

Clinical Science

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



Developing clinical psychology as an experimental-behavioral science

Newsletter

Winter 2017: Volume 20, Issue 1

SSCP Executive Board

President:
Scott O. Lilienfeld, Ph.D.
Emory University

Past-President:
Steven D. Hollon, Ph.D.
Vanderbilt University

President-Elect:
Dean McKay, Ph.D.
Fordham University

Secretary/Treasurer:
Kate McLaughlin, Ph.D.
University of Washington

Division 12 Representative:
David Smith, Ph.D.
University of Notre Dame

Student Representatives:
Jessica Hamilton, M.A.
Temple University

Kelly Knowles, B.A.
Vanderbilt University

At Large Members:
Leonard Simms, Ph.D.
University at Buffalo

Thomas Olino, Ph.D.
Temple University

Clinical Science Editor:
Autumn Kujawa, Ph.D.
Penn State College of Medicine

Table of Contents

Presidential Column
S. Lilienfeld.....2

Diversity Corner
Y. Yoon and A. Milller.....4

Awards & Recognition.....6

Division 12 Update.....10

Clinical Science Early Career Path
A. Weinberg.....11

Clinical Science Early Career Path
J. Morgan.....13

Student Perspective
T. Cunningham.....15

An Applicant’s Guide to Post Docs
J. Stange.....17

Clinician Perspective
J. Francis.....19

Updates from Student Representatives
J. Hamilton & K. Knowles.....21

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

Clinical Science and Humility

Scott O. Lilienfeld, Ph.D., Emory University

I am honored to once again serve as president of the Society for a Science of Clinical Psychology (SSCP). I served as SSCP president from 2002 to 2003, and I am extremely flattered, not to mention surprised (I must have underestimated this organization's level of masochism), that SSCP members would see fit to allow me to serve again. I will do my best to fill the huge shoes left by previous SSCP presidents, including Mitch Prinstein, Bethany Teachman, and most recently, Steve Hollon. I am grateful to all of them for their wisdom, guidance, energy, and inspiration.

In contemplating what I wanted to write about in my opening presidential column, I found myself inexorably drawn to the writings of the Israeli (and later American) psychologists Daniel Kahneman and Amos Tversky, who have influenced my thinking enormously over the years. While deeply absorbed in some lengthy drives over the most recent holiday break, I listened to an audio version of Michael Lewis' (2016) wonderful new book, *The Undoing Project: A Friendship that Changed Our Minds*, which imparts the remarkable and moving story of the Kahneman-Tversky friendship and intellectual collaboration, as well as of their pioneering discoveries regarding the sources of human rationality and irrationality (these discoveries earned Kahneman the Nobel Prize in Economic Sciences in 2002, an award that Tversky would surely have shared with him had the former not tragically passed away from cancer in 1996).

Reading Lewis' enormously enjoyable book further inspired me to re-read (well, to be more precise, re-listen to) Kahneman's (2011) magisterial book, *Thinking: Fast and Slow*, which I regard as one of the best psychology books I have ever read. If I had my druthers, I would make this book mandatory reading for all clinical psychology students, not to mention clinical psychology faculty members. Kahneman's profound book is a powerful reminder that we tend to think in two major modes. System 1 thinking (referred to by some authors as Type 1 thinking) is fast, intuitive, and automatic, whereas System 2 thinking (referred to by some authors as Type 2 thinking) is slow, analytical, and deliberative. Many errors in clinical settings, including mistakes in clinical judgment and prediction, in the selection and interpretation of assessment techniques, and in the evaluation of psychotherapy outcome, probably stem from an overreliance on System 1 thinking that has not been adequately checked or overridden by System 2 thinking (Lilienfeld, Ritschel, Lynn, Cautin, & Latzman, 2014). For example, a propensity to perceive illusory correlations (Chapman & Chapman, 1967) between certain psychological test signs (e.g., large eyes in human figure drawings) and certain psychopathological characteristics (e.g., paranoia) almost surely stems from the

erroneous application of two heuristics (mental shortcuts or rules of thumb), namely representativeness (the tendency to judge probability by similarity to a prototype) and availability (the tendency to judge probability by the ease with which a scenario comes to mind). Specifically, in the case of illusory correlation, we may erroneously perceive large eyes in figure drawings as strongly linked to paranoia because (a) large eyes remind us of suspiciousness (see Meehl's 1964 discussion of "paranoid headlights" as a sign of schizotypy) and (b) we tend to selectively recall instances in which large eyes in human figure drawings confirm our hypotheses and to selectively neglect or forget instances in which they do not (see more on confirmation bias in the following paragraph). In relying on these two heuristics, we are typically allowing our System 1 thinking to predominate in our clinical judgments. As clinical scientists have repeatedly demonstrated, intuition can be enormously useful in generating hypotheses – the context of discovery – but it can often lead us astray in rigorous hypothesis testing – the context of justification (Meehl, 1997). When reading Lewis (2016) and re-reading Kahneman (2011), it occurred to me that we in SSCP do not sufficiently discuss a core concept that I view as essential to our mission as clinical scientists: *humility*. Indiana University clinical psychologist Richard McFall (1991), a past president of SSCP (1990 to 1991) and one of its most influential members, has frequently emphasized the point that science, including clinical science, is a systematic prescription for humility. Whether we like it or not, science incessantly reminds us that we might be wrong. David Shakow (1965), in many ways the founder of contemporary clinical psychology, wrote that "psychology is immodest." By that, he was referring largely to our all-too-frequent propensity to advance assertions that are not adequately supported by data. Science, although by no means a panacea, is a systematic and finely honed set of safeguards against biases of many kinds, especially confirmation bias, the ubiquitous tendency to seek out, selectively interpret, and selectively recall evidence that supports our hypotheses and to deny, dismiss, or distort evidence that does not (Nickerson, 1998; see also Lilienfeld, Ammirati, & David, 2012). Science reminds us that we are all fallible, and that we need formalized ways of preventing ourselves from being fooled, as well as from fooling others.

In at least two ways, these two superb books underscore the importance of humility in science. First, the seminal discoveries of Kahneman and Tversky (e.g., Tversky & Kahneman, 1974) remind us that we are all susceptible to biases in our thinking. Good clinical scientists are not immune to biases, because no-one is; instead, good clinical scientists are cognizant of their propensities toward bias and take special precautions to guard against them. Second, it is evident

from Lewis' book that Kahneman himself is in many ways the epitome of humility. Self-doubting, self-critical, and modest, he is the first to question whether his ideas are correct and to welcome alternative views from his critics (he has also undertaken successful adversarial collaborations with some of his critics, an endeavor that some prominent clinical psychologists have decried as impossible). That is not to say, of course, that Kahneman does not defend his views forcefully when he is convinced that he is correct (e.g., see Kahneman & Tversky, 1996). But he is always open to the possibility that his views are mistaken or at least in need of modification. Kahneman strikes me as the personification of System 2.

Perhaps we in SSCP should rededicate ourselves to the mission of epistemic humility and of inculcating it in others. Being modest about our knowledge claims does not mean that we cannot advocate vigorously for our research programs or theoretical viewpoints, but it does mean that we need to recognize that we are all prone to error. As a consequence, we should try our best to avoid overstating the evidence for our preferred positions or prematurely dismissing those of others. In this vein, we may also want to heed the urging of philosopher Daniel Dennett (2013) to practice *Rapaport's rules*, which were advanced by social psychologist Anatol Rapaport. According to these rules, when responding to our intellectual critics we should first (a) express our critics' views clearly and charitably, (b) delineate any points of agreement with them, and (c) state what we have learned from them. Only then are we entitled to respond to our critics, and even then we should strive to do so respectfully (see also Hyman, 2001, for a wonderful disquisition on "proper criticism" in science). If only all listserv discussions could adhere to these rules! Speaking only for myself, I will be working harder to aspire to intellectual humility, not only over the course of my brief SSCP presidency, but in future years. I hope that you will join me in doing so, using Danny Kahneman as our role model.

References

- Chapman, L. J., & Chapman, J. P. (1967). Genesis of popular but erroneous psychodiagnostic observations. *Journal of Abnormal Psychology, 72*, 193-204.
- Dennett, D. C. (2013). *Intuition pumps and other tools for thinking*. New York: W.W. Norton & Company.
- Kahneman, D. (2011). *Thinking, fast and slow*. New York: Macmillan.
- Kahneman, D., & Tversky, A. (1996). On the reality of cognitive illusions. *Psychological Review, 103*, 582-591.
- Lewis, M. (2016). *The undoing project: A friendship that changed our minds*. New York: W.W. Norton.
- Lilienfeld, S. O., Ammirati, R., & David, M. (2012). Distinguishing science from pseudoscience in school psychology: Science and scientific thinking as safeguards against human error. *Journal of School Psychology, 50*, 7-36.
- Lilienfeld, S. O., Ritschel, L. A., Lynn, S. J., Cautin, R. L., & Latzman, R. D. (2014). Why ineffective psychotherapies appear to work: A taxonomy of causes of spurious therapeutic effectiveness. *Perspectives on Psychological Science, 9*, 355-387.
- McFall, R. (1991). A manifesto for the science of clinical psychology. *The Clinical Psychologist, 44*, 75-88
- Meehl, P. E. (1964). *Reports from the Research Laboratories*. Minneapolis, MN: University of Minnesota.
- Meehl, P. E. (1997). Credentialed persons, credentialed knowledge. *Clinical Psychology: Science and Practice, 42*, 91-98.
- Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology, 2*, 175-220.
- Shakow, D. (1965). Seventeen years later: Clinical psychology in light of the 1947
- Committee on Training in Clinical Psychology Report. *American Psychologist, 20*, 353-362.
- Tversky, A., & Kahneman, D. (1974). Judgment under uncertainty: Heuristics and biases. *Science, 185*, 1124-1131.

New SSCP Board Members

Our new board members were elected in October. Welcome, and thank you all for joining us! We are looking forward to another great year for SSCP.

President-Elect
Dean McKay, Ph.D.

Member-At-Large
Thomas Olino, Ph.D.

Student Representative
Kelly Knowles, B.A.

Diversity Corner

Diversifying SSCP: Initial Survey Results

Yesel Yoon, Ph.D. and Adam Bryant Miller, Ph.D.

Our committee was formed in April 2014 in response to results from a survey of the membership of SSCP which demonstrated two things. First, we were (spoiler: are) a very homogenous (mostly white) group of people. Second, few people associated SSCP with being a diverse organization. Thus, our committee was charged “to support and increase the diversity of the SSCP membership and to further the mission of clinical psychological science as it applies to diversity issues.” To that end, we have been hard at work making subtle but meaningful changes in SSCP. We will briefly review these accomplishments before presenting results of the most recent SSCP demographics poll that was sent around in late 2016.

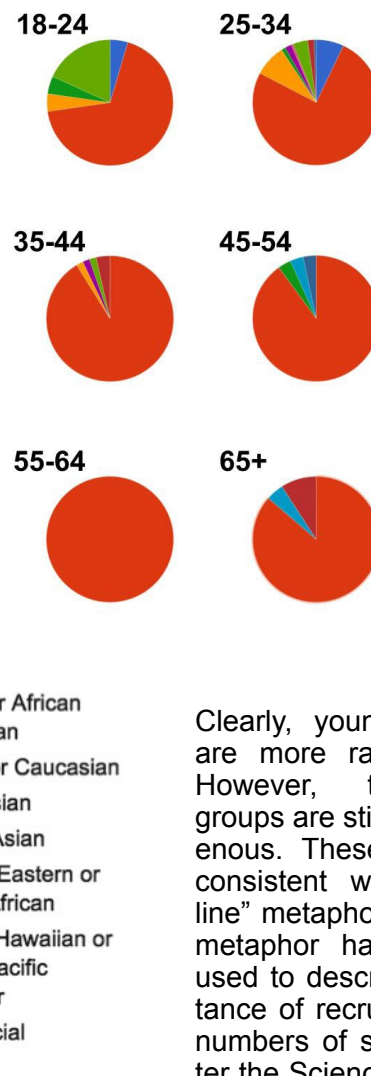
Since our formation, we have accomplished the following: (1) maintained monthly meetings as a diversity committee where we exchange ideas and move projects forward; (2) established a firmer presence in SSCP by writing regular columns entitled “Diversity Corner” in each of the SSCP newsletters and posting monthly to social media outlets; (3) moderated two panel discussions on issues of diversity in clinical psychological science at both APS and ABCT; (4) published a special series on diversity science in *Clinical Psychological Science*; (4) established a student diversity award to recruit and retain students from diverse backgrounds and reward them for their work; (5) revised our SSCP by-laws to explicitly list our commitment to diversity science; and finally, (6) created and administered a survey of the SSCP membership to be repeated every year to monitor the demographic makeup of the organization. These are small, humble steps that pale in comparison to the work still before us.

We repeated the survey of the membership in fall 2016. We will be presenting the results of this survey across the next several issues of the SSCP newsletter. Here we provide the results regarding sex and gender as well as race and ethnicity of SSCP. Compared to the original survey, we received 346 responses for the most recent survey. This was nearly double the response rate of our first survey in 2014.

The majority of the SSCP members identify as non-Hispanic White (81%), cis-gender female (congruence between biological sex and gender identity; 66%), and heterosexual (85%). Lastly, a little over half (55%) of the responding members are between the ages of 25-34 and are at the junior or senior grad-

uate student level of their career (44%). An interesting pattern emerges if you break out the age of SSCP members by racial categories (See Figure 1).

Figure 1. Race stratified by age.



Clearly, younger members are more racially diverse. However, the younger groups are still quite homogenous. These findings are consistent with the “pipeline” metaphor. The pipeline metaphor has often been used to describe the importance of recruiting sufficient numbers of students to enter the Science, Technology, Engineering, and Mathematics (STEM) field, retain stu-

dents, and then have them successfully “leave” the pipeline as they enter the work field. When certain underrepresented groups (e.g. women, racial/ethnic minorities) are exiting the pipeline at larger numbers, this is analogous to a “leak” in the pipeline. It appears that for SSCP one of our “leaks” appears to be at the transition from students/early career folks to established professionals in the field. Critics have argued that lack

of diversity is not simply a problem of recruiting and retaining certain students. Rather, a successful pipeline has multiple *pathways* to careers. As Griffin states, this can provide more opportunities for intervention and a broader definition of what counts as succeeding in the field (Griffin, 2016).

We believe that based on the results of our SSCP membership and this age and race breakdown, there is a need for older (not only in age but experience and seniority status) faculty and professionals who are also more representative of diverse backgrounds and interests. Faculty members of color and from other diverse backgrounds can be models for the younger cohort (18-34 years old) of aspiring racially diverse psychologists who are working to move along in their academic and clinical careers. This diverse racial representation is lacking across academia, and surely within our own organization.

One of the main goals in forming the SSCP Diversity Committee was to increase the diverse membership of our organization. In two years time, the numbers have not shifted much at all. We have increased the number of individuals participating in our committee and have garnered outside attention in venues such as conferences, but we would like our efforts to translate to changes in our overall membership across career stages.

So, what are the ways our membership can help do something about our goals as a committee? SSCP cannot simply form a diversity committee and leave it to them. Rather, we want this committee to lead the charge while supporting the overall organization as it moves towards a more diverse entity. We hope that the move towards more diversity is a joint effort. We have some ideas, but we want to hear from the members. We invite members to communicate directly with us (you can contact adam.miller@unc.edu, committee chair) or via the listserv to facilitate communication among all members. We welcome feedback on our goals as a committee, and we will, in turn, make our current efforts and projects more accessible to the membership by communicating on the listserv.

Ultimately, we think SSCP is moving in the right direction. We know that our lack of diversity represents a much larger pattern (problem) in academia broadly. We are hopeful that our members will engage with us as we undertake efforts to move our organization forward. If you are interested in helping out on projects that our committee is taking on, please reach out to us.

Reference

Griffin, K.A. (2016, February 10). Reconsidering the pipeline problem: Increasing faculty diversity [Web log post]. Retrieved from <https://higheredtoday.org/2016/02/10/reconsidering-the-pipeline-problem-increasing-faculty-diversity/>

SSCP Virtual Clinical Lunch Series

We are excited to continue the Virtual Clinical Lunch series! We hope that clinical programs all over the world will find these talks useful for their programs, perhaps as part of their weekly clinical lunch seminars. We will ideally post one talk each month and host a discussion with each presenter on our SSCP listserv. The talks are freely available – feel free to disseminate them broadly.

Links to all talks are available on the SSCP website: <http://www.sscpweb.org/ClinicalLunch>

Recent talks include:

Dr. Mary Fristad's talk "Omega 3 and Therapy for Pediatric Bipolar Disorder"

Dr. Marsha Linehan's talk "DBT: Where We Were, Where We Are, & Where Are We Going"

Dr. Marvin Goldfried's talk "Can Psychotherapy Research and Practice Survive RDoC?"

Awards & Recognition

Student Dissertation Award Winners

Shannon Blakey

University of North Carolina - Chapel Hill
Mentor: Dr. Jonathan Abramowitz

Matthew Carper

Temple University
Mentor: Dr. Philip Kendall

Tony Cunningham

University of Notre Dame
Mentor: Dr. Jessica Payne

Anastacia Kudinova

Binghamton University
Mentor: Dr. Brandon Gibb

SSCP Distinguished Scientist Award Winner



Michelle Craske, Ph.D. is the recipient of the 2017 SSCP Distinguished Scientist Award. This award is made to individuals who have made an extremely important career contribution to the science of clinical psychology and is the highest award that SSCP can give. Dr. Craske is Professor of Psychology, Psychiatry, and Biobehavioral Sciences and the Director of the Anxiety and Depression Research Center, and Associate Director of the Staglin Family Music Center for Behavioral and Brain Health at the University of California, Los Angeles. Her research focuses on fear, anxiety and depression, and she has published over 400 journal articles, as well as several academic books, self-help books and therapist manuals. She has pioneered the translation of basic animal learning and neuroscience research to clinical practice, including seminal work identifying risk factors for depression and anxiety and mechanisms of treatment for anxiety disorders. In addition to her research accomplishments, Dr. Craske has served as president of both SSCP and Association for Behavioral and Cognitive Therapies (ABCT). Moreover, she chaired the Anxiety Subgroup for DSM-5 and is a member of the American Psy-

chiatric Association DSM-5 Steering Committee, the American Psychological Association Clinical Treatment Guidelines Steering Committee, and the United Kingdom MQ Transforming Mental Health Foundation. Dr. Craske is the recipient of numerous awards, including the Outstanding Researcher Award by ABCT and the Aaron T. Beck Award by the Academy of Cognitive Therapy. Finally, Dr. Craske is described by her colleagues as a generous and effective teacher and mentor to countless scholars. Dr. Craske is without question one of the best and the brightest in the field and we are honored to present her with this award.

Awards & Recognition

Outstanding Student Researcher Award Winners



Lorra Garey, M.A. is a third-year graduate student in the clinical psychology program at the University of Houston under the mentorship of Drs. Michael J. Zvolensky and Clayton Neighbors. She earned a Bachelor of Arts in psychology from the University of Texas in Austin in 2009, and a Master of Arts from the University of Houston in 2016. Lorra's research centers on elucidating and attenuating health disparities among underserved populations by examining the interplay between substance use and psychological vulnerabilities as well as addressing malleable risk factors, including smoking, in the context of transdiagnostic interventions. Related to this line of work, Lorra has published nearly 30 articles focused on understanding the relation between smoking and affective vulnerabilities. Examples of Lorra's current work include (a) the development and implementation of a brief, personalized intervention to address smoking and anxiety sensitivity; (b) the evaluation of psychometric properties for widely used smoking and negative affectivity measures; and (c) the identification of underlying mechanisms that can be targeted

in the context of a transdiagnostic, smoking cessation intervention. Lorra is the recipient of a pre-doctoral National Research Service Award from the National Institute of Drug Abuse.

What are your research interests?

My research focuses on (a) identifying mechanisms that explain the association between maladaptive smoking behavior and cognitions with elevated negative affective symptoms, and (b) evaluating brief interventions to address substance use and affective vulnerabilities in underserved populations. I am particularly interested in employing brief, personalized feedback interventions as a tool to address smoking and risk factors for anxiety and depressive disorders, including anxiety sensitivity.

Why is this area of research exciting to you?

I am excited about my area of research because it gives me an avenue to potentially make a huge impact on public health. Most front-line smoking cessation interventions are time and resource intensive, which presents a major barrier to smokers in the greatest need of services (e.g., smokers with elevated negative affective symptoms). By developing brief, personalized, transdiagnostic interventions to address the smoking-affective vulnerability co-occurrence, we have the potential to reach far more people who would benefit from services in a way that targets their unique needs and does not introduce an extreme amount of patient burden. This 'personalized treatment' approach may result in decreased smoking rates and improved mental health among smokers who otherwise are unlikely to seek services.

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

Michael J. Zvolensky, PhD
Clayton Neighbors, PhD
Kate B. Carey, PhD

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

I see many students become upset when their work is rejected. In science, this is bound to happen. When it happens to you, remember to not take it personally. If you want to be successful, you have to learn to be flexible and persistent.

Outstanding Student Researcher Award Winners



Justin F. Hummer, M.A. received his B.A. with honors in Psychology at Loyola Marymount University in Los Angeles, CA. He is presently in his fifth year of the Clinical Science Ph.D. program at the University of Southern California, studying under the tutelage of Gerald C. Davison. His research interests span the social, cognitive, and affective factors involved in the etiology, prevention, and treatment of addictive behaviors. Justin is known for being a BBQ enthusiast with a passion for extreme adventures in the wilderness.

What are your research interests?

My research efforts thus far have been primarily rooted in clinical prevention science, with emphases on both theoretical and individual difference factors involved in brief online, group, and individual interventions targeting substance use. For example, I have applied theoretical frameworks and modeling to better understand the role of social norms with respect to alcohol use among young adults – how, why, and for whom they operate – and how they can be used in alcohol interventions. I believe

strongly that an ounce of prevention is worth a pound of intervention. So my overarching goal is to create novel psychosocial models of risk behaviors and to use such models to uncover treatment mechanisms, which in turn help us understand how best to tailor the design and implementation of preventive health campaigns.

Why is this area of research exciting to you?

From chocolate to morphine, I find substance use to be a deeply intriguing and multi-faceted human behavior. Under appropriate circumstances drugs have tremendous healing power. Medicinal applications have revolutionized the overall longevity and quality of life of our entire species. And altered states of consciousness have long been sought after as a mechanism by which to find relief, search for meaning, awaken spiritually, and otherwise gain insight into the nature of consciousness itself. But drugs and alcohol also have the power to inflict profound suffering and wreak complete devastation on individuals, relationships, families, and communities. I am interested in this juxtaposition between such use and abuse. And, as a developing clinical scientist, I attempt to conduct research that can be used to interrupt trajectories into substance use disorders or aid in the recovery from them.

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

I have been incredibly fortunate to receive truly exceptional mentorship on the journey to my doctorate and I have made every effort to take full advantage of working with a wide network of colleagues. Chief among them, Joseph LaBrie was the first to foster in me a true passion for scientific research. He challenged me to become adept at every stage of the research process, from project management, to managing data and conducting analyses, to conceiving and write large portions of grant proposals, and most importantly, to finding my voice in scientific writing. He has always challenged and supported me to become a better and more productive scientist and our over fifty coauthored empirical publications together is a testament to his outstanding mentorship. My current graduate advisor, Gerald Davison, has continued to help refine my scientific thinking and helped me grow into a better researcher, clinician, and professional. He creates a warm and intellectually stimulating academic environment in which to support my research pursuits. The importance he places on understanding active mechanisms of change has led to my present efforts focusing on how intervention content is cognitively constructed and actively negotiated by participants. He has certainly made my time as a graduate student productive and thoroughly enjoyable.

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

Be bold and be daring, but know thyself. Ease into things and find your own rhythm. Do not overextend yourself, but do try to extend yourself. Have a sense of humor about things. Take your work very seriously, but don't take yourself too seriously. Relish the opportunity to learn from mistakes, so don't be afraid to jump in and get your feet wet. You have so many different balls to juggle and hats to wear in graduate school, so relinquish any perfectionistic tendencies and instead cultivate an attitude of the pursuit of excellence. Know which balls you are juggling are rubber and which are glass. You may have to preserve your sanity by letting a rubber ball drop on occasion. It will bounce back. Try to get in the habit of always working on at least one paper for publication, no matter what other commitments you have. Achieving a quality scientific writing style is a muscle that requires constant flexing. And always make time for self-care, period. Work hard play hard is my motto. Lastly, don't ever feel like you are an imposter. You are there for a reason. So let your light shine and enjoy this wonderfully unique experience.

Outstanding Student Researcher Award Winners



Amy Peters, M.A. received a B.A. from Boston College in 2010. She then pursued post-baccalaureate research training at the Massachusetts General Hospital Bipolar Clinic and Research Program. In 2012, she began doctoral training in the University of Illinois at Chicago (UIC) Clinical Psychology Program. She is currently a 5th year student at UIC, where she works with Drs. Amy West and Scott Langenecker studying the neuropsychological, neural, and behavioral features of mood disturbance across the lifespan. Clinically, her interests are in neuropsychology and evidence-based behavioral interventions for severe mood disorders and psychopathology. In her spare time, Amy can usually be found practicing yoga, noodling around on her guitar, or traveling to visit friends and family.

What are your research interests?

My research integrates methods from neuropsychology, neuroscience, and immuno-endocrinology to understand risk, relapse, and response to treatment in mood disorders across the critical transition from adolescence to young adulthood. Currently, I am focused on understanding how stress-related inflammatory and endocrine diatheses affect neuropsychological functioning, mood, and their supporting neural circuits during adolescence.

Why is this area of research exciting to you?

This research is exciting to me because it may offer a novel way to understand and address the cognitive and medical morbidity that disproportionately occurs among individuals with mood disorders. I am particularly motivated to work with young people because I am hopeful that identifying biochemical risk factors during sensitive developmental periods could promote early, targeted intervention to deter cellular aging, metabolic burden, and neuroprogression in mood disorders. This might be achieved through interventions that optimally modify pathways to immune and endocrine dysfunction, potentially including exercise, diet, yoga/meditation, cognitive training, and immuno-modulating agents. Whether these kinds of interventions exert effects on mood, cognition, and physical health through changes in inflammation and endocrine function is something I am excited to explore in the future.

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

Research is teamwork and I owe so much of my progress to a team of mentors and collaborators who have each fostered a critical part of my research trajectory and interests to date. For instance, it was my post-baccalaureate mentors, as a research coordinator at MGH, who initially sparked my interest in mood disorders, encouraged me to pursue graduate training, and prepared me with the fundamental skill set I would need to conduct more independent research in a doctoral program. In graduate school at UIC, I continue to learn so much from mentor Amy West about mood disorders during development - and she has kept me sane these past five years supporting and modeling how to find a manageable work/life balance! In addition, my graduate work would not be possible without the support of Scott Langenecker, Rachel Jacobs, and Ghanshyam Pandey who have each helped bring breadth to my research by providing training in novel methods such as neuroimaging and peripheral biomarkers. It is the synergy of these unique influences and perspectives that has supported and challenged me to pursue integrative, multi-disciplinary questions. As I continue in my training, I am incredibly grateful for their continued support, interest, and investment in my growth as a clinical scientist.

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

Work smarter, not harder. Graduate students are, by nature, motivated to achieve. And indeed, pursuing a graduate degree is a big time investment - but you can succeed without letting the work become consuming. We are all guilty of working harder sometimes - especially if faced with a particularly big project or deadline, it can be difficult to switch off at the end of the day or take time out on the weekend and stop thinking about work! This is bound to happen on occasion, but in the long haul, burning the midnight oil regularly is not sustainable. Paradoxically, I have found that my most productive weeks are the ones where I have scheduled several activities with friends or family, exercised consistently, and made time for hobbies - not those when I work long hours and neglect time for my personal interests. Having a full schedule forces you to block your time so that you can use the time you do have to work to the fullest. The cherry on top is that self-care activities restore your energy so that you are more focused when working and emotionally better prepared to cope with any stumbling blocks along the way!

Division 12 Update

Dave Smith, University of Notre Dame

The Division 12, Society of Clinical Psychology (SCP), Board of Directors meeting was held February 3-5, 2017, at the Hotel Sante Fe, in Santa Fe, NM. New SCP President, Michael Otto, chaired the meeting, with Past-President, Brad Karlin, and President-Elect, Gary Vandenbos providing updates to the Board on past and future presidential initiatives.

Jon Weinand and the Finance Committee presented a balanced budget for approval, and the Board reviewed its investment positions and philosophy in light of a presentation by its portfolio manager at Compak Asset Management. The Society enjoys a strong financial standing and a stable, moderately conservative investment position and plan.

In addition to the Board's ordinary business of approving prior Minutes, task forces, work groups, and award winners, it also received and discussed publications and web presence reports, social media, ListServ activity, membership, diversity, students and ECPs, continuing education, and the upcoming meeting of the APA Council of Representatives (with a particular emphasis on an important Council vote on practice guidelines).

Among the highlights of the meeting were incoming President Michael Otto's "Be the Bridge" initiative, which seeks to enhance the utility of clinical science for practitioners by expanding Past-President Brad Karlin's focus on dissemination and implementation (n.b. <https://www.div12.org/implementation/>) to encompass graphically-enhanced literature reviews that represent treatment effect sizes with topographic maps. President Otto is also eager to continue to focus on member benefits, enhance the public face of the Society, and increase collaboration between the sections and the Society.

The Society is also continuing its successful Graduate Student Summit events, this year convening at Howard University. This has been a very popular event that draws many new student members to the Society (student and ECP memberships are up significantly). In related news, the SCP Mentorship program continues provide a valuable resource for students and ECPs, and the Board discussed how best to integrate the various Section mentorship programs (including SSCP's) with the Division's. Brad Karlin also discussed the SCP Needs Assessment, undertaken during his Presidency, which highlighted many strengths of the Division as well as a few points where member relations could be enhanced.

The Board received an informative report from Deborah Drabick on the activities of the CE subcommittee of the Education and Training Committee. Various CE initiatives have been quite successful, and the subcommittee appears to be ahead of the timeline envisioned for SCP becoming a valued and effective first-line source for CE in clinical psychology.

Diversity continues to be a SCP priority, and Kim Penberthy walked the Board through the past year's initiatives. As with the various mentorship initiatives, the Board saw many opportunities for Section diversity initiatives to be better integrated with the Division's efforts.

The Publications Committee provided reports from Gayle Beck, editor of *Clinical Psychology: Science and Practice*, Jon Comer, editor of *The Clinical Psychologist*, Danny Wedding, editor of the Hogrefe book series, *Advances in Psychotherapy: Evidence-Based Practice*, and from Damion Grasso, Society webmaster. Guillermo Bernal also updated the Board on the activities of the Clinical Psychology Specialty Council.

Please contact your Division representative, Dave Smith, with any questions you have about these or other Division 12 activities.

Clinical Science Early Career Path

Anna Weinberg, Ph.D., McGill University

Although most of my extended family teaches or practices psychology, it never occurred to me that I might find it interesting as a field until I was in my mid-twenties. As an undergraduate at Wesleyan University, I'd majored in English literature, and pursued classes in studio arts and creative non-fiction writing. When I graduated (in 2000), I moved—like most of my class—to Brooklyn without much of a plan, hoping to maybe end up in journalism or what turned out to be the “dotcom bubble” of the early aughts. Not that I was a viable candidate for a tech job—but then neither was anyone else I knew (most of us had only just gotten our first email accounts). The dotcom bubble burst almost immediately upon my arrival, and 9/11 happened, and soon, not only were tech jobs disappearing, but magazines were also folding and newspapers were laying people off. In what seemed like a badly struggling economy (though of course we had no idea what was to come), I strung together a series of internships that led to part-time and then full-time jobs in magazines—writing about everything from the escalating Harry Potter phenomenon to competitive fashion in the Congo to a new literary category called “chick-lit.” I loved and still love writing, and was incredibly happy to be paid to do it, but was also noticing in myself a growing dissatisfaction with the style of thinking magazine journalism seemed to require. While there were still some incredibly valuable media outlets that would pay you to specialize, in-depth expertise in any one topic was feeling increasingly devalued compared to a quick wit and the ability to rapidly acquire (and then discard) a little expertise in anything. Besides which, after not very long, it seemed that even the jobs I didn't want were drying up.

So in 2004, my then-boyfriend, now-husband suggested I should consider psychoanalysis as an alternate career, but primarily, I think, so that I would direct all questions about feelings and motivations towards other people. Since I had no better plan, I signed up for my first continuing education class—Introduction to Abnormal Psychology. This class seemed to me to be primarily dedicated to discussing whether or not Tony Soprano would meet criteria for psychopathy and I truly hated it. Even so, it was my first exposure to the idea that emotional experiences—and difficulties with emotional experiences—could be studied scientifically, and I was intrigued. In the meantime, my boyfriend (same boyfriend) started his Ph.D. in sociology at Yale, setting the stage for what I now know is appealingly called a “two-body problem.”

In 2005, I enrolled in a post-baccalaureate program at Columbia University, hoping to not only continue taking psychology classes, but also to get involved in research to see how the science of psychology worked in practice. I ended up working in the labs of Walter Mischel and Kevin Ochsner, mostly under the supervision of Ethan

Kross, who was then a graduate student responsible for some joint projects between the two labs. The experiences I gained in these labs helped me understand how affective science was conducted, and what kind of methods one needed to employ to effectively measure emotional experience. In particular, one of the projects I was working on was seeking to use fMRI methodologies to understand how different affective styles might explain why some people developed PTSD following a trauma while others did not—in a sample of people who had survived 9/11. The idea that neuroscientific methods could be applied not only to complement our understanding of individuals' ongoing affective difficulties, but also potentially explain *why* some vulnerable people became ill, was incredibly exciting to me. At the same time, I enrolled in a class at Columbia taught by Lois Putnam, on the fundamentals of psychophysiological measurement of emotions. The class started with William James and didn't make it very far past Peter Lang's work from the 90s, and I absolutely loved it (I still have my hand-written notes). By this time, I was pretty well convinced I did not want to be a psychoanalyst, but I DID want to continue studying affective science through its application to psychopathology, so I started the very fun process of applying to clinical psychology programs—despite Dr. Mischel's attempts to warn me away by arguing, in part, that if I went that route I would need to wear sweater sets and pearls every day and straighten my (curly) hair and was it worth it?

My applications to graduate school were about as focused as my early career planning had been—I knew I wanted to study emotional reactivity and regulation in anxiety and/or depression, I hoped I could gain experience in affective neuroscience, and I was particularly interested in two new assistant professors at Stony Brook University named Greg Hajcak and David Klonsky who were both doing work on emotion regulation and its failures, but the rest of my applications were less targeted. In the end I got lucky, and Greg and David were willing to take a chance on someone with an unorthodox CV, curly hair, and no pearls, and I enrolled at Stony Brook under their joint supervision in the fall of 2007. In working with the two of them, I gained familiarity with experimental psychopathology and the application of psychophysiology to measurement of emotions and emotional experience. In David's lab, I was fascinated by the questions he was asking about what it meant when an individual's attempts to regulate her emotional experience were only effective in the short term (in the case of non-suicidal self-injury), and how these maladaptive behaviors might be reinforced, as well as how these behaviors might alter affective functioning over time.

When David left for the University of British Columbia, Greg took me in full-time (as was his wont—the front door of the CAP lab featured a poster of the Statue of

Liberty in reference to the homeless and tempest-tost graduate students that kept making their way to his lab). While I continued to work on some projects with David—and hope to continue to collaborate now that we are both expats in Canada!—my research now became much more focused on neural correlates of affect and motivation in anxiety and depression, as well as in how biological markers of these processes might be useful in differentiating and predicting these closely-overlapping psychological phenomena. From Greg I also learned the importance of conducting both more basic and applied research to explain these phenomena from multiple angles. Greg was and is an enormously supportive and productive mentor and I benefited not just from his work ethic, expertise, and generosity, but also from his unparalleled ability to set up effective collaborations. One of the first large-scale clinical projects I worked on was a collaboration with Roman Kotov (also at Stony Brook), that recruited and *thoroughly* assessed extremely complex and low-functioning cases from across the internalizing spectrum using self-report, interview, and event-related potentials (ERPs). The project yielded an incredibly rich dataset that was often a challenge to interpret, and the experience of conducting hundreds of clinical interviews left me with a profound ambivalence about the utility of categorical DSM diagnoses. The project also started at around the same time as NIMH's Research Domain Criteria (RDoC) was launching, providing a lot of fodder for many contentious RDoC discussions in our labs. During this time, I also made some of my closest friends/ peer mentors (and ongoing collaborators): Autumn Kujawa (Penn State), Dan Foti (Purdue University), Anja Riesel (Humboldt University), and Annmarie MacNamara (Texas A & M University).

I also acquired a family. My husband and I married in 2009, and in 2012, my daughter was the second born to our lab's baby boom (Autumn, Anja, Annmarie and I all had babies within 6 months of one another). Soon after her birth, I started a clinical internship. I had been lucky enough to secure funding that allowed me to develop a half-time, unaccredited, internship at Stony Brook. Joanne Davila generously agreed to supervise me clinically in-house, and I convinced Doug Mennin and Dave Fresco to engage me as an NYC-based therapist for their RCT on Emotion Regulation Therapy for Generalized Anxiety Disorder and Depression. Both of these clinical experiences further reinforced the idea that a focus on transdiagnostic processes might be extremely fruitful—both clinically and scientifically—in understanding psychological dysfunction.

While on internship, I submitted my first round of applications for tenure-track jobs and, while waiting to hear about the results of interviews, moved to Berlin, Germany with my husband (who had a post-doctoral position at the Max Planck Institute in Göttingen) and daughter to conduct research with colleagues at Humboldt University on how environmental and learning experiences can influence the way that the brain processes mistakes. The perspective of my German colleagues was influential in shaping how I thought about ERPs and their application to clinical science, as well

as how I think about the tragedy that is the American “lunch break” and the necessity and wisdom of working all weekend.

I didn't end up in a tenure-track position that year, but was fortunate to be taken in in 2014 as a post-doc by Stew Shankman at the University of Illinois at Chicago (where, coincidentally, Autumn and Annmarie were also employed), and where my husband was able to find a post as a lecturer in the department of sociology. Stew was running an RDoC-inspired (and funded) family study examining reward and threat processing as familial vulnerability markers for anxiety and depression, and work on this study has shaped some of my ongoing research questions. Perhaps equally importantly, my daughter and Autumn's daughter renewed their best-friendship (my daughter still calls her daughter “my moon and my stars”) and my family spent a charmed year in Chicago—despite the fact that we were back on the job market.

I was incredibly lucky that year, and was offered a job at McGill University—as was my husband—and we happily decamped for Canada in July of 2015. At McGill, I now run the TRAC lab (Translational Research in Affect and Cognition), where we study both familial and environmental influences on neural response to threat and reward across the lifespan. One and a half years in, I'm still learning about managing grant submissions, launching large-scale clinical studies, graduate mentoring, teaching, and how to say no to at least some of the hundreds of requests that start to flood your way when you assume your first faculty position. I'm fortunate in that I have two very bright, very curious and *very* hard-working graduate students in the lab, as well as a small army of active undergraduates who are both the engine and the infrastructure for all of our research.

This is certainly not the end of the path, but it does bring me up to the present moment. Many of the early career path essays before this one have said this, but I think it bears repeating: if my path—in which I did almost everything “wrong”—illustrates anything, it is that there is no “right” way to guarantee that one will end up in a faculty position, nor indeed that a faculty position will ultimately be your definition of success. And, though I still struggle to hold this idea in mind myself, I think it is important to remember that, while you are building your career, your life is also happening, and tending to one without the other may ultimately impoverish both.

About the Author: Dr. Anna Weinberg is an assistant professor in the Clinical Psychology area in the department of psychology at McGill University. Her research is focused on identifying biological pathways that give rise to disordered emotional experience, with a particular focus on neural response to threat and reward in anxiety and depression.

Clinical Science Early Career Path

Judith K. Morgan, Ph.D., University of Pittsburgh

I knew I wanted a career working with children since I was a young girl myself. Beyond being light-hearted and fun, caring for young children took my mind off of larger responsibilities and fostered a sense of protectiveness in me. But, although I knew I wanted to work with children, I never envisioned choosing psychology.

The summer before my junior year in high school, I had the opportunity to take a college-level developmental psychology course. In taking this course, I realized that what I loved about interacting with kids was observing how children grow and change and discovering what factors predict healthy growth. With that in mind, when I started as an undergraduate at the University of Alabama in 2000, I decided to major in psychology. My sophomore year, I joined Dr. Joan Barth's developmental psychology research lab evaluating emotion development in young children. I enjoyed my time in her lab so much that I continued with her through my senior year—ultimately completing an Honors' Thesis as a McNair Scholar on the impact of emotion knowledge on social competence in preschool aged children.

Upon graduation, I knew I wanted to continue my education and Joan encouraged me to pursue a Ph.D. in clinical psychology. I joined the late Dr. Carroll ("Cal") Izard's lab at the University of Delaware to evaluate emotion development in preschool children at greater risk for psychiatric problems due to their sociodemographic background. Under his mentorship, I evaluated ways in which to boost healthy development in these at-risk young children and prevent the onset of emotional and behavioral problems. Cal's emotion-based intervention, the Emotions Course, did just that. Findings from this intervention implemented by teachers in Head Start preschools showed that 3- to 5-year old at-risk children showed greater gains in emotion and social competence and greater decreases in externalizing behaviors across the school year compared to Head Start children who did not receive the intervention.

Alongside my research, during my time as a graduate student at the University of Delaware (UD), I completed clinical practica at pediatric residential centers and fam-

ily therapy clinics and worked with many children and families coping with serious mental illness and devastating life circumstances. Many times, I questioned my choice to pursue child clinical psychology—worrying that my work would continually be stressful and disheartening. Ultimately Cal, through his compassion and wisdom, helped to me to see that uncovering resilience factors that can facilitate healthy development in the midst of vulnerability more often generates feelings of hope and excitement than disappointment and grief.

Following my time at UD, I completed my internship and postdoctoral fellowship at Western Psychiatric Institute and Clinic, where I surrounded myself with multiple mentors in the field of developmental and affective neuroscience. Through their guidance, I have been fortunate to apply new methods, such as functional neuroimaging, to my evaluation of emotion development in young at-risk children. In July 2013, I was funded with an NIMH K01 award to examine the neurobehavioral development of positive affect in young children at high familial risk for affective disorders. Now, as an Assistant Professor in the Department of Psychiatry at University of Pittsburgh, my program of research centers on the development of regulated positive affect in young children who are at risk for developing affective disorders based on their familial history, temperament, and/or sociodemographic background. I use multiple methods of assessment for my work, including behavioral observations, clinical interviews, hormone sampling, functional magnetic resonance imaging, and near-infrared spectroscopy—each of which I picked up along the way from the many mentors I have been fortunate to have. My goal for my future work is to apply my basic findings to create empirically-supported, emotion-based interventions for young children at high risk for emotional and behavioral problems.

In looking back at my trajectory, how I ended up here makes perfect sense. But, along the way, the path seemed murky and it was only by the guidance and mentorship of those ahead of me that I found my way. So, my advice for those in the early stages of their training would include: **1) Figure out your passion and keep**

that as guidepost in all of your decisions. There has been many times in which I have been offered opportunities to pursue lines of research or clinical work that did not fit with my overarching interests. Some of those times, I accepted those opportunities—believing at the time that it was always better to say yes than to say no. However, looking back, I can see the advantage of staying true to your personal goals and creating a coherent, strong line of work. **2) Surround yourself with multiple mentors.** I'm a firm believer that everyone needs a mentor. Gathering advice from colleagues at varying stages of their career can offer you fresh perspectives on your research, your clinical practice, and the direction of career.

I now realize my effort to focus on the “positive” side of psychology was not an entirely frivolous pursuit. More and more, it is becoming clear that positive emotions serve as an important buffer for stress, help to broaden and build thinking, and foster recovery from mental and physical illness. Further, the field has gained greater understanding of the importance of targeting psychological processes, such as fostering healthy regulation of emotion, early in development prior to the onset of psychiatric illness and during periods of greater plasticity and change. I am proud of my work and how I got here.

About the Author: Dr. Judith K. Morgan is an Assistant Professor of the Department of Psychiatry at the University of Pittsburgh and a licensed clinical psychologist. Her research program focuses on identifying mechanisms of risk and resilience in vulnerable children by virtue of familial history, temperament, and/or sociodemographic background. In particular, her work focuses on early emotion development, including healthy expression and regulation of positive affect. Ultimately, her research aims to pinpoint developmentally-sensitive targets for preventive interventions for high risk young children.

Call for Applications: Varda Shoham Clinical Scientist Training Initiative

Applications are invited for small (up to \$1500), non-renewable grants for training programs at the pre-doctoral, internship, or postdoctoral levels to launch new projects or support ongoing initiatives that are designed to more effectively integrate science and practice into their training program.

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

Applications are due by March 31, 2017, and funds will be distributed in summer 2017. Application instructions are list of past awardees can be found at: <http://www.sscpweb.org/page-18087>

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

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

Student Perspective

Sleep: The Elusive White Whale of Graduate School

Tony J. Cunningham, M.A., The University of Notre Dame

"When we are tired, we are attacked by ideas we conquered long ago."- Nietzsche

You lay completely motionless. It's warm, almost humid. You can feel the stillness around you. Your breathing becomes more shallow. Your leg twitches and makes a small rustling sound. Suddenly and without warning, it STRIKES! You shoot up in bed as you remember that you have a stats test next week, but is it the day after your practicum day or will you have a day in between that you can use to study? You take to your cell phone and spend the next hour in Google Calendar sorting out the month, reviewing syllabi, and making sure all of the upcoming participants in your study are accounted for in the schedule. Feeling content and in control of your life, you return to bed just after 2:00 am and begin to doze, happy to get at least 5 hours of sleep before your 8:00 am class. But wait, did you have a reading assignment due tomorrow?

If you're anything like me, many nights of your graduate tenure may have played out similar to this, except perhaps even attempting to go to bed before 2:00 am in the first place. Grad school is an incredibly busy time, and frequently we get caught in the dilemma of not having enough hours in the day to get everything done. When this happens, it seems that many of our healthier activities, such as exercise, eating healthy, leisure activities, and sleep take the brunt of the sacrifice as we try to squeeze in a few more hours of clinical preparation, data processing, or writing (there is always writing). But in addition to being students, mentors, academics, and researchers, we are also clinicians. Self-care is our mantra, but how good are we at practicing what we preach? When schedules become tight, what activities are the first to be cast aside? Even as a sleep researcher and clinician with an abundance of knowledge on the importance of sleep, I would be lying if I did not admit that I frequently find myself calculating just how many hours of sleep I need to be functional the next day. Being able to survive on relatively little sleep has become a badge of honor in today's society, and I have heard (and possibly been a part of) more than one conversation with my fellow graduate students that devolved into, "Oh yeah? Well I only got THREE hours of sleep last night!" followed by a smug grin of victory over their 4-hour counterparts. While I am sure most of us agree that sleep is important, I believe this cultural phenomenon motivating us to engage in other activities over sleep is perpetuated by a long-standing belief

that sleep is ultimately a waste of time, only necessary because we get tired and have to be refreshed. Instead, I posit that while preserving a semblance of work-life balance involving a variety of healthy practices is vital for our well-being, keeping a healthy sleep schedule may be the most critical factor in maintaining our health and sanity during graduate school and beyond.

You may be saying to yourself, "Of course you would say that! You are in the business of sleep and are just looking for a bit of job security." However, sleep truly can impact the way that we approach the rest of our favorite healthy habits and self-care techniques. For instance, when we miss out on sleep, areas of our prefrontal cortex, which help with motivation and executive decision making, become less efficient and effective (Killgore et al., 2006). When this happens, it becomes tougher to choose the apple in the breakroom over the pile of cupcakes or to head to the gym for 30 minutes instead of binging the next episode of Dexter on Netflix.

Losing out on sleep also makes it more difficult to manage our emotions. As we grow more tired, the connectivity between areas of our prefrontal cortex and the emotional centers of our brain, such as the amygdala, begins to break down (van der Helm et al., 2011). When this happens, our ability to manage our emotions declines, and tiny little nuisances or experiences we would typically consider to be relatively neutral can come across as incredibly negative and stressful. I think we can all agree that graduate school comes with enough stress as it is! This can also have a dramatic impact on our ability to correctly read and handle emotions in the therapy space. An overactive amygdala and decreased frontal executive control can certainly wreak havoc on our ability to be appropriately empathic with our clients.

Not only does sleep help to maintain the motivation to make other healthy choices and aid in sustaining control over emotions, but it also has direct academic impact through the enhancement of learning and memory. Sleep unequivocally helps us to learn new information (Payne, 2011). If we study something prior to sleep, we will remember significantly more than if it is learned before a day of wakefulness or a night of restricted or no sleep. Importantly, sleep does not only help with rote memorization, but it can also help us to extract the gist of what we're learning. Sleep has also been shown to enhance insight and creativity, so

whether you are struggling to figure out how to apply a statistical procedure to a new problem, or trying to conceptualize a case within your preferred theoretical orientation, sleep can help.

These are just a few ways that sleep can help us to be more efficient and effective academics, clinicians, and scientists, and the negative consequences of sleep deprivation are seemingly endless (Durmer and Dinges, 2005). So, what are you to do if you are struggling with sleep? Here are a few of my favorite tips:

Nap responsibly. Naps can be a great way to catch up on lost sleep and a nap as short as 6 minutes has been shown to boost cognitive performance (Lahl et al., 2008). However, you want to keep your naps to about 20 minutes or less for energy boosts, otherwise you will begin to enter deeper stages of sleep and can wake up feeling even worse than you did before the nap (due to something called 'sleep inertia'). Alternatively, napping 60-90 minutes will avoid sleep inertia and boost cognitive performance even more, but be sure to take these longer naps earlier in the day (ideally 1-3pm) or it could impact your sleep later that night.

No screens. That's right. Put. The phone. Down. The emails and political posts will be there in the morning. Light from just about any type of screened device is the same frequency as the natural light that pours through your window in the morning, and in response your brain is programmed to become more aroused and active. Unplugging 30-45 minutes before lights out can dramatically improve your sleep quality.

Try to go to bed around the same time every night. As if asking you to put your phones away wasn't hard enough, now this. Going to bed at the same time every night has several major advantages though, including ensuring that you are regularly getting enough sleep, helping to establish a normal bed time routine, and perhaps most importantly, allowing your circadian rhythm to normalize which in turn will help you to fall asleep faster and increase the quality of your sleep. The hypocrisy becomes tangible for my fellow sleep researchers and I when we end up staying up most of the night to run our sleep studies, or worse, the dreaded sleep deprivation studies. The next day is typically spent clinging to our caffeinated beverages of choice as we mutter about spindles and sleep efficiency.

For the love of all that is good and holy... NO All-nighters. There is just no upside. Not only will any material that you are reviewing be jettisoned from your memory, but you will work much slower and become significantly more distractible. Even a couple hours of sleep will make you a much more efficient and effective worker and will dramatically increase the quality of your work.

Finally, it's important to remember that everyone's different. Just like most things, the amount of sleep that a person needs at night is normally distributed, so some people only need 4 hours of sleep while others need 12, and that's completely fine. If you believe that you are functioning at near optimal levels, then this article is by no means meant to frighten you into worrying about your sleep. However, if you are struggling at all, then sleep may just be one of the first areas for you to explore to see if a couple easy tweaks can make some very immediate and lasting impacts. And in line with most of my sleep colleagues, I am more than happy to discuss any particular sleep habits, so feel free to reach out to me with any questions you may have at acunnin1@nd.edu. Until then, sleep well!

References:

- Durmer, J. S., & Dinges, D. F. (2005). Neurocognitive Consequences of Sleep Deprivation. In *Seminars in Neurology* (Vol. 25, No. 1).
- Killgore, W. D., Balkin, T. J., & Wesensten, N. J. (2006). Impaired decision making following 49 h of sleep deprivation. *Journal of sleep research*, 15(1), 7-13.
- Lahl, O., Wispel, C., Willigens, B., & Pietrowsky, R. (2008). An ultra short episode of sleep is sufficient to promote declarative memory performance. *Journal of sleep research*, 17(1), 3-10.
- Payne, J. D. (2011). Learning, memory, and sleep in humans. *Sleep Medicine Clinics*, 6(1), 15-30.
- van der Helm, E., Yao, J., Dutt, S., Rao, V., Saletin, J. M., & Walker, M. P. (2011). REM sleep depotentiates amygdala activity to previous emotional experiences. *Current Biology*, 21(23), 2029-2032.

About the Author: Tony Cunningham is a sixth-year clinical doctoral student working with Dr. Jessica Payne in the Sleep, Stress, and Memory Lab at the University of Notre Dame. His research focuses on the impact of sleep on emotional reactivity and the role that stress plays in the consolidation of emotional memory in both healthy and depressed cohorts. Tony uses measures such as heart rate, skin conductance, polysomnography, and cortisol concentrations via radioimmunoassays to explore these topics, and has an interest in how his results may be used to inform clinical practice. Tony also finds the potential relationship between sleep and a variety of mental health issues to be a tantalizing topic and fruitful area for future research. Tony is currently going through the internship match process and is working diligently to defend his dissertation this semester.

Career Advice for Students

An Applicant's Guide to Research-Oriented Postdoctoral Fellowships

Jonathan P. Stange, Ph.D., University of Illinois at Chicago

I am a postdoctoral fellow in the Department of Psychiatry at the University of Illinois at Chicago. I completed my PhD in clinical psychology at Temple University in 2016. I'm writing to provide one perspective on different types of research-oriented postdoctoral fellowships that are available, since finding a postdoc and understanding the different types of positions can be confusing.

As a brief caveat, this is not an exhaustive list of information about postdocs, so I recommend checking with other people you know who may have had different experiences. This also is targeted for people who are aiming to have primarily research-oriented careers. Therefore, I do not consider full-time clinical postdocs (in which the majority of your time is spent doing clinical work) here in detail, nor do I consider sub-disciplines (e.g., neuropsychology) in which there is a postdoc match process.

1. Investigator-Funded Research Postdoc. This is probably the most common type of research postdoc, one in which the PI provides funding via a grant (e.g., an R01) for you to work in his/her lab. The specific duties of the job may vary but typically involve data collection and analysis, manuscript preparation, assistance in managing the lab, and helping the PI with grant writing. There are several ways you might find out about these positions. PIs often will post advertisements on listservs (e.g., SSCP, SRP, APA Divisions, ABCT), or they jobs may be listed on the Wiki Psych Jobs or APS postdoc exchange websites (links below). However, not all postdoc jobs are posted. Some investigators may even have funding that they would choose to use on the right postdoc but would not advertise such a position if they do not need to fill it. Alternatively, PIs might be expecting to have a vacancy for a postdoc position coming up even if they have not officially posted an ad yet. So, it pays to do some networking to find out if you might be able to make a position work with a PI whose work interests you. You could work through your graduate mentor's contacts (e.g., asking your mentor to contact PIs you're interested in but do not know, if your advisor knows them), or even cold-email people to express interest. If you have a strong research match with a PI at the location in which you are completing your clinical internship, this may give you a foot in the door to obtain a postdoc should the PI have funding when your internship ends. (For some research-oriented internship applicants, consideration of whether internship sites have possible research mentors with postdoc funding could influence internship rankings.

Among other reasons, it is nice not to have to move after a year of internship!)

2. National Research Service Award Individual Postdoctoral Fellowship (F32). A second form of research postdoc is the F32/NRSA grant. These grants pay for your salary for up to three years of postdoc. They are designed to "enhance the research training of promising postdoctoral candidates who have the potential to become productive, independent investigators in scientific health-related research fields relevant to the missions of the participating NIH Institutes." Applicants often take a new angle in mining a PI's existing data while obtaining new relevant training. These grants can be a great way to get the additional research training you need before starting an independent research career. They also can provide good training to set you up to apply for an NIH K award, if you don't think you will be ready to submit a K award in the first year or so after your internship. One major benefit of the F32 is that for the most part, your time should be protected to work on the project you proposed and to acquire the skills you need. In contrast, in investigator-funded postdocs there may be more pressure to work as an employee of the PI, doing administrative tasks that are not always oriented toward your career development. In theory, for an F32 you could apply to work with any PI (at any institution) who is willing to serve as your mentor on the grant, which gives you considerable flexibility. The difficult thing about F32s is the timing, and the need to plan well in advance. If you start thinking about submitting an F32 during your internship year, most likely you would need to submit in the first half of the year (e.g., by the December deadline) in order to find out if your score on the first round will be fundable in time to start a postdoc on July 1 (depending on when your internship ends). If your F32 isn't funded on the first round but you want to resubmit, you may have a gap between the end of your internship and the start of the grant, if it gets funded the second time around, and you would have to find some way to pay your salary for that gap (or go unpaid until you find out about your revision score, which is a risky proposition). The safest way to apply for an F32 probably is to first obtain an investigator-funded research postdoc (as I described above), and then to apply for the F32 knowing that you have the investigator-funded postdoc as a safety net in the event that your F32 is not funded (or if it is not funded on the first round). To find out more about F32s, you can ask around in your professional network to

see if you know anyone who has applied for or received one. You also can check out the NIH Reporter website and search for individuals who have received F32s from the institutes you're interested in (e.g., NIMH, NIDA, etc.) to get a sense of what kinds of things have been funded: <https://projectreporter.nih.gov/reporter.cfm>. For more information about the F32, see <http://grants.nih.gov/grants/guide/pa-files/PA-16-307.html>.

3. Institutional National Research Service Award (T32).

The T32 is another form of postdoc that is a grant that an institution receives for the purpose of training individuals in research in areas in which NIH has specified that there is a shortage of young investigators. To obtain these positions, the applicant applies to the institution, rather than applying to NIH. I have heard that it often helps to have established a relationship with the mentor for the grant. Perhaps for this reason, many individuals who receive T32 postdocs had been working at the institution already before they received the fellowship. For example, some clinical internship sites also hold T32 grants, which allows some interns to transition from internship into the T32 postdoctoral fellowship, particularly if the intern was able to establish a relationship with the mentor by working on a research project together during the internship year. Although not necessarily stated explicitly, institutions seem to use T32 grants to transition psychologist trainees from interns to postdocs to faculty members. In many cases, individuals who successfully obtain a T32 position plan to write a K award application, which facilitates the transition to faculty if the K is funded. Some T32s may also involve clinical training components or providing research training in the contexts of treatment settings.

4. Foundation Fellowships. There also are a number of opportunities to have postdoctoral fellowships funded by private research foundations that are funded by donors. For example, the American Foundation for Suicide Prevention has postdoctoral research fellowships that pay for your salary for two years at an institution in which you have a research mentor: <https://afsp.org/our-work/research/grant-information/>. The Klingenstein Third Generation Foundation also provides some funding for postdocs in the areas of child depression, ADHD, and access to care: http://www.ktgf.org/fellowship_prog.html. These types of applications also take some time for planning as they may be due in the fall in order to allow enough time for review of applications prior to July 1 start dates. It is worth keeping an eye out for these types of opportunities.

Other issues to consider:

What is your ultimate career goal? Your ultimate goal for your career (e.g., a tenure-track faculty position) should influence what type of postdoc you take. If you want to

obtain a faculty job but you have not published much, you may want to seek a postdoc in which you will have time to publish or in which the PI will allow you to publish with his/her data. If you already have substantial publication experience but want to learn a new skill set to use in your ultimate job, look for postdocs that will allow you to do something new while building on your existing skills, rather than continuing on in an area in which you already have demonstrated competency. If you want to work in a Psychiatry department, in some cases postdocs may provide an opportunity to establish relationships with a mentor and to apply for training grants such as K awards that would facilitate transition to faculty at the same institution. These are factors to consider when selecting postdoc.

Do you want to obtain licensure? Most states require supervised post-doctoral clinical work prior to being eligible for licensure. If you want to be licensed, if you choose to take a research postdoc, you will want to find out about how much time is available for obtaining the required clinical hours for licensure. You also may want to know whether you can use your regular working hours to do clinical work, or whether your PI expects that all of your clinical work will happen outside of typical work hours (which makes for long work days). Often, this is negotiable, as PIs understand the desire to obtain licensure, as long as you fulfill your employment obligations.

Additional resources:

APS Postdoc Exchange – aggregates psychology postdoc job ads: <http://www.psychologicalscience.org/index.php/post-doc-exchange>

Wiki Psych Jobs – also aggregates psychology postdoc job ads: <http://psychjobsearch.wikidot.com/#toc17>

Other postdoc guides that may be helpful (for full disclosure, most of these I found only after writing the above): http://www.appic.org/Portals/0/downloads/Postdoc_Guide_Forand_Applebaum.pdf
<http://www.apa.org/monitor/2012/07-08/postdoc.aspx>
<http://www.abct.org/Resources/?m=mResources&fa=postJobs>
<http://www.apa.org/education/grad/post-fellow.aspx>

Good luck on your search! While there may not be a perfect solution, I hope the above information helps you to balance the many different factors in making the best possible choice.

Clinician Perspective

Teaching CBT in a Psychiatry Residency Program

Jennifer Francis, Ph.D., University of Illinois at Chicago

There are people with intrapsychic conflicts that require insight oriented therapy?? This was my automatic thought in response to my first professional interaction with providers who did not utilize cognitive behavioral therapy (CBT). I was on internship in a psychiatry department and had just participated in my first clinical staffing that included psychiatry and social work. Other than my supervisor, I was the only one of about 10 providers talking about reinforcement, avoidance and cognition. Having trained in a staunchly behavioral graduate program at Louisiana State University, I had limited experience with clinicians who utilized anything other than empirically supported treatments (ESTs).

Since these early training experiences, my exposure to colleagues whose theoretical orientations are different from mine has significantly increased. In fact, in my current position as a Clinician Educator in the psychiatry department at the University of Illinois-Chicago (UIC), I teach psychiatry residents to conduct CBT and work in collaboration with colleagues who have limited experience or interest in ESTs. With the growing emphasis on dissemination of ESTs, psychology can play an important role in educating future psychiatrists.

Psychiatry residency programs are mandated by the Accreditation Council for Graduate Medical Education (ACGME) to provide training and demonstrate competency in three psychotherapies: psychodynamic, supportive and CBT. Competency is vaguely defined, thus there is quite a bit of variability across residency programs. Based on my experience, I have a few recommendations for those who may be interested in pursuing teaching opportunities with psychiatry residents. For the interested reader, there are also excellent and more extensive summaries (Kamholz et al, 2014; Sudak, 2009).

1. Find out how much CBT training is emphasized and valued in the residency program.

Since the ACGME guidelines are vague, program focus on CBT can be variable. Not all programs value therapy and of those that do, not all are as interested in providing equal training across the required therapies. It is likely that the more training required for CBT, the more ESTs are valued in the program but this is also going to be dependent on faculty resources. My position was available due to a loss of faculty but another program may be looking to expand their training and incorporate

more CBT. At UIC, CBT training starts in the 3rd year of residency and requires 12 hours of CBT per month, weekly supervision by a psychologist experienced in CBT and a 10 month weekly didactic. During the 4th year, residents are required to have 3 hours of therapy per month (although almost all do more), supervision, and attend a 6-month weekly case-based seminar. This amount of CBT exposure is unusual. In a 2010 survey of 76 residency training directors, 1.3% of programs offered ≥ 70 hours of CBT didactics and 7.8% provided ≥ 70 hours of CBT supervision compared to 24.3% and 38.7%, respectively, for psychodynamic training (Sudak & Goldberg, 2012).

2. Familiarize yourself with the overall residency training program curriculum.

Having an understanding and appreciation of the competing demands of residency will help you to have realistic supervisory expectations. The first 2 years of residency are focused primarily on inpatient psychiatry. When residents start their 3rd year at UIC, it is a transition to outpatient work and nearly everything is new. They provide outpatient medication management, 6 weekly adult therapy hours (CBT, psychodynamic and supportive) and 2 weekly hours of child therapy. Practically, this means that a resident has at least 4 supervisors, and in one afternoon, could have psychodynamic supervision, a CBT patient appointment, a child ADHD evaluation, and finish the day with 2 other therapy appointments. This is obviously not the most ideal learning environment. Thus, allowing residents to adjust to the fast-paced, high volume outpatient experience while simultaneously learning multiple therapies is important for continued engagement in the process.

3. Be mindful to have realistic expectations about progress.

In reality, most residents will conduct very little (if any) therapy after residency. I remind them that they are not expected to be experts in CBT. My overall goal is to introduce them to CBT and other ESTs so that they will know what types of treatment to consider when referring future patients, be able to explain the treatment to a patient in a more nuanced manner based on their first-hand experience, and assess whether a referral source is likely a competent CBT provider. I have worked with many residents who demonstrate strong mastery of the

concepts and skills and are probably more competent than some providers in the community who publically identify as CBT therapists.

4. Inquire about collegiality across disciplines within the department.

I am fortunate to work in a program with excellent working relationships between psychology and psychiatry. If you will be embedded in the training program, positive relationships between psychiatry and psychology is crucial. Ask faculty about examples of working collaborations. Meet with chief residents and inquire about their views on the existing therapy training and experiences working with different supervisors in different modalities.

5. Be prepared to work with colleagues who do not use, nor necessarily believe in the effectiveness of ESTs.

While challenging at times, this is possible when individuals respect professional differences. I view my role as a clinician educator to provide a learning environment that focuses on data and facts and allows for intellectual discourse with trainees and colleagues. One of the most interesting and rewarding experiences I have had as a clinician educator within the residency program is teaching a multi-perspective seminar with two psychiatrists who represented the psychodynamic orientation. It is a case based course in which residents provide a CBT and dynamic case formulation for each clinical presentation and we facilitate and engage in discussion. Despite significant professional differences in theoretical orientation, we developed a rapport over the past 5 years that allowed us to discuss our differing perspectives with a sense of humor and respect that residents have said they found helpful. Make no mistake, residents know where I stand in terms of supporting and advocating for the use of ESTs but they also know that I'm not going to denigrate my colleagues (or them) in the process.

Over the years, I have habituated (or maybe worked through my own intrapsychic conflicts?) to the strange new language I first heard on internship and have found working in the residency program at UIC to be a rewarding experience. If you work in a psychiatry department, at some point, it is likely that you will be asked to provide a lecture, conduct supervision, or introduce a resident to clinical research. I would encourage you to consider this an opportunity to advocate for and facilitate dissemination of ESTs while also providing valuable training for future psychiatrists. I thank my UIC colleagues who have graciously offered their time in this endeavor.

References

- Accreditation Council for Graduate Medical Education. (2016). ACGME Program Requirements for Graduate medical Education in Psychiatry. Retrieved from: http://www.acgme.org/Portals/0/PFAssets/Program-Requirements/400_psychiatry_2016.pdf.
- Kamholz, B.W., Liverant, G.I., Black, S., Aaronson, C.J., & Hill, J. (2014). Beyond psychologist training: CBT education for psychiatry residents. *The Behavior Therapist*, 37(8), 218-226.
- Sudak, D.M. (2009). Training in cognitive behavioral therapy in psychiatry residency: An overview for educators. *Behavior Modification*, 33, 124-137.
- Sudak, D.M. & Goldberg, D.A. (2012). Trends in psychotherapy training: A national survey of psychiatry residency training. *Academic Psychiatry*, 36(5), 369-373.

About the Author: Jennifer Francis, Ph.D. is an Associate Professor of Clinical Psychiatry at the University of Illinois at Chicago. She provides EST within the Mood and Anxiety Disorders Program and trains psychology interns, externs and psychiatry residents.

Updates from Student Representatives

Jessica Hamilton, M.A., Temple University
Kelly Knowles, B.A., Vanderbilt University

As your student representatives, we would like to take this opportunity to update you on a couple opportunities and resources for our members. First, we would like to thank Dr. Andrea Niles for her excellent two years of service as the SSCP Student Representative (2014-2016)! We welcome Kelly Knowles as your new student representative with Jessica L. Hamilton. We look forward to working with you this coming year!

New Year: New Student Representative Team

Jessica L. Hamilton is a 6th year doctoral student from Temple University currently on internship at Western Psychiatric Institute and Clinic (WPIC) at the University of Pittsburgh Medical Center. Her research focuses on biopsychosocial vulnerabilities and transactional stress processes in the development and maintenance of internalizing disorders and suicide-related behaviors among adolescents. She is in her second year as SSCP Student Representative and is excited to continue to serve!

Kelly A. Knowles is a 2nd year doctoral student at Vanderbilt University in the Emotion & Anxiety Research Lab with Dr. Bunmi Olatunji. Her research focuses on exposure therapy for OCD and anxiety disorders, including applications of the inhibitory learning model that may improve treatment outcomes. This is her first year in a leadership role in SSCP, and she is looking forward to learning the ropes and taking your suggestions!

What would you like to see more of in SSCP?

As we develop and launch our 2017 student initiatives, we would love to hear how we can best represent your interests. Please complete the survey: <https://goo.gl/forms/P29UblOnEoTu5rsE3>

Student Award Announcements and Opportunities

Congratulations to the winners of the SSCP Student Outstanding Researcher Award

The award committee has completed its review of applications, and was very impressed by the large number of phenomenal, truly exceptional candidates and their remarkably advanced research contributions to clinical psychology. We are very pleased to announce the three winners of the SSCP Student Outstanding Researcher Award (featured in the award section)!

Lorra Garey

Advisor: Drs. Michael J. Zvolensky and Clayton Neighbors
University: University of Houston
Year in Program: 3rd year

Justin Hummer

Advisor: Dr. Gerald C. Davison
University: University of Southern California
Year in Program: 5th year

Amy Peters

Advisor: Drs. Amy West and Scott Langenecker
University: University of Illinois at Chicago
Year in Program: 5th year

Congratulations to the winners of the SSCP Student Outstanding Teacher Award

We are very pleased to announce the two winners of the SSCP Student Outstanding Teacher Award! We look forward to learning more about them in the next newsletter.

Hannah Raila

Advisors: Drs. Brian J. Scholl and Jutta Joormann
University: Yale University
Expected date of graduation: 2018

Lillian Reuman

Advisor: Dr. Jonathan Abramowitz
University: University of North Carolina, Chapel Hill
Expected date of graduation: 2019

Call for Nominations: Outstanding Student Clinician Award

SSCP is accepting nominations for the Outstanding SSCP Student Clinician Award. This award is intended to recognize outstanding graduate students who are providing exceptional contributions to the field of clinical psychology through their clinical work. One student will be selected based upon his/her interest, dedication, and exceptional performance in clinical work. Selected students will be featured in the Outstanding SSCP Student section of the SSCP Newsletter and on the website. Applications must be received by March 15, 2017. Please see the SSCP website for details on how to apply (<http://www.sscpweb.org/page-18132>).

Conference and Networking Events

Thank you to all those who attended the SSCP Student Social at ABCT!

We had a great turnout of about 50+ students. Please join us for our next social at the 2017 APS conference in Boston (May 25-28). We will keep you updated on the details!

SSCP Student Poster Award Competition at APS Convention - The 2017 SSCP Student Poster Award Competition will take place at the APS Annual Convention, May 25-28, 2017 – Boston. Come by the poster session at APS (check the program for location and time) to see this year's competitors! Thank you to our student reviewers who helped out with the poster reviews!

Professional Resources

SSCP Student Resources and Initiatives – For more information on updated student resources and initiatives, please see our website: <http://sscpstudent.blogspot.com/>

SSCP Student Listserv– Please email Evan Kleiman (ekleiman@fas.harvard.edu) to be added to the student listserv. This is a great resource of job, research, award, and training opportunities!

Contact Us!

We would love to hear from you with any suggestions, comments, questions, or concerns regarding SSCP student membership or resources for students, so feel free to email us! If interested in sharing ideas, please also visit our website under student initiatives and complete the "What else can we do to help?" form.

Jessica Hamilton: jessica.leigh.hamilton@temple.edu
Kelly Knowles: kelly.a.knowles@vanderbilt.edu