particularly those focusing on the parent-child relationship (Borrego, et al., 2008). In order to address this void in services and enhance accessibility to services for this underserved population, Parent-Child Interaction Therapy (PCIT) will be implemented within a domestic violence shelter. PCIT is an evidence-based treatment designed to treat disruptive behaviors in young children (ages 2 to 7) and enhance the parent-child relationship (McNeil

Awards & Recognition

2016 Varda Shoham Clinical Science Training Grant Winners

& Hembree-Kigin, 2010; Zisser & Eyberg, 2010). Families will be offered continuity of care upon leaving the shelter, by transferring their services to a university-based clinic. Finally, because children residing in a shelter are likely to have a range of adults providing their care, the shelter staff will receive training in the Child-Adult Relationship Enhancement program (CARE; Gurwitsch et al., 2016). CARE is based on the same principles underlying PCIT, and would enable shelter staff to utilize theoretically-grounded and practical behavior management skills (Gurwitsch et al., 2016). CARE training is intended to compliment ongoing therapy services, and is particularly appropriate for children at risk for maltreatment or other behavioral concerns.

Integrating Empirically-Supported Treatment into a Boot Camp Program for At-Risk Youth Joye Anestis, Ph.D. & Nora Charles, Ph.D., The University of Southern Mississippi

The University of Southern Mississippi's (USM) clinical psychology doctoral program is committed to integrating the science of clinical psychology into clinical practice. USM's students and faculty are among the few sources for empirically-supported mental health services in our underserved region. The goal of this project is (1) to provide our doctoral students with expert training in an empirically-supported intervention (Dialectical Behavior Therapy), and (2) to implement this intervention in the training clinic and local community agencies. At present, DBT services are almost completely unavailable to the majority of Mississippi's residents. Funding from the Varda Shoham Clinical Training Initiative will help us to provide a two-day expert-led DBT workshop for our faculty and doctoral students. Following this training, graduate student clinicians will be prepared to implement DBT in our departmental training clinic as well as the community agencies where they have practicum placements. Additionally, we have identified a community agency [Mississippi Youth Challenge Academy (YCA), a local residential boot camp for at-risk adolescents aged 16-18 years old] that is interested in augmenting their services with DBT skills training groups. Our students and faculty are currently conducting a program evaluation at YCA and we plan to expand our involvement there to include a study of the effectiveness of adding DBT skills training groups to their program. We will administer relevant assessments pre- and post-group to test whether the group had an impact on outcomes such as emotion regulation and distress tolerance. In addition, using the pre-post assessment practices already in place for the program evaluation, we will assess whether the DBT skills training groups are associated with improvements in general emotional and behavioral functioning. This project will provide an opportunity for our students to implement their training into practice in the community and to be a part of a study evaluating the effectiveness of adding DBT skills training groups to the YCA program. The benefits of this project include: providing our students with expert training in DBT and hands-on experience integrating clinical science into practice; benefitting our local community; and providing opportunities for faculty and students to publish research about integrating DBT techniques into practice at community agencies.

Updates from 2015 Varda Shoham Clinical Science Training Grant Winners

Implementing Trauma Therapy in a High-Risk Population Timothy R. Fowles, Ph.D. & Julie Hoye, M.A. University of Delaware

Recent years have seen increased attention and great advances focused on training in clinical science. Doctoral training programs, internships, and supporting organizations have re-envisioned clinical science training and promoted programs that better prepare students to address critical issues in the field of clinical psychology beyond the lab and the clinic. This new vision has grown into initiatives like the Delaware Project and the Psychological Clinical Science Accreditation System (PCSAS).

The current project built on this vision and implemented a new trauma-focused practicum bridging basic science, evidence-based practice, and community collaboration. First, practicum students worked to assess available trauma services, gaps in service, and barriers to treatment within the area. Through communication with the State of Delaware, Cease Violence, Trauma Matters Delaware, and local alternative schools, students identified several barriers to care. While some barriers were addressed by funding from the Varda Shoham SSCP grant (e.g. fees for mental health services, transportation costs, and child care), community care providers helped address additional barriers to care, such as mistrust of clinicians. Through relationships with existing community organizations, students developed a system of identifying youths in need of services and making referrals. Furthermore, students came up with creative ways to overcome treatment barriers such as providing services or initial intakes at community locations.

Students also obtained training in Evidence-Based models including Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH). In addition, students consulted with local experts about delivering therapy in complicated contexts, including ongoing exposure to domestic violence and chronic abuse.

In order to optimize treatment effects, students created a coding system for parent behaviors with a menu of supplemental interventions. Grounded in basic science and existing parent-child interaction systems, the new coding system focused on parent behaviors that may impede treatment progress, including responsiveness, engagement, intrusiveness, and nurturance. This allowed areas in which parents struggle to be targeted with supplemental intervention of various intensities, including psychoeducation, skill building homework, video feedback, modeling, and coaching in session. Funds from the Varda Shoham SSCP grant also allowed the PSTC to purchase biofeedback tools for use during affective regulation sessions to help children identify effective coping skills and to ensure that trauma narratives elicited an appropriate amount of physiological stress. In the future, we hope to incorporate biofeedback measurement as a measurement of treatment progress.

With the funding of the Varda Shoham grant, we have made significant progress towards creating a sustainable, unique service to our community with training opportunities in dissemination, community collaboration, and service delivery to complex cases. This practicum also enables students to go beyond training as clinicians and scientists and gain hands-on experience addressing system-level issues.

Updates from 2015 Varda Shoham Clinical Science Training Grant Winners

Using Problem-Based Learning to Enhance Community-Focused Clinical Science Training Risa Broudy, Ph.D., The George Washington University

Following a central recommendation of the Delaware Project on Clinical Science Training (Shoham, Rohrbach, Onken, et al., 2014), the GWU Clinical/Community doctoral program proposed to implement a recurring, year-long problem-based learning seminar through which faculty and graduate students would work together to integrate applied work and scholarship to address practical mental health problems of concern to a broader (and local) community. This approach not only was meant to resolve the scientist-practitioner “two hat problem” (wearing one’s “scientist hat” in the laboratory and one’s “clinician hat” in the consulting room; Levenson, Cowan & Cowan, 2010) but also to broaden the aims of training. In addition to merely mastering existing interventions, students would learn to develop and evaluate new ones.

Our project built on lessons learned through multiple iterations of a specialty clinic seminar at the University of California, Berkeley (Levenson, 2014), and through similar applications of problem-based learning at the University of Illinois and elsewhere. Specifically, we planned to develop an experiential seminar template in which program faculty guide a team of graduate students toward (a) identifying a clinical problem of concern to local community stakeholders; (b) reviewing scientific and clinical literature relevant to the problem; (c) formulating a novel intervention or tailoring an existing one to a specific community context of service delivery; (d) noting how particular demographic characteristics may suggest alterations of the intervention; (e) pilot testing the intervention’s acceptability and feasibility in that setting; (f) developing methods to study mechanisms and outcomes; and (g) working with community stakeholders and/or practitioners to consider user-friendly possibilities for future intervention.

The SSCP award was used to cover the expenses for the September 2015 kick-off workshop led by Dr. Robert Levenson, who developed a similar seminar with colleagues at UC Berkeley. The workshop included a presentation on clinical science to department students and faculty, and breakout sessions with the clinical faculty and students. Finally, the team of two faculty and six students who signed on for our first problem-based seminar met with him to trouble shoot and discuss strategies to optimize their success.

Since then, the team established a relationship with a DC magnet school directly across the street. They worked with school officials, parents and students to identify the problem of “high stress” in their adolescent students. They researched and received training in evidence-based interventions of prevention and reduction of stress in an adolescent population. The intervention, Stressed Teens, uses mindfulness techniques to teach adolescents to cope with and manage stress in a more adaptive and effective manner. Through Focus groups, PTA meetings, and meetings with teachers and guidance counselors, the team adapted the program to meet the needs and work around the scheduling limitations of the students. They also secured financial support from the PTA. Despite the challenges in the process, our student and faculty team has acted in accord with true clinical science by keeping the context of implementation in mind while they engaged in the process of scientific discovery (Shoham et al., 2014). In the future, the team will evaluate the mechanisms and outcomes. Based on this introductory experience, we anticipate that additional faculty student teams will form to continue to enhance community-focused clinical science training.

Updates from 2015 Varda Shoham Clinical Science Training Grant Winners

Integrating Science in the Provision of Evidence-Based Outreach, Prevention, and Intervention on an Urban, Diverse Campus

**Lizabeth Roemer, Ph.D., Susanna M. Gallor, Ph.D., Tracey Rogers, Ph.D, &
Sarah Krill Williston, M.Ed., M.A.
University of Massachusetts Boston**

In 2015, our doctoral program launched University Resources for Behavioral and Educational Skills Training (UMB-UR-BEST), an on-campus advanced practicum. This initiative trains our students in developing and delivering much-needed mental health services, integrated with educational support, on our extremely diverse, urban commuter campus. This practicum gives our doctoral students an opportunity to flexibly provide evidence-based preventions/interventions in a nontraditional model that addresses barriers to care (e.g., mental health stigma, limited resources, limited time) and cultural considerations, and to take a leadership role in developing collaborative relationships with community partners and developing and adapting interventions/preventions (with faculty consultation), assessing their impact, refining them, and eventually disseminating them. It also provides much needed mental health and educational services to the students on our campus.

We used the funds from the Varda Shoham Clinical Science Training Initiative Grant to develop a virtual and actual library of resources to be drawn from in providing culturally-responsive, evidence-based interventions to constituents on our campus. Doctoral students can draw from this foundation of scientific resources to act as true scientist-practitioners in this new service provision role and learn how to synthesize and apply specific scientific literature with attention to cultural factors.

During the summer of 2015, a doctoral student, in collaboration with faculty supervisors, compiled evidence-based resources for prevention and intervention programs addressing time management, procrastination, study skills, communication difficulties, emotion regulation skills, stress management, attentional and organization skills (for ADHD), bystander interventions (to help a friend), and ally development, and used these to create a library of protocols and handouts to be used in workshops and coaching sessions administered through this practicum. These resources have allowed doctoral student providers to reach out to new stakeholders this year so that we have provided services to athletes, freshmen in learning communities, international students, advisors, and early educators and caregivers, in addition to the broader student body through classes and referrals from the Counseling Center and the Ross Center for Disabilities. We have already reached over 1,100 students this year.

We have also begun to investigate the impact of our services. A doctoral student recently presented findings at the annual convention of the Association for Anxiety and Depressive Disorders of America showing that students find our classroom-based acceptance-based behavioral stress management equally beneficial when it is administered by students following a training manual as when it is administered by students from the research team in which it was developed, providing preliminary evidence for the success of our dissemination efforts. We just launched a study examining outcomes of this workshop when delivered in a classroom setting. We also just learned that the university is going to provide additional funding for this initiative, which will allow us to continue to expand and refine our offerings.

Updates from 2015 Varda Shoham Clinical Science Training Grant Winners

Implementation of a Web-Based Outcome Monitoring System to Improve Training in Clinical Practice and Research

Rick Cruz, Ph.D., Michael Levin, Ph.D., Utah State University

The Utah State University (USU) Psychology Community Clinic is the training clinic for the APA-accredited doctoral program in Combined Clinical, Counseling, and School Psychology. Our faculty train scientist-practitioners and seek to increase an explicit emphasis on integrating clinical science into practicum training experiences. A particularly promising method for this initiative is through training students in the evidence-based assessment practice of Routine Outcome Monitoring (ROM). Over the past several years, doctoral trainees engaged in ROM of client progress primarily via the paper-and-pencil OQ-45.2 questionnaire (Lambert et al., 1996). Although relatively successful in encouraging ROM in our training clinic, there were many issues common with paper-and-pencil measures. This included the burden of scoring measures in order to provide immediate feedback to clients about progress, and difficulty in developing and maintaining a database with client outcome data to inform clinical training procedures.

We (PI: Rick Cruz, Co-I: Michael Levin) utilized the Varda Shoham Clinical Science Training Initiative grant to support the implementation of the HIPAA compliant OwlOutcomes web-based system in the USU Psychology Community Clinic. OwlOutcomes (<http://owloutcomes.com>) is a ROM system developed at the University of Washington that has a library of validated measures for a wide-range of clinical outcome targets for children and adults. Clients can fill out measures on a laptop, tablet, or their smartphone, and measures are immediately scored and graphed for collaborative assessment feedback and clinical decision-making.

One of the major activities over the grant period was navigating institutional and program requirements for successful implementation of this novel clinical technology. During this process, challenges were identified and addressed including institutional IT security considerations (e.g., network security, HIPAA-compliance testing, secure storage of iPads), adjusting clinic policies and work flows, and developing research and clinical protocols for use of OwlOutcomes in practicum with input from supervisors and the clinic director.

An IRB protocol was approved to assess student clinician and client user-experience perspectives with OwlOutcomes, in order to determine usage patterns, satisfaction with, and challenges in using the ROM. The information from this study will be used to guide further revisions in implementing OwlOutcomes. A second IRB protocol was approved that allows clients to opt-in to include their de-identified clinical data into a clinical research database. The database is particularly promising for making data-driven improvements in clinical training activities and will contribute to a developing OwlOutcomes users practice-research network.

Alpha implementation began with training six total student clinicians in our general 2nd year practicum and our advanced anxiety disorders practicum with a select group of clients. Initial data collected at the end of spring semester 2016 will inform changes that will be made during the beta implementation in Fall 2016. Notably, student and supervisor reception of the system has generally been positive, and students were particularly enthusiastic about increased integration of clinical science into practica experiences. Overall, the implementation of this system is providing an important added value to the USU doctoral program, and we look forward to proceeding with this project to further improve the integration of science and practice in our training program.

Clinical Science Early Career Path

Courtney Beard, Ph.D., McLean Hospital/Harvard Medical School

As a part-time clinical scientist and mother of two young children, my personal life has almost always affected my career choices. Sometimes this was an easy decision, other times much harder, but worth it every time.

I first entered the world of clinical psychology as a junior in college when I joined Dr. Nader Amir's lab at the University of Georgia. After becoming the lab coordinator my senior year, I was involved in the very first studies attempting to modify cognitive biases via simple, repetitive computer tasks. I liked how Cognitive Bias Modification (CBM) was the perfect translation of basic cognitive science into treatment development.

Do I stay or do I go (part 1)?

My first big decision came when I had to decide whether to stay at UGA for graduate school or to join a new lab. Of course, all the other labs in which I interviewed were also doing exciting research. But I ultimately chose to stay at UGA because I had found a mentor who was a brilliant researcher and clinician, and most importantly, truly cared about my happiness. I had also found a family in the other graduate students in the lab. In addition to receiving top-notch training as a clinical scientist and developing a new paradigm for modifying interpretation bias in anxiety, I ended up marrying my fellow labmate!

Internship!

My next decision point arose while trying to decide between my ideal internship and one that was in a good location for my partner. At the time, I was narrowly focused on anxiety disorders and wasn't too excited about a generalist training. I ultimately ranked several generalist internship sites higher due to their convenient locations rather than their clinical offerings. After matching at Brown Medical School (a generalist training, but not too shabby!), I began working with Dr. Risa B. Weisberg on longitudinal studies of anxiety disorders. Although I was fairly confident that I didn't want to remain in a soft money, academic medical school setting, I had hit the mentor jackpot again with Dr. Weisberg. Like Dr. Amir, she is a brilliant researcher and clinician, and even more – the mother of two young children. So I pursued an F32-funded post-doctoral grant to stay at Brown and

develop my CBM treatment for primary care settings. During my post-doctoral fellowship, I was fortunate to meet weekly with four amazing junior faculty members who also happened to be mothers of young children. I wanted to soak up as much research and motherhood expertise before going on the job market.

Do I stay or do I go (part 2)

I became pregnant with my first child at the end of my post-doc. I slowly came to terms with the fact that I was not going on the job market. I just couldn't see how I would start a lab and work towards tenure in a new city with a new baby, no family assistance, and no sleep. By this point, my husband had his ideal job, so I started exploring options in our area. I knew what I wanted – a part-time schedule, primarily research, and to be involved in teaching and supervision.

I was now 8 months pregnant and on a job interview at a local teaching-oriented university when my water broke. My son was born 12 hours later, and I received a job offer the following week. Although this university was not research-oriented, it was still a tenure-track psychology department job in my location! However, this job promised at least 60-hour weeks teaching 4 courses each semester. Although I would have the summers off, this position was not part-time enough. I made the difficult decision of turning it down.

Can a clinical scientist work part-time?

After returning to Brown after maternity leave, I asked to reduce my effort on a grant to three days a week. And just like that, I became a part-time clinical scientist!

My first real job

At this point, there was no clear career path in front of me, and my funding was ending soon at Brown. Now that my son was born, my top priority became working in the same city as my husband to reduce our commutes. Serendipitously, Dr. Thröstur Björgivnsson, the Director of McLean Hospital's Behavioral Health Partial Hospital (BHP), wanted to create a part-time position to facilitate all the naturalistic treatment outcome research he had started at the BHP. I knew nothing about natu-

realistic treatment outcome research or working with a psychiatric hospital population. Moreover, taking this job would mean veering further away from the Psychology Department track.

I ultimately took the job because it made the most sense for my family. We moved close to McLean, which is even more important to me now that we have two children. This job looked very different from what I originally envisioned for my career, and I made several trade-offs. Additionally, being in the office only three days per week means I am working early in the mornings before the kids wake up and during naptime on the days I am home. However, I have what I always wanted – part-time research job and involvement in teaching and supervision. I have also found yet another generous and caring mentor in Dr. Björgvinnsson who, thankfully, challenges me daily to say “yes” to things.

I have now been at McLean’s BHP for more than 3 years, and I get to supervise and collaborate with stellar post-doctoral fellows, pre-doctoral interns, and practicum students. I recruited the BHP’s first undergraduate research volunteers, and since then I have mentored over 20 undergraduates from universities all over the Boston area. Because so much of my position is devoted to working with trainees, my research topics have grown exponentially - I am constantly learning about new topics based on their interests. I also get to collaborate with amazing scientists and clinicians at McLean. Because my BHP position is part-time, I am also still able to manage my R34 treatment development grant with Dr. Weisberg through Brown.

I have learned to appreciate the challenging aspects of my job. I have learned a great deal about the difficulties of conducting rigorous research in a real-world, acute, clinical setting. We are constantly required to balance the significant clinical demands with research needs and to quell concerns from the clinical staff. Although this can be frustrating at times, I am incredibly grateful for it because it forces me to convincingly explain why my research matters (and hopefully to actually conduct research that matters to real patients).

Do I stay or do I go (part 3)

Choosing one’s path does not end after you make a particular choice – it is a dynamic and continued process of re-evaluating that choice. I still frequently consider applying for psychology department positions. But for

now, I am extremely fortunate to have found a job that stimulates me and allows me to be there for my family. To be continued...

About the Author:

Dr. Courtney Beard is Assistant Director of Research at McLean Hospital’s Behavioral Health Partial Hospital, Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and a licensed clinical psychologist. Her research program focuses on identifying and targeting cognitive vulnerabilities to emotional disorders, with an emphasis on developing computerized treatments for anxiety disorders.

Clinical Science Early Career Path

Eunyoe Ro, Ph.D., Southern Illinois University Edwardsville

I took a rather non-traditional “meandering” path to becoming an academic clinical psychologist in the U.S. Unlike many other contributors to this newsletter section, my undergraduate major wasn’t in psychology, and I obtained my master’s degree in clinical psychology from Korea before attending a doctoral program in the U.S. Naturally, I had several features of being a non-traditional foreign student when I started graduate school – older than peers, English as a second language, married with a child, etc.

I decided to pursue a Ph.D. in clinical psychology in the U.S. after obtaining my master’s degree and completing a three-year full-time clinical training in Seoul, which led me to becoming a licensed clinical psychologist in Korea. I was fortunate enough to have received strong clinical and academic training in my country; however, high quality research experience was still fairly limited, clinical work mainly revolved around administering psychological assessment batteries – intelligence tests, MMPI, and the Rorschach – per psychiatrist’s orders, and private practice wasn’t easy to run. As academic training in Korea was already using U.S. textbooks and scientific articles, I thought, “Why not just go to the U.S. for a doctoral degree?” This deceptively simple idea changed the course of my life.

I received my doctoral training at the University of Iowa’s clinical psychology program working in a marital violence research lab with Erika Lawrence. As an advanced graduate student, I transitioned to Lee Anna Clark’s lab to work on my dissertation. My research interest has always been in understanding the associations between psychosocial disability and mental illness. I became interested in broadening my research scope from relationship functioning to comprehensive aspects of psychosocial adjustment. Luckily, Lee Anna, at the time, was also very interested in pursuing this area of research as it overlapped with personality disorders. The opportunity to join Lee Anna’s lab was one of the best things that happened to me in the United States. I couldn’t have asked for a better mentor and collaborator. After my clinical internship at the University of Mississippi Medical Center and VA Consortium I, again,

joined Lee Anna’s lab at the University of Notre Dame and conducted my postdoctoral work before taking a faculty position.

Many previous contributors to this newsletter section have provided great pieces of advice. I might not be able to add much to those; however, I hope my stream of thoughts below may resonate with some of you, including non-traditional and/or a minority foreign student.

- As I was ready to start a new life in Iowa City as a graduate student, my father told me “Put in 10% more than you would normally in all the work you do.” I think this was his way of telling me how much he cared. Although I didn’t (and couldn’t) always follow his advice, it helped me set a personal standard when none is provided. In many tasks we accomplish, no one tells you what to do, how to do them, and what the expectations are. You choose your work and its quality. When I felt like expectations were vague, or wondered if I’ve produced a good enough outcome, I often thought of putting in just 10% more. I wasn’t comparing myself to other people; I was trying to push myself a bit more when possible.
- Despite outwardly smooth transitions across various stages of graduate training, these days were filled with major and minor challenges, from learning the language and culture, comprehending class material, and to taking care of my young daughter. For some reason, I often focused on how “different” or “behind” I was and become self-conscious and anxious. If I had to go through this process again, I would give myself a little leeway, joke about mistakes I’ve made, and be okay with being a bit different from others! I should have enjoyed those moments more. I think it is very important to find ways to engage in somewhat jovial interactions with your fears, no matter what those may be.
- Whether many people realize or not, academic work produced in the U.S. has quite a strong impact throughout the world. I regularly visit home

and am always surprised by how fast people read and grasp what's been published in the American journals. Many people are also looking for collaborations in measure translation/validation (Lee Anna could verify this!) and psychological treatments for dissemination. Fortunately, technology to collaborate and communicate with people around the world has evolved dramatically over the last decade. Therefore, if you are a foreign student currently studying in the U.S. and want to contribute to the advancement of psychology in your home country, it is great that we are no longer limited by distance. Hopefully, more clinical scientists become interested in collaborations and project developments with the international science community.

I would like to end this column by bringing up a major challenge I face in my career. I currently teach at a university where students vary greatly in their academic ability and potential. Aside from the typical challenges of being an assistant professor (e.g., time management, research productivity), a challenge at my job also has been finding ways to become a better teacher and mentor to my students. Although diversity is highly valued and actively discussed in this country, clinical scientists form a very homogeneous group, not just in the ethnic/racial/ cultural sense but also in our intellectual/learning background. I know what needs to be done to expand my own knowledge; however, I might be less skilled when it comes to helping others expand their knowledge. What can we do in the area of teaching so that many students with differing academic backgrounds can still learn, enjoy, and thrive in the field of psychology? This has been, and will be, an important learning area for me in my career.

With that I extend full gratitude to my kind friends, mentors, and students. Looking back, I was very fortunate to have intelligent, kind, and patient friends and mentors around me. Thanks to their help and support, I am now able to teach students and conduct research. I hope I could be as generous of a mentor to my students as they were to me.

About the Author:

Dr. Eunyoe Ro is an Assistant Professor in the psychology department at the Southern Illinois University Edwardsville and a licensed clinical psychologist. Her research program focuses on comprehensive assessment of psychosocial adjustment and understanding its associations with various mental disorder symptoms.

Student Perspective

An international research experience: If you can, do it!

Lorenzo Lorenzo-Luaces, M.A., Lotte H.J.M. Lemmens, Ph.D., Zachary D. Cohen, M.A., and Fionneke Bos, M.Sc.

The four of us are connected via a series of international collaborations between labs in the United States – of Robert J. DeRubeis at the University of Pennsylvania and Steven D. Hollon at Vanderbilt University— and labs in Europe— of Marcus J. H. Huibers at the VU University Amsterdam and Claudi L. H. Bockting at the University of Groningen. Over the years, our research groups have been in touch, exchanging ideas on how to examine the nature of depression, its most effective treatments, mechanisms of change, and individual differences in the effects of treatments as well as in their mechanisms. As a result of these collaborations, those of us from Europe (Lotte and Fionneke) have spent time in the States, and those of us from the States (Lorenzo and Zach) have spent time in Europe. These international experiences have been instrumental in our professional development. Moreover, they have been the source of a significant amount of fun.

Zach puts it this way: “I have been incredibly fortunate to collaborate with colleagues from across the big pond. Although the United States has long been on the forefront of mental health research, if you ask me where the most exciting work on psychological interventions is coming from these days, I would point to Europe. I have been lucky to live in the lab of Robert DeRubeis, which has acted as an Ellis Island of sorts for psychotherapy researchers, hosting guests from around the world who come to share their work and collaborate on projects with Rob.” Zach’s dissertation work is focused on the idea of using statistical models to inform what treatments are most effective for specific patients, the aim of personalized medicine. In addition to enjoying time spent with the international collaborators in the States, Zach has spent time in Germany and the United Kingdom (UK), sharing ideas with collaborators there while learning from them on how they approach issues related to treatment selection.

Zach’s collaborations and visits abroad inspired him and his advisor to apply to the UK’s MQ foundation for a PsyIMPACT grant which now funds their work on treatment selection. In June, with support from the MQ,

they will host the Treatment Selection Idea Lab (TSIL) at the University of Pennsylvania. This conference will bring together researchers from around the world to discuss personalized medicine in mental health. Groups from the United States, Netherlands, the UK, Germany, Canada, Spain, Australia, and beyond will gather to share their expertise and build collaborations for the future. Experiences like these have been pivotal career moments for Zach. His time abroad has taught him many valuable lessons, chief among them that wearing pink pants and climbing trees may each be good ideas, by themselves, but combining the two does not always lead to great results.

Lotte made the decision to visit the states as part of her doctoral training. She spent several months with the DeRubeis lab at the University of Pennsylvania. Lotte’s research focuses on the effects and mechanisms of psychotherapy, with a specific focus in cognitive therapy (CT) for depression. During her graduate training, she and her advisor Marcus Huibers ran a randomized controlled trial comparing CT and interpersonal psychotherapy (IPT). With this study, one of the largest comparisons of CT and IPT, she has published articles examining clinical effects, the shape of change, processes that are responsible for symptom change, and variables associated with therapy success. Lotte highlights that it was of immense value to have “the opportunity to observe the conduct of similar studies in the US, to discuss new strategies to explore mechanisms of change in depression, and to learn specific techniques to analyze my own data.” Moreover, she says “it was a true honor as well as a great pleasure to work with such great scientists as Steve Hollon, Robert DeRubeis, and their lab members. They are prolific contributors to the theoretical and research literature on mechanisms of change in CT for depression. The dedication and persistence with which they try to unravel the mechanisms of psychotherapy are a true inspiration.”

Lotte also noted the importance of the interpersonal and cultural experiences in working abroad. She says:

“The DeRubeis lab members are not only very talented scientists; they’re also very nice people. I felt very welcome. So much more than just a visitor in the lab! I feel privileged to call them my friends now. The time spent abroad was also very valuable from a personal perspective. It was great to move to another country all by myself, make new friends, and to experience the vibe and habits of the country. I remember the lovely coffee houses in Philadelphia, Saturday strolls through the park, bars, and museums, the overwhelming amount of options in the supermarkets, and the fact that flashy running shoes seem to be acceptable footwear.” In addition to all that she gained from her international experience, Lotte also learned about the proliferation of chicken-based cuisine in America and has a newfound insight into the care of poultry across our nation.

Fionneke conducted her master’s thesis with collaboration and supervision from Steve Hollon, Rob DeRubeis, and Claudi Bockting. Her research focuses on the nature of depression and the mechanisms of its treatments. Fionneke was excited about the opportunity to work with Steve and Rob, asking: “with whom better to study these topics than with leading scientists in the field of depression treatment?” One of her studies explored a novel statistical method focusing on networks of relationships among variables to explain the working mechanisms of selective serotonin reuptake inhibitors (SSRIs). She used this network-based approach to explore how the relations among symptoms of depression might change as a result of treatment, a study that can suggest which symptoms might be most valuable to target.

Fionneke says: “The six months I spent at the Hollon and DeRubeis labs were some of the best months in my life. Like Lotte, I felt inspired by their interesting and innovative work. There were many great opportunities to discuss our research and exchange ideas.” She also notes that “the labs felt like my home away from home. We worked hard, but there was time for fun too, and my colleagues quickly became my friends. I consider myself to be very lucky to be part of this international research family.” Fionneke also commented on the cultural value of her experiencing noting that “Nashville and Philadelphia are very different but very ‘American’ cities, and I loved to be able to see both parts of the U.S. I grew fond of country music and the honky-tonks in Nashville and was captivated by the metropolitan vibe of Philadelphia. Every day I cycled to the university, sometimes resulting in very funny looks from American citizens but

I’ll never forget watching the city skyline slowly rise into my view.” Fionneke was lucky to experience life in the U.S. in the very literal sense that she did not die; she survived both her first tornado experience and getting hit by a car. The rest of us say “We are very lucky Fionneke survived the trip.”

Lorenzo spent a month in Amsterdam as part of his Ph.D. in that he went there to take a break from the Ph.D. He says: “My reasons for traveling were quite different from what motivated Zach, Lotte, and Fionneke to travel; I was not planning on going to the Netherlands to do work. After an exhausting, albeit productive, year I felt like I just needed some time off. In fact, I did take a break. For the longest time since I could remember, I spent one week in which I did almost no work. This first week off was relaxing and reinvigorating and it also reminded me how much I value and enjoy my work. What happened was that the ‘vacation’ month ended up being more productive than I could have envisioned and I ended up writing several manuscripts, giving talks, and forming new collaborations all while still enjoying the Netherlands.” In Amsterdam, Lorenzo was given an office space at the VU University where he worked with Marcus Huibers. He says: “I actually mentioned the Netherlands in the acknowledgments section of my dissertation as 2/3 of my data come from work with Dutch colleagues!”

Lorenzo also noted the importance of getting to experience a different culture. He says: “Being from Puerto Rico and studying in the U.S., I have moved around a couple of times but always within U.S. territories. Getting to experience an entirely different culture was harder than I thought but ended up being very enjoyable.” He recounts: “shortly after arriving in Amsterdam, it was my birthday and I got to experience the Dutch tradition which involves the birthday person bringing a cake to work, instead of getting cake. Moreover, the Dutch are renowned for their frank and direct interpersonal style and it resonated a lot with me.”

Although our motivations for spending time abroad were very different, there are remarkable points of similarity in our experiences. The four of us achieved, via collaborations, work that we would not have been able to accomplish on our own. We all noted that our experiences were personally, in addition to professional, rewarding. Lorenzo says: “spending a month in Holland was definitively one of the most memorable and rewarding experiences of my life, professional and otherwise.”

Fionneke concurs, noting that “the full six months I was in the US felt like I was living my own American dream. I would not have wanted to miss this experience in the world and would recommend everyone to do the same!” Zach says, “These researchers have become colleagues and life-long friends, and the opportunity to be exposed to their work has been invaluable. Lotte puts it best when she says: “The decision to go to the US turned out to be one of the best decisions made during my Ph.D. project! An international collaboration like this is a delight! I cherish our ‘research-family’ and am sure that we will continue working together in the future! To everyone who has the chance to spend some time abroad I would like to say: do it!”

for symptom change, and variables associated with therapy success.

Lorenzo Lorenzo-Luaces is a fifth-year doctoral student in the clinical training program at the University of Pennsylvania. He is scheduled to start clinical internship at Brown University’s Alpert Medical School in July. Lorenzo is interested in the distinction between depression and adaptive sadness, the utility of stepped models of care and low-intensity treatments for depression, and the efficacy and mechanisms of change in psychotherapy.

About the Authors:

Fionneke Bos is a Ph.D. student at the University Medical Center in Groningen, examining how we can best implement experience sampling methodology (ESM) in psychiatric practice. ESM asks participants to rate their moods, symptoms, and contexts in real time, enabling researchers to get insight into the flow of daily life. Fionneke is interested in the clinical applications of this method which holds great promise for clinical practice as it lets therapists see what goes on outside of the therapy room. She is also intrigued by the nature of depression and the potential of ESM to reveal what kinds of behaviors or other factors influence symptoms.

Zachary D. Cohen is a fifth-year doctoral student in the clinical training program at the University of Pennsylvania. His research is focused in the use of statistical methods to inform the optimal selection of treatment for patients with psychiatric disorders. Additionally, he is interested in issues concerning the long-term use of antidepressant medications. He is currently a student therapist at the Center for the Treatment and Study of Anxiety (CTSA) and is expected to defend his dissertation and apply for clinical internship next year.

Dr. Lotte Lemmens is a post-doctoral research fellow at Maastricht University and a therapist in an academic outpatient clinic in the same city. Her research focuses on the effects and mechanisms of psychotherapy. The treatment that she is particularly interested in is Cognitive Therapy (CT). Her work examines clinical effects, the shape of change, processes that are responsible

Clinician Perspective

Matthew Rouse, Ph.D., MSW, Child Mind Institute

I'm going to start this column with some self-disclosure: I'm middle-aged, by most definitions, yet I'm very early in my career as a clinical psychologist, by all definitions. The disparity between the stages of my personal and professional development is largely attributable to my pursuit of clinical training in evidence-based treatments (EBTs). After receiving my masters in social work, I felt like I still didn't have the best tools at my disposal for treating clients, so I set my sights on doctoral study in psychology. I spent a couple of years sprucing up my CV to maximize my chances of getting accepted into a clinical psychology program. Those years, plus the actual doctoral program, ended up significantly deferring my career as an independently-practicing clinician. I was licensed as a social worker in 2006; I was licensed as a psychologist in 2015. The point here is not to demonstrate my tireless pursuit of growing my student loan debt, but to give you a sense of my dedication to evidence-based practice. I'm one of 'the choir' to whom we preach. Yet, despite my belief in science-informed interventions, I have experienced multiple obstacles to fidelitous implementation of the treatments that researchers have worked so hard to create. Here I outline, from the perspective of a clinician on the ground, some practical threats to fidelity, as well as recommendations for ways that research can address some of these limitations.

The obstacle: Patient preference/pressure

The obstacle: Patient preference/pressure. As a clinician who works with children with externalizing symptoms, one of the biggest challenges I have is in getting buy-in from parents that the treatment will be primarily parent-centered. Many parents balk at this notion, feeling that the child is the source of the problem and should therefore be the focus of treatment. This is a phenomenon that has long been documented in the research literature (as reviewed in Morrissey-Kane & Prinz, 1999), and has been found to be a predictor of attrition from treatment. Armed with this information, I have sometimes agreed to include the child in treatment, dividing each session between behavioral parent training and individual time with the child. My rationale is that I would rather deliver a diluted dose of an EBT or add an extraneous element to treatment

with the goal of retaining the family than risk losing them to a therapist who would agree to work solely with the child (which they would certainly be able to find in NYC). In my clinic, we have an Incredible Years (IY: Webster-Stratton & Reid, 2010) program, which has an active child component for certain ages of children and has successfully engaged parents who may be ambivalent about parent training. However, IY is not a catch-all for these types of families, for various reasons. Thus, in situations like this, I may find myself knowingly veering from fidelity in implementing an EBT.

The obstacle: Personal heuristics

In my clinical practice, I am regularly faced with the decision of matching a patient with any number of EBTs at my disposal. It's an embarrassment of riches on one hand, but sometimes feels like an arbitrary decision. As I gain clinical experience, I have developed a personal heuristic for making these decisions. However, I recognize my own bias at play. I have a preference for Kazdin's Parent Management Training (Kazdin, 2005) for both clinical (the key parenting skills are presented within the first few sessions of treatment instead of gradually across the course of treatment) and personal reasons (he wrote a letter of recommendation for my admission to graduate school). However, in discussions with my colleagues, I have discovered that they also have their own preferred treatments and that we may each prescribe a different EBT for a certain clinical presentation. The variability is concerning, and is a case-in-point for the tendency for even the most well-intentioned clinicians to be influenced by their own biases. I would like to have access to research-informed heuristics to help make these decisions, knowing that such tools would certainly be superior to my own clinical judgment (Dawes, Faust, & Meehl, 1989).

The obstacle: Institutional heuristics

I have seen firsthand that institutional policies and interpretation of the evidence base can shape the heuristics used to match patients with treatments, sometimes to the detriment of the patient. I trained at an institution that followed the JAACAP guidelines

for the treatment of ADHD in children and adolescents (Pliszka, 2007). The guidelines state that medication should be the first-line intervention for ADHD, but that in cases with comorbidity or significant impairment in family functioning, medication may be paired with behavioral intervention. Unfortunately, at this institution, JAACAP's 'medication-first' recommendation translated into a 'medication-only' policy, and behavioral treatments were not used to treat ADHD. My current institution recognizes that children with ADHD rarely present to the clinic without difficulties in family functioning and therefore offers both pharmacological and behavioral treatments to most of the families we treat. Here, two institutions, both attempting to treat from a research-informed perspective, arrive at two very different conclusions in the absence of a clear heuristic recommendation.

The work-around: Better utilization of the tools we have

We as a field have developed interventions that work well enough for the time being (e.g. Nathan & Gorman, 2015). As is so elegantly proposed by Rotheram-Borus et al. (2011), it is time that we shift our focus from 'knowledge proliferation' to 'knowledge management.' As a clinician, I am so appreciative that I have no fewer than eight EBTs at my disposal to target externalizing behaviors in children. However, if another 'wave' of EBTs crashes down on me, I might decompensate. Many of the obstacles I describe could be addressed by researchers doubling down on existing treatments and figuring out better methods of dissemination to clinicians in real-world settings, better marketing of the treatments to the consumer, and better heuristics for matching patient presentation with EBT.

For example, the crux of the problem related to patient preference is that there is an unacceptable amount of variability in the interventions being delivered by mental health practitioners. If I could trust that parents would receive the same message from any provider they visited, it would allow me to take a firmer stance on the parameters under which I am willing to work with attrition-risk families. While there is little we can do to prevent hucksters from developing crackpot interventions, speaking with a unified voice in support of specific EBTs to treat specific disorders might help eliminate some of the treatment variability encountered by our patients.

Further, doing a better job at distilling the message and getting it out to the public could help make our patients

better consumers. I am proud to have contributed to the Child Mind Institute's website, which houses hundreds of articles and resources aimed at getting the best science-informed information into the hands of parents. However, it was created to fill a void that should have been filled by our professional organizations. The websites of APA, APS, and ABCT should be attractive, easily navigated, comprehensive resources for both patients and clinicians alike.

Finally, intervention research should focus on dismantling and moderation studies of our existing therapies, rather than on developing new treatments. Understanding which elements are the active ingredients of treatment and developing heuristics to match patient with EBT are tools that working clinicians need today.

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About the Author: Dr. Matthew H. Rouse is a psychologist at the Child Mind Institute in New York, specializing in the treatment of ADHD and disruptive behavior disorders in children and adolescents. He hopes that Alan Kazdin is proud.

Update from Student Representatives

Andrea Niles, M.A., University of California, Los Angeles
Jessica Hamilton, M.A., Temple University

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

Attending APS in May? Come to the SSCP Student Social!

We are very pleased to announce that SSCP Student will be hosting a Student Social at the 28th Annual APS Convention. Food and drink compliments of SSCP. This is a wonderful networking opportunity for SSCP Members and will feature a Q&A with SSCP Board Members. A big thanks to the SSCP Campus Representatives for helping plan the social!

When: Friday, May 27, 2016 at 1pm

Where: Timothy O'Toole's Pub
622 N. Fairbanks Ct. Chicago, IL 60611
(Just a 5 minute walk from the Convention!)



Look for an email on the SSCP Student Listserv to RSVP for the Social! Hope to see you there!

Congratulations to the Winners of the Outstanding SSCP Student Clinician Award! The award committee has completed its review of applications, and was very impressed by the phenomenal candidates and their exceptionally advanced clinical contributions. Winners were selected based upon their interest, dedication, and exceptional performance in their clinical work. We are very pleased to announce the two winners of the first ever Outstanding SSCP Student Clinician Award! Interviews with our two award winners (as well as our teaching award winners) are featured in the Awards & Recognition section of this newsletter.

Halina Dour

Advisor/Supervisor: Michelle G. Craske, Ph.D.

University: University of California, Los Angeles

Expected graduation: Spring 2016

Kate Herts

Supervisors: Annette L. Stanton, Ph.D.

University: University of California, Los Angeles

Expected graduation: Spring 2018

The next Outstanding SSCP Student Award is the Researcher Award. Applications are due by September 1, 2016. Please visit our website for more information: <http://sscpstudent.blogspot.com/p/student-awards.html>

Update from Student Representatives

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Contact Us!

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

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