

APA



Division 12

Clinical Science

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



Developing clinical psychology as an experimental-behavioral science

Newsletter

Fall 2016: Volume 19, Issue 3

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

Presidential Column

Exercising the Demons that Plague Continuing Education

Steve D. Hollon, Ph.D., Vanderbilt University

Earlier this summer an **opinion piece** appeared in the Washington Post by Richard Gallagher, M.D., a board-certified psychiatrist at New York Medical College, who described his growing involvement with and belief in exorcisms as a means of ridding those afflicted with what appeared to be mental disorders of the “demons” that are causing their “symptoms”. That all seemed rather curious coming from a trained physician and it led members of the Society for a Science of Clinical Psychology (SSCP) to look to see if training in exorcisms was offered by a Continuing Education (CE) provider sanctioned by the American Psychological Association (APA). Such a program was found to exist and this led to considerable consternation among the membership, leading to renewed calls for SSCP to cut its ties with APA.

As it turned out, that program was not offered for CE credits to psychologists, but it did lead us to ask for a meeting with the staff at APA that oversaw the CE process. We had been engaged for some time in working with APA staff to ensure that programs that get offered for CE credit are based on science (when not purely focused on ethics) and had played some role in the recent revision in the *Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists* (<http://www.apa.org/ed/sponsor/resources/approval-standards.pdf>). Our sense was that the APA staff is amenable to change and shares many of the same values as the membership of SSCP. Nonetheless, several other problematic programs came to light in the discussion kicked off by furor over exorcism that suggested that the recent reforms might not be having their intended effect, so we asked for a meeting with the staff at the 2016 APA convention in Denver.

Past and future presidents Mitch Prinstein and Scott Lilienfeld and I met with two representatives of APA, Drs. Antoinette Minniti, who oversees the Office of CE Sponsor Approval (CESA), and Cynthia Belar, the current CEO of APA. What we found is that Drs. Minniti and Belar shared many of our concerns and were as committed as we were to maintaining the scientific integrity of the programs that were being offered to psychologists for CE credits.

The major source of the problem is that APA does not review specific programs (at least before the fact). Rather, it approves sponsors who propose multiple programs in any given year not all intended for psychologists. Some egregious courses could well slip through including some for which CE credits could be earned. How often that actually occurs is not absolutely clear, but it does sometimes happen. It also is not clear that the person-power exists under the current system to

screen at the level of the specific program. Dr. Minniti has a staff of three non-doctoral people working under her to screen applications from hundreds of potential sponsors in any given year (she currently has over 800 approved sponsors), some of whom provide over 1000 programs a year. Those proposals that pass that first review go on to a 14-person Continuing Education Committee (CEC) comprised of APA members who volunteer to spend their time reviewing the applications. The workload is immense and the person-power apportioned to the task limited.

CESA could increase its resources by raising its fees. That is something that is up to the CEC. The downside is that any increase in fees might be passed on to the consumer (psychologists seeking CE credits) but that is something that can be done. Whether that is necessary or desirable depends in part on just how many egregious programs do get through and whether there is a way to work the process already in place that can effectively weed them out.

Dr. Minniti reminded us that there is a formal complaint process and asked the members of SSCP to help the process along by calling attention to any particularly egregious examples of programs that should not receive CE credits from APA. Should an individual wish to submit a complaint about a sponsor organization or particular offering, they can do so through the APA's CESA Complaint Process at <http://www.apa.org/ed/sponsor/resources/complaint-process.aspx>. This can be done by anyone, whether a member of SSCP or not, but given that our members are likely to have particular concerns about the scientific integrity of the offerings, Dr. Minniti wanted to be sure that they were aware of the process for filing complaints and that they knew that those complaints would be taken seriously. In effect, she was asking for our help in policing the scientific integrity of the programs. It is as if she were inviting us to become “Ghostbusters”.

She did ask that we do our homework when we file a complaint and indicate the title of the program in question so that CESA could figure out whether it was being offered to psychologists for credit (a given sponsor might provide continuing education to a lot of different professions so the program in question might not be one that psychologists can take for credit). That being said, one might become suspicious of the overall quality of what a sponsor offers if many of its programs are particularly egregious. Dr. Minniti asked that our members first contact the sponsor to see if they would rectify the problem before filing the formal complaint but indicated that each complaint (once filed) would be followed up. Filing multiple complaints about the same

program is unnecessary and will only clog the system (since each has to be processed) but having multiple signees to a complaint is a perfectly reasonable way to express breadth of support. In essence, CESA is asking for our input and our membership has been “deputized”.

Filing a complaint will not necessarily lead to a program or a sponsor losing approval. There are guidelines that APA must follow before it can withdraw approval or risk opening itself up to legal repercussions. Conversion therapy for sexual orientation is the only type of therapy that the APA has formally ruled out and there are many other types of treatments with little evidence of efficacy or questionable scientific rationales. How the CEC will interpret those guidelines in any given instance is unclear but best resolved by filing a complaint. The guidelines can be found at:

<https://www.apa.org/ed/sponsor/resources/policy-manual.pdf>. Dr. Minniti has provided an overview of the way in which the CE process is handled at APA in an accompanying article.

In the aftermath of that meeting at the APA convention I sent a message out on the SSCP listserv asking members to let me know if they knew of egregious CE offerings and encouraging them to file complaints if they did. I expected to be inundated and was surprised at how few responses I received. That may mean that the problem is not that big or just that most folks are away in August. Jerry Davison (himself a former CEC member) indicated that he filed a complaint about an offering on energy tapping therapy that Jerry Rosen had attended; the CEC determined that the program was not in compliance with the Standards and Criteria and instructed the sponsor (PESI, Inc.) to stop offering that program for CE credit to psychologists. Score one for the integrity of the existing system. Richard Gist reported coming across a program on critical incident debriefing offered by the International Critical Incident Stress Foundation, Inc. (ICISF) and Jason Washburn has communicated directly with the sponsor involved. No complaint has yet been filed but I will be curious what the sponsor has to say (and what the CEC does if a formal complaint is filed). I am struck by the sense of futility that I have seen in some of the interchanges on the SSCP listserv given that I have seen few concrete examples and none that have not been fixed.

I could of course be wrong and there may be numerous examples of egregious offerings out there that promise more than they can deliver and (as a consequence) defraud the psychologists that sign up for the training and ultimately defraud the public. It would not surprise me if that were the case. One recent advert for exposure therapy described “...a simple 5-step protocol that quickly reconsolidates traumatic memory...” and implies that it is superior to “...medication, CBT, and exposure, and other traditional approaches...” in treating trauma. If that were true I would sign up for the program myself, but I am very skeptical that the “...board-certified hypnotherapist...” who is providing the training can deliver on those claims even though my reading of the literature suggests that memory reconsolidation may

underlie exposure. Complaints can be filed with respect to the basic offerings themselves or with respect to the claims that are made in the adverts designed to attract registrants for pay. The first responsibility of a profession is to protect the public from bogus treatments and scurrilous claims of special efficacy. It will be interesting to see how the CEC responds to the complaints that it receives.

Filing complaints about existing programs may be at best a stopgap solution, but it can be put into immediate effect. Doing so will allow us to see just how large the problem is and whether it can be rectified using existing policies and procedures. That being said there is more that could be done. My understanding is that sponsors are required to submit an annual report that lists all programs offered in the preceding year that includes the promotional pieces for those programs (the adverts) and a list of the programs planned for the upcoming year if known by the sponsors in advance. That information should be made available to all in an easily accessible electronic format, along with the articles cited as scientific justification for the program. Doing so would make it easier for all to monitor the scientific integrity of the programs offered for CE credit. Better still if that were done prospectively, but retrospective information is better than none at all. My additional understanding from Dr. Minniti is that the CEC does retain an institutional memory for programs that are found to not be in compliance and that it does maintain a “grievance grid” for problematic sponsors and that some have been dropped. This provides some protection against the “whack-a-mole” concern that the same or different sponsors will simply resurrect disallowed programs in subsequent years.

On a final note (this being my last editorial as president of SSCP), I have been struck by the antipathy toward APA among many of our members. Whether to disaffiliate from APA is a recurring theme at SSCP and we are midway through a three-year process of deciding whether or not to do so. While I am no fan of torture and have no doubt the Hofmann report has much to do with this latest surge of disaffection, I think that this is just the latest skirmish in a larger struggle triggered by the hostile take-over of APA by the “dirty dozen” several decades ago that was intended to push science (or at least training in science) to the periphery of the profession (Wright & Cummings, 2001). As the son of someone who spent 40 years in clinical practice (and who paid for my education), I am sympathetic to the need to defend the economic and professional interests of clinical psychologists (now the province of the Practice Organization). That being said, those interests are best defended when clinical psychology has something to offer the public and what sets us apart from other disciplines is that what we do is grounded in science. As Rich McNally points out in his prophetic review of the “dirty dozen” text is that societal recognition of a profession rests on the claim that its practitioners possess expertise unavailable to those outside of the profession. If psychology severs its connection with science it will cease to command the allegiance of the public. If you have not read the McNally

review I strongly recommend it. The link is: <http://www.srmhp.org/0201/review-02.html>.

Over the past two decades I have been involved in efforts by the APA first to develop criteria for evaluating treatment guidelines developed by other organizations (APA, 2002), then to develop criteria for evidence-based practice in psychology (EBPP) (APA, 2006), and finally to develop clinical practice guidelines (CPGs) of its own (Hollon et al., 2014). Over those two decades I have seen APA move from being staunchly opposed to any restrictions of the freedom of practitioners to do whatever they wanted to do (whether it was good for patients or not) to trying to water down the role of scientific evidence in determining what makes for good clinical practice (EBPP) to finally accepting the notion that some things work better than others and that the public deserves to be informed about just what those interventions are. The first of three planned CPGs (on the treatment of PTSD) has just gone out for public comment. I would encourage all interested members to take a look and to provide comments. The website containing the draft and comment portal will remain open until December 3, 2016: <http://apacustomout.apa.org/comment-PracGuidelines/comment.aspx>. I will be curious to see just what APA Council thinks of it. Psychosocial interventions represent the current standard of treatment for the nonpsychotic disorders (medications play at best a palliative role) and good guidelines (based on systematic reviews of the empirical literature as interpreted by multidisciplinary panels diverse with respect to theoretical orientation and professional activity) can only serve the interests of both the public and the profession. I am a member of APA and a fellow of APS and closer in spirit and orientation to that latter organization (and a big fan of PCSAS), but it has not escaped my attention that APA has put up the money to generate CPGs and APS has not. When they finally caught Willie Sutton (the most prolific bank robber in the 1930's) and asked him why he robbed banks, he replied with no hint of irony "because that's where they keep the money." As dearly as I love basic science (read Maier & Seligman, 2016, to understand why cognitive behavior therapy has an enduring effect) more practicing clinicians are members of APA than are members of APS. If clinical scientists like me want to affect clinical practice they would be well advised to stay involved with APA.

The final thing that I want to say is just how impressed I have been with the APA staff with whom I have had contact. Dr. Minniti could not have been more helpful in guiding us through the CE process and suggesting ways to make it work better and if it were up to me I would make Dr. Belar the CEO of APA for life. Dr. Lynn Bufka has been the driving force behind the CPGs for over a decade and if not for her leadership (and the support she received from Drs. Howard Kurtzman the Acting Executive Director of APA's Science Directorate and Katherine Nordal the Executive Director of the APA Practice Directorate) the CPGs would never have gotten off the ground. I am still not sure what I think of APA Council (I will be curious to see what they do with well-constructed guidelines that serve the public inter-

est) and I know what I think of the people who supported the role of psychology in the implementation of torture. There is virtually nothing about APS that I do not like (I want SSCP to retain its affiliation) but I think there are signs of change within APA that leads me to think that it is ready to renew its vows with science.

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Comment on Quality Continuing Education

Antoinette Minniti, Ph.D., APA Office of CE Sponsor Approval

I appreciate the invitation to write this article for the Society for the Science of Clinical Psychology (SSCP) Newsletter, which follows on from a constructive and important dialogue that included Dr. Cynthia Belar (Interim CEO, American Psychological Association) and myself, Dr. Antoinette Minniti (Associate Executive Director, Office of CE Sponsor Approval), along with Drs. Steve Hollon, Mitch Prinstein, and Scott Lilienfeld during APA's 2016 Annual Convention in Denver, CO.

A primary purpose of our meeting was to build upon ongoing discussions regarding quality continuing education (CE). As part of that process, we talked about the steps involved in becoming an approved sponsor, including what is required of sponsors after they have been approved to conduct CE. This article follows from those discussions as another way to share information with SSCP's membership about the approval process. The first questions may be 'what is the CE Sponsor Approval office, who is the Continuing Education Committee, and how do they work together?'

The APA created the Office of CE Sponsor Approval (CESA) (<http://www.apa.org/ed/sponsor/index.aspx>) to facilitate psychologists' access to CE programs. It is the function of the office to oversee the process of organizations seeking to become APA-approved sponsors and offer continuing education to psychologists. The Continuing Education Committee (CEC) (<http://www.apa.org/ed/sponsor/committee/index.aspx>) is responsible for developing policy and program recommendations for the association's continuing professional education program, and for working collaboratively with the APA Office of CE Sponsor Approval to implement these policy and program recommendations. The committee is comprised of fourteen (14) volunteer individuals who are APA members and represent the broad spectrum that reflects the discipline of psychology (e.g., academia, practice, administration, early career, and diversity). The APA Office of CE Sponsor Approval and the APA Continuing Education Committee work together to establish, implement, and regulate standards and policies. The APA Council of Representatives approves the Standards themselves. Council also recently adopted principles for Quality Professional Development and Continuing Education Resolution that have informed the current standards (<http://www.apa.org/about/policy/improving-quality.aspx>). The CESA office ensures that the utmost quality is maintained in program planning, management, and delivery. To further understand the nuances of who serves which functions within APA, we have provided explanations on our website that clarify the differences between the Office of Continuing Education in Psychology (CEP) and the APA Office of Program Consultation and Accreditation as compared to CESA (<http://www.apa.org/ed/sponsor/about.aspx>).

With regard to the sponsor approval process, there are a number of steps to becoming a sponsor. For purposes of brevity, this article will reflect on the review and follow-up phases, rather than the nuts and bolts of introductory processes (the latter of which includes resources on our website, application preparation, and profile setup for the CE Sponsor Approval online application system (CESA OAS)). Organizations are required to respond to several questions that relate to each of the *Standards and Criteria for Approval of Sponsors of Continuing Education for Psychologists* (<http://www.apa.org/ed/sponsor/resources/approval-standards.pdf>). Many of the Standards require supplemental or supporting materials as part of the application – for example, curriculum vitae to clarify instructor expertise, promotional materials, and sample evaluation forms. Once applications are deemed complete and submitted, the CEC diligently reviews and provides decisions for applicants according to the *APA Approval of Sponsors of Continuing Education for Psychologists: Policies and Procedures Manual* (<http://www.apa.org/ed/sponsor/resources/policy-manual.pdf>).

The CEC meets twice per year — each spring and fall — to collectively review applications received for both renewing sponsors and new applicants seeking to become APA-approved sponsors of continuing education to psychologists. There are approximately 200 applications per cycle for review. Approval is based on an organization's compliance with the *Standards and Criteria*, and is at the organizational level rather than being provided to each individual program.

The length of time that is required for the entire review process from start to finish can vary, but our office has developed an estimated turnaround timeline for CESA application cycles to give some guidance for what to expect (<http://www.apa.org/ed/sponsor/resources/application-cycle-timeline.aspx>).

For organizations that receive approval, full compliance with the *Standards and Criteria* and the *Policies and Procedures* is mandatory. There are several requirements for approved sponsors, including that sponsors must: pay scheduled fees; respond to the review report subsequent to the decision of approval (if a successful applicant); and, submit an annual report that lists all activities offered by the sponsor to psychologists for credit in the previous year, a promotional piece for each corresponding program, and a list of such programs planned for the upcoming year, if known.

Currently, there are approximately 815 approved sponsors – some of those organizations conduct just one or two programs a year, some have one conference that they conduct each year, and others conduct well over a thousand programs annually. Approved spon-

sors conduct homestudy programs (those sessions where there is no opportunity for live interaction with a presenter), live programs, and/or a combination of both as part of blended learning or 'hybrid' courses.

The overarching objective of the APA's CE sponsor approval process is to ensure that quality continuing education is at the forefront of programming and that approved sponsors are adhering to the *Standards and Criteria* and *Policies and Procedures*. This responsibility is one that the CEC and CESA office are committed to enforcing and upholding. That being said, if individuals attend programs that they believe have not met the *Standards and Criteria*, they are strongly encouraged to submit a formal complaint to our office via our Complaints Form (<http://www.apa.org/ed/sponsor/resources/complaint-process.aspx>).

In the two and half years that I have been directing the CESA office, it has become clear that the vast majority of CE programming that is conducted by APA-approved sponsors reflects quality continuing education. We frequently correspond with sponsors who ask us questions because they want to ensure that they are maintaining excellent programming whilst adhering to the *Standards and Criteria*. We consistently hear from our sponsors how much they value and take pride in their sponsorship status. We also hear from those with differing views regarding what quality CE is, and we welcome those discussions in the context of an evolving discipline and the need for periodic review of current standards.

This article began with a statement regarding building upon ongoing discussions regarding quality continuing education. My sincere hope is that the above provides useful information and clarification about APA's continuing education sponsor approval process. Importantly, our Office of CE Sponsor Approval would like to extend and remain open to further discussion, ideas, and continued engagement with potential sponsors, participants/attendees of CE, and individuals who are invested in quality continuing education.

SSCP Virtual Clinical Lunch Series

We are excited to begin the 2016-2017 Virtual Clinical Lunch series! We hope that clinical programs all over the world will find these talks useful for their program, perhaps as part of their weekly clinical lunch seminars. We will post one talk each month and host a discussion about the talk on our SSCP listserv with each presenter. 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>

Talks posted so far this year include:

Dr. Jutta Joorman's talk "Cognition and Emotion Regulation in Depression"

Dr. Enrique Neblett's talk "#DiversityMatters: Toward a Manifesto for Diverse Psychological Science"

Diversity Corner

Recruiting and Retaining Minority Students: Specific Programming for Clinical Psychology Programs Joya Hampton, M.A., M.Ed., Yara Mekawi, M.A., and Adam Bryant Miller, Ph.D.

Diverse student groups are underrepresented in science fields at all educational levels. Part of this may be due to the failure to recruit and retain racial/ethnic minority students. Indeed, previous research has documented higher attrition rates among racial/ethnic minority individuals at the undergraduate, graduate, and postdoctoral level (Hurtado, Cabrera, Lin, Arellano, & Espinosa, 2009; Garrison, 2013). Such attrition in students leads to under representation in faculty (Garrison, 2013), and the existence of primarily homogenous groups in our academic and clinical spheres increases the chances of ethnocentric research (Henrich, Heine, & Norenzayan, 2010). As a field, clinical science must give careful attention to this problem as greater representation of racial/ethnic minorities has the possibility to ensure a better experience for not only students and faculty (Denson & Chang, 2008), but also for our patients, and those that may benefit from our research.

Historically, psychology programs have tried numerous methods to recruit and retain racial/ethnic minority students in their programs (Rogers & Molina, 2006). Some of these methods include special interest hours during interview weekends, diversity recruitment weekends, social hours for underrepresented students, faculty mentorships, and linking students with institutions that have historically been of color (Phillip, 1993; Rogers & Molina, 2006). While these programs are face valid in the sense that they are designed to recruit minority students, it is important to consider both the pros and cons of such approaches before implementing them into your program's recruitment process.

Previous research has been done on the pros of such programmatic efforts to recruit and retain minority students at the graduate level. On the one hand, such initiatives provide opportunities for prospective students of diverse backgrounds to interact with current graduate students of similar backgrounds. Such representation of the current graduate students has been found to be important in the recruitment and retention of minority graduate students (Denson & Chang, 2008). Further, such programs also demonstrate the school's commitment to issues of diversity. Such a message may be important to those of diverse backgrounds.

On the other hand, with such programs it is necessary to keep in mind that everyone's desire to participate in diverse student programming will be different. Therefore, it is important to highlight the optional nature of such recruitment strategies as well as the intention of

the programming. These recruitment efforts should not come across as attempts to fill a diversity quota, but rather an integral commitment on the part of the faculty and staff at the institution. Indeed, should issues of diversity be woven into the fabric of the institution, such programs would not stand out as a "special effort" but rather programming that is aligned with the institution's goals (Denson & Chang, 2008). More formal research would likely be helpful in this area in order to identify portions of diversity outreach programs that are the most helpful or appealing to prospective students. It would also be helpful to have research on what prospective students of diverse backgrounds may see as barriers to their recruitment and retention in graduate student programs.

Another option for programs is to consider holding special events for interested undergraduates before they apply to clinical programs. In fact, some programs, such as those at the University of Michigan, University of North Carolina at Chapel Hill and the University of Virginia have made efforts to design programs aimed at increasing diversity in clinical psychology programs. These programs have special weekends where they invite undergraduate minority students to come learn more about clinical psychology and what life as a graduate student would be like. These programs have multiple benefits including allowing undergraduates to network and interact with faculty in the field as well as gaining important tips to creating a successful application. We encourage existing clinical psychology programs to consider whether such events are feasible at your institution. If so, the members of the SSCP Diversity Committee can help connect you with others in the field who are successfully implementing such programming.

In conclusion, research suggests that it may be worthwhile to have conversations within your respective programs about how you are working to recruit and retain students of diverse backgrounds in your programs. With keeping the above considerations in mind, such programming may be a useful adjunct to your student recruitment strategies. Although not as heavily researched, it is also important to consider attrition in other underrepresented groups such as those with disabilities, women, and LGBTQI individuals. We are hopeful that as programs make concerted efforts to recruit and retain students from various minority backgrounds, we will continue to enhance and deepen our influence on the field of clinical psychological science.

Please note: We encourage readers to revisit the wonderful article written by our colleagues last fall. *Building a Diverse Clinical Science: Strategies for Recruiting Underrepresented Students* Joye C. Anestis, Ph.D., Susan Y. Lin, Ph.D., & Chardeé A. Galán, B.A. available on the SSCP website under the Diversity Corner tab.

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Present your research at the premier meeting dedicated solely to psychological science

Submission Deadlines

SYMPOSIUM
DECEMBER 1, 2016

POSTER
JANUARY 31, 2017



-  Symposium submitters will be notified of a decision by December 31.
-  Poster submitters will be notified of a decision on a rolling basis.

In addition to regular poster sessions, APS offers the opportunity to submit to special Cross-Cutting Theme discussions. For more information on this year's topics, visit www.psychologicalscience.org/convention.

www.psychologicalscience.org/convention

Awards & Recognition

SSCP Student Poster Award Winners

SSCP holds a student poster competition at each annual meeting of the Association for Psychological Science. This year, we had 98 posters presented by student members, with 4 Award Winners (\$250 prize) and 8 Distinguished Contributions (\$100 prize).

2016 Poster Award Winners:

Jesse Kaye - *Psychometric Properties of Psychophysiological Paradigms in the NIMH RDoC: Startle and Corrugator Response in NPU, Affective Picture Viewing, and Resting State Tasks*

Hilary Lambert - *Child Maltreatment Disrupts Contextual Processing*

Ryan Egan - *Evaluating the Expressed Emotion Model in Chronic Low-Back Pain Using Observational Coding of Marital Interactions and Pain Behaviors*

Charlotte Heleniak - *Childhood Maltreatment Exposure and Disruptions in Emotion Regulation: A Transdiagnostic Pathway to Adolescent Internalizing and Externalizing Psychopathology*

2016 Distinguished Contributions:

Amy M. Rapp - *Resilience Moderates the Association of Attitudinal Familism and Social Anxiety in a Sample of Rural, Latino Adolescents*

Kathrin Herzhoff - *A Meta-Analytic Review of Gender Differences in Youth Externalizing Comorbidity*

Melinda Westlund Schreiner - *Heightened Amygdala-Insula Connectivity at Rest Corresponds to Rejection Sensitivity in Adolescents with Self-Injury*

Derek M. Novacek - *Stress Exposure and Social Cognition in Youth at Clinical High-Risk for Psychosis*

Karen R. Black - *Linking Anxiety With Behavior in Autism*

Carolyn Davies - *Time Course of Amygdala Activity during Speech Anticipation in Social Anxiety Disorder*

Katherine Leppert - *Children's Cortisol Responses to a Laboratory Stressor from Early to Middle Childhood*

Adam R. Cobb - *Cortisol and Testosterone Predict War-zone Stress-Evoked Depression*

Clinical Science Early Career Path

Joseph Trombello, Ph.D., University of Texas Southwestern Medical Center

My journey into psychology was a relatively straightforward one: I was hooked from nearly the first minute of my introductory psychology class as a first-term freshman at the University of Notre Dame. Fantastic faculty in the introductory class, led by a superb teacher and mentor, Bradley Gibson, introduced me to the wide array of possibilities within the field and sparked my passion broadly in academia. The following semester, Anita Kelly's personality theory course for the first time exposed me to empirical research: I devoured Susan Nolen-Hoeksema's work on gender differences in depression and began reading about interpersonal theories of depression. I was eager to work as a research assistant for Dr. Kelly's work on secrecy, but she was not in need of assistants at that time. However, she directed me to another colleague, David Smith, with whom she thought I would fit well. Dr. Smith studied criticism among depressed spouses, and I eagerly joined his lab the beginning of my sophomore year. I lucked into an incredibly productive and fruitful relationship which has continued for close to 15 years. Dr. Smith generously took me under his wing and exposed me to his research and his graduate students. I ran couples through his laboratory paradigms aimed at eliciting criticism within marital interactions. My fellow RA's and I spent many post-football-season-weekends coding marital interaction tapes together. Through this work, I quickly became fascinated by how some couples could speak so lovingly of their spouses and others so critically. I wanted to expand upon existing interpersonal theories of depression to understand how depressed people responded to criticism they received from their spouse. I designed my own research project, necessitating changes to our coding paradigms, to capture if depressed people responded critically to their partners after receiving criticism. I remain incredibly grateful to the mentorship, advice, and support of so many Notre Dame faculty members, especially Dr. Smith.

As part of my undergraduate work, I studied abroad at the University of Oxford for one year. There, I met incredibly close friends who understood my nerdiness for Jane Austen, among other matters. Seeking to continue those close friendships, and to learn more about neuroscience, I received a scholarship to take a one year Master's in Neuroscience course at Oxford after graduating college. This was incredibly useful for helping me realize that, although neuroscience was not my cup of tea, I could learn much about methodologies like genetics, neuroimaging, and facial coding tasks that were being applied to depression research.

Armed with these new research experiences, I applied and was granted admission into UCLA's clinical psychology program. I was strongly attracted to the work of two faculty members: Tom Bradbury, who studied the longitudinal course of marriage, and Connie Hammen, who pioneered the stress generation theory of depression. With Dr. Bradbury as my primary and Dr. Hammen as my secondary mentor, my graduate school career was spent trying to link their work together, to apply Dr. Hammen's theories to Dr. Bradbury's vast newlywed data. UCLA was a challenging yet fantastic experience, with amazing clinical supervision from Andy Christensen in Integrative Behavioral Couples Therapy and Michelle Craske and Janice Jones in CBT, in addition to practicum work at the UCLA Counseling and Psychological Services Center.

I applied broadly for clinical internship and matched at the Student Counseling Center at the University of Texas at Dallas (where I am from, and my family still reside). UTD offered amazing growth to help me to think about diversity and interpersonal process. I learned so much about myself through insight and process-oriented supervision from supervisors like Neetha Devdas and Ellen Greenwald. There, I also, for the first time, took on a greater role in consultation and advocacy through a liaisonship with a campus-wide LGBTQ organization. I finally began to understand all of the ways in which psychologists could affect change.

My time post-internship has been spent at the University of Texas Southwestern Medical Center, as a postdoctoral fellow and, now, as an assistant professor of psychiatry. I have worked under the direction of Madhukar Trivedi in the Center for Depression Research and Clinical Care. As a fellow, I primarily worked on center-wide research and conducted many diagnostic interviews and assessments to support multi-site depression studies. Taking on greater leadership roles there, I served as the lead SCID and Hamilton Rating Scale for Depression rater and trainer for all five of our sites across the country. Our funding sources have continued to grow, both in terms of private foundation/donor and pharmaceutical companies, as well as an exciting project through the Texas Medicaid Waiver Program to introduce screening and treatment of depression within primary care.

At UT Southwestern, I continue to expand my skills daily and am fortunate to be able to do so much exciting work in such an important area. An academic medical center has been the perfect employment location for me, as I

am able to utilize so many facets of my training: writing manuscripts; supporting research through assisting with study design and conducting diagnostic interviews and mood rating scales; offering consultation, teaching, training, and education to UT Southwestern staff and PCP providers; providing individual psychotherapy; and offering CBT psychotherapy supervision to psychiatry residents and psychology graduate students.

My experiences thus far suggest the following advice, in addition to the fantastic advice offered by my colleagues in previous columns:

1) Seek out multiple mentors who can each give you something different. Dr. Hammen and I have never written a manuscript together, yet I consider her professional and personal mentorship of me to have been invaluable during and beyond graduate school. Similarly, UT Southwestern requires junior faculty to have a faculty mentor separate from one's supervisor. I have a fantastically warm and supportive mentor in Robin Jarrett, an expert in psychotherapy research herself. I encourage graduate students to make the most out of every relationship possible: research mentors, clinical supervisors, course instructors, and classmates.

2) Be open to new experiences. Attending Notre Dame was a foregone conclusion - there are photos of me as a toddler in baggy sweatpants emblazoned with the Fighting Irish logo. However, from that point onward, my life has been enriched by possibilities I could not have imagined. The Oxford program was not even in existence when I applied to Notre Dame, Los Angeles was a city completely foreign and scary to a proud Texan, and UTD was an internship site I applied to as part of a late-breaking notice after most APIC applications were due. My life post-college has been an amazing ride that I could not have ever predicted.

3) Be true to who you are, yet also flexible. I have continued to push my program of couples and interpersonal research at UT Southwestern, but I also have to be aware of the intense funding challenges for couples and family research. Conducting funded research now often means large, multi-site studies with vast, interdisciplinary teams, such as ours at UT Southwestern. Be open to ways to expand upon your own research and mold it into current funding realities.

4) Learn from - and respect - all facets of your work. Some of the most prolific researchers I have worked with, Drs. Hammen and Craske and Jarrett, maintain active clinical practices. Being a clinical supervisor has made me a better therapist, conducting clinical work has informed my research, and understanding research has made me a more effective therapist and supervisor. Don't think that any part of your graduate school experience is a "waste of time" or "beneath" you.

5) Ask for help. Whether from your mentors, close friends, family, or professional counseling, get the help you need when you need it. Take the time - in supervision or through your own counseling - to ask yourself hard questions, think about yourself deeply, and self-disclose. You will learn so much more about who you are that will inform the rest of your work (and life) if you use supervision and mentorship well, and if you take care of yourself personally.

6) Live your life - beyond work. My (seemingly-endless) first dates don't care about the page length of my CV. My latest accepted manuscript doesn't bring me tortilla soup when I'm sick. My bridge opponents don't care that my Friday 10 am patient entered depression remission last week. Work is a major part of my life, but my life is about so much more than my work. Nurture your passions and take care of yourself in whatever way makes you happy (running marathons, having children, binge-watching Sex and the City episodes). Relationships are at the core of what it means to be human, and the work we do daily as psychologists. Don't neglect them.

About the Author: Joseph Trombello is an Assistant Professor in the Department of Psychiatry at UT Southwestern Medical Center and an Adjunct Clinical Assistant Professor at Southern Methodist University. His research program focuses on the bidirectional relationship between intimate relationship functioning and mood disorders, and how relationship functioning affects adherence and treatment outcomes for mood and substance use disorders.

Student Perspective

Issues of Diversity, Identity, and Inclusion and the Next Generation of Clinical Scientists

Skyler Leonard, M.Ed., M.A., University of Denver

We have a lot to thank our predecessors for. Over the last twenty to thirty years, pioneers have asked tough questions, like: Does Cognitive-Behavioral Therapy work for people of diverse ethnic and racial backgrounds? What are the systemic barriers which Latinos face in accessing mental health services? Do teachers' implicit attitudes of African-American youth impact their treatment of students and youth outcomes? What is the experience of LGBT couples in receiving evidence-based services that were designed with heterosexual couples in mind? How are women treated when they try to access services following a sexual assault? To grossly simplify a vast literature of innovative research over the past several decades, we've learned something really important: human beings are not all the same and identity matters.

Although we do live in turbulent times, and it often feels like society has taken steps backwards in terms of inclusivity, there are reasons for excitement. Recent and future graduates are starting their careers in clinical science during the Black Lives Matter movement, at the beginning of the battle for transgender equality, during a time when our society is ready to discuss the reality of rape culture, and when an Olympian can proudly represent the United States wearing a hijab. Issues of diversity and inclusivity, while still controversial and far from resolved, are experiencing a moment of raised awareness. The conversation has been started. This begs the question, what do we do next?

We don't have all the answers yet. Give me another 40 years to conduct my research, then maybe I will, but for the time being, here are a few ideas of things we can all do to help take the next steps towards a field that is inclusive, culturally competent, and accurately studies the human experience.

1) Everyone do his or her part. The next generation of professionals must acknowledge that issues of diversity influence all of our work. Knowing what we know now, we can never let ourselves or our peers get away with explanations such as, "We didn't collect demographic data," or, "Considerations of diversity were not applicable to our research question." If you do research or clinical work with human beings, then considerations of diversity, culture, privilege, and marginalization are relevant to your work. We can no longer let diversity be the domain of one or two researchers in our departments who, "do that kind of work." It is all of our

responsibility to consider, research, and report how aspects of identity influence mental health, response to treatment, functioning, etc. Instead of diversity being a special interest group, or area of research of a token faculty member, it should be an active component of all clinical research. It's simply better science.

2) Take an interdisciplinary approach. We can't do this alone. We know that the majority of child and adolescent services are delivered through schools, that minority groups face various barriers in accessing and receiving services, and that most law-enforcement agencies have minimal training in navigating mental health concerns when dealing with civilians. All that said, it is clear that some of the greatest challenges facing mental health in the 21st century fall into the jurisdiction of other professionals and providers. As clinical scientists, we need to collaborate with representatives from social work, education, law enforcement, medicine, policy, and other fields to address the problems facing clinical science and mental health. Interdisciplinary collaboration not only supports the advancement of research, but also the identification of need and provision of services to the people who require it most. Let's recruit more people, with diverse training backgrounds and skill sets, to figure out some of the most pressing problems facing our society.

3) Get serious about dissemination and implementation. The field of dissemination and implementation research has experienced an explosion of activity and increase in knowledge in recent years, but we still have a long way to go. Assessing treatment efficacy is certainly an important step in the process of developing interventions that work, but it's not enough and treatments should be tested for effectiveness before being deemed "evidence-based." If a treatment only works when used on research participants with a single diagnosis, who pass all exclusionary criteria, including eliminating complicating factors, is carried out by highly trained grad students who are closely supervised by the PI, what good is it? The real test for evidence-based treatments should be in community settings, with diverse populations, who present with an array of problems, which better reflect the reality that most providers face. Let's pop the bubble of optimal treatment conditions and find out what works in the real world.

4) Practice what you preach. It is not enough for any of us to leave this work behind when we go home

for the evening. To make real change, we have to be allies and advocates in our professional and personal lives. Publishing a study about the impact of culture and identity is an important step, but sharing that information with the people around you, advocating for the rights and equal treatment of all people, and taking this work outside the office is a critical next step if our work is going to be meaningful and have an impact.

5) Continuously push our own development. Cultural competence, broadly defined, is not an end point at which one can definitively declare that they have developed the skills and knowledge necessary to conduct research with minority groups, or treat people of different backgrounds clinically. Cultural competence is a journey, one that is constantly changing, evolving, and has no end point. If we want to do culturally competent work, it is our obligation to continually question our own lines of privilege and identity, to engage in opportunities to increase our knowledge and competence, and to encourage others to join in the conversation. One of the most important components of cultural competence is recognizing our own limitations in knowledge, understanding, and skills, and persistently pushing ourselves to grow.

Issues of diversity and inclusion not only need to be an ongoing consideration for the sake of creating a more just society, but specifically pertain to the science of clinical psychology. Ours is a field dedicated to understanding and helping those who are suffering, which inherently includes an element of social justice. The advancement of clinical science and social justice are not separate ventures that only a few with “specialized interests” should engage in, but inextricably linked goals that are dependent upon each other and require the support and scholarship of advocates across our field. We may all approach diversity in different ways in our research and clinical work, but maybe if we all do our part, work together, bridge the gap between our science, providers, and our personal lives, and never let ourselves be satisfied with what we’ve already accomplished, we could better our work and our world.

Clinical science is at a tipping point and we have the opportunity to make real progress and change. We benefit from the tireless work of many brave pioneers over the last few decades who engaged in inclusive work long before it was at the forefront of the media, popular domain, and scientific field. Those of us just beginning our careers have them to thank for how far we have come and the opportunities their trailblazing affords us. We still have a long way to go with regard to making clinical science and society at large inclusive and equal, but we’ve already accomplished one of the most difficult tasks of any journey; the first step.

About the Author: Skyler Leonard is a fourth-year Ph.D. student in clinical psychology at the University of Denver under the mentorship of Dr. Omar Gudino in the Services for At-Risk Youth and Families Research lab. Skyler is from the Seattle area and attended the University of Washington receiving his B.A. in psychology. He then joined Teach for America and taught 5/6th grade math and science in Phoenix, Arizona while completing his Master’s in Education at Arizona State University. Skyler has worked as a research assistant at the University of Washington’s Child Health Institute with the Developmental Pathways Project. Skyler received his Master’s degree in Child Clinical Psychology at the University of Denver, and is currently pursuing his Ph.D. Skyler’s research program focuses on the interaction of mental health and academic achievement for at-risk youth and examines how schools can bolster the resilience of students and promote positive outcomes.

Clinician Perspective

Bridging Science and Clinical Practice in Real-World Settings Treating Youth

Nina Shiffrin, Ph.D., Alvord, Baker & Associates

Oftentimes the gap between clinical science and clinical practice is focused on how to ensure the effective dissemination of evidence-based care into clinical settings. While this remains a laudable and necessary goal, the use of scientific methods to evaluate the effectiveness of clinical practice in real-world settings is also important. In graduate school, it was suggested that we had to choose between becoming researchers or clinicians, with an implicit message that those who chose to practice therapy were no longer clinical scientists. At the private practice where I am privileged to work, we actively aim to bridge the gap between clinical work and science in three main ways: we deliver treatments informed by research evidence; we provide a 2-year training institute in child and adolescent cognitive behavior therapy for professionals (social workers, psychologists, pediatricians); and we conduct effectiveness research on our group-based treatment. Conducting research outside of a typical academic setting presents many challenges yet is critical given that the vast majority of treatment is provided outside of such academic settings (Rich et al. 2015). I will describe our efforts at real-world effectiveness research and the obstacles faced along the way.

Dr. Mary Alvord developed a group treatment for youth known as the Resilience Builder Program® (RBP). The RBP focuses on broad-based resilience skills using a cognitive behavioral framework to increase children's social competence and self-regulation. This program became so popular that the practice currently offers approximately 30 groups per semester. While families appeared to like the program and clinicians saw benefit, there was no objective data to measure if it was truly reducing impairment. In 2011, the treatment was formalized into a manual (Alvord, Zucker & Grados, 2011). Dr. Alvord joined efforts with Dr. Brendan Rich at Catholic University to collaboratively evaluate the program.

Conducting research in a private practice is very different than in an academic setting. Treatments evaluated in an academic setting often select a narrow clinical population, randomly assign participants to active vs. comparison treatment, and hold all other factors constant in order to establish internal validity of the tested treatment (Kazdin, 2003). While this is of course necessary to establish the efficacy of a treatment, it is also a major contributor to the gap between academic-based research trials and real-world treatment. A review of psychotherapy outcome research in youth found that

only 1% of clinical trials are representative in terms of clinical setting, therapists, and population (Weisz, Doss & Hawley, 2005). While written over a decade ago, the lack of external validity studies in our youth psychotherapy outcome research remains an issue today. Comorbidity is the rule, rather than the exception, at our practice. Patients seeking our group treatment do not fit neatly into a single diagnostic category. The treatment was designed to be transdiagnostic—many of our patients have ADHD, anxiety disorders, depression, or potentially no formal diagnosis at all. Further, many of our patients are receiving additional clinical services such as individual therapy or psychopharmacological treatment while participating in our group program. As patients are seeking out our services at a self-pay practice, we do not have the ability to constrain the other treatments they are receiving or to randomly assign them to a waitlist or alternative treatment other than the therapy program they are paying for out-of-pocket and may have waited months to receive. Hence, our data are a lot messier and it is impossible to limit all of the threats to internal validity.

Despite these obstacles, we have managed to collect data from over 200 families, including parent, child, and teacher reports comparing various internalizing and externalizing symptoms prior to and following participation in the RBP. In addition, we have collected data from 22 families who were on a waitlist to participate in the program. Though the lack of randomization is not ideal, this large sample size allows us to conduct within-subject analyses to evaluate the program. As our waitlist data grows we hope to be able to compare these samples soon.

In efforts to provide the RBP to youth who often do not receive access to necessary mental health services (usually due to barriers such as cost or transportation), we have partnered with several schools in Washington, DC and nearby Maryland suburbs that serve children with low socioeconomic status. By providing the program in a school setting, in which parents aren't proactively seeking to pay for such services, we are able to randomly assign active and delayed participation in the treatment. While this allows us a better comparison sample than is possible in a private practice, conducting research in schools of course presents its own obstacles that many dissemination and school psychology researchers are likely familiar with. Balancing the needs of our research with those of the school

is an ongoing challenge. School staff who were initially excited about the program became more hesitant upon realization that randomization meant potentially delaying treatment for a child they felt most needed it. School staff also found the research questionnaires to be burdensome, and did not see an added value of gathering quantitative evidence to measure the effectiveness of their program. From their perspective, seeing the students' improvement was enough to convince them to continue the program. We have recently expanded the program to four more schools, and receiving signed consent forms from families is another difficult hurdle. Often participants in research in academic settings have sought out the academic institution and understand the goals and needs of research. Instead, we are an outside organization entering their safe community and asking families to consent and provide personal data. Naturally, they are wary. In many academic settings, it is possible to make participation in research necessary to receive clinical services. This is much more difficult in real-world settings such as a private practices or schools. However, with strong partners, such as passionate school counselors and principals, collecting data in schools can be feasible.

An additional challenge to conducting research in real-world settings is funding. As a for-profit business, we are ineligible for many foundation-based grants. Even in collaboration with a non-profit university, it is difficult to attract funds for a research grant focusing on evaluating the efficacy of treatment in a real-world setting given the natural messiness of the data. Money is, of course, necessary for such research—to pay for the measures, clinician's time to conduct the treatments, materials used during the treatment, staff time to plan such research and analyze the results, and compensation for participants for completing the measures. We were fortunate to receive a small grant from the Group Foundation for Advancing Mental Health that partially supports our pilot school-based data. Our practice funds the majority of the research costs, however, the sustainability of this project and all research will depend on the ability to continue to receive grants or other sources of funding.

As all researchers know, research takes time. We are fortunate to have an amazing team of researchers at our practice, including 4 Ph.D.s and a post-baccalaureate research assistant, that allows us to manage the demands of conducting research in a private practice as well as in multiple schools, while at the same time carrying full clinical caseloads. This team approach in part allows us to continue to bridge the divide between being clinicians and researchers. We are fortunate to have a collaboration with Dr. Brendan Rich that allows us to make use of Catholic University's Institutional Review Board and the assistance of graduate students to help with data collection and coordination. However, other

clinical scientists in naturalistic settings are making use of private Institutional Review Boards.

As our clinical work continues to be informed by the newest findings in research, we believe that our clinical knowledge can continue to inform research. We share Weisz and colleagues' call for an "emphasis on external validity in youth treatment research." We hope that funding sources soon recognize this need and that other clinical scientists follow our model of bridging real-world clinical work and research.

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About the Author: Nina Shiffrin, Ph.D. is the Associate Director of Research at Alvord, Baker & Associates, a large group practice in the Maryland suburbs of Washington, DC. She received her Ph.D. in Clinical Psychology in 2014 from Yale University, under the mentorship of Alan Kazdin, Ph.D., and completed her clinical internship at the Temple University Child and Adolescent Anxiety Disorders Clinic with Philip Kendall, Ph.D.

Updates from Student Representatives

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

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

Networking Event

Attending ABCT in October? Come to the SSCP Student Social!

We are very pleased to announce that SSCP Student will be hosting a Student Social at the ABCT conference in October. Food and drink compliments of SSCP. This is a wonderful networking opportunity for SSCP Members and will feature a Q&A with SSCP Board Members. A big thanks to the SSCP Campus Representatives, BreAnne Danzi from the University of Miami and Shannon Blakey from UNC-Chapel Hill, for helping plan the social!

When: Friday, October 28, 2016, 1:00-3:00 PM

Where: NY Beer Company, 321 W 44th Street (Just a 5 minute walk from the Convention!)

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

Student Award Opportunities

SSCP Dissertation Grant Awards - These awards are intended to both recognize and support students who have already received approval for their dissertation project. Accordingly, in addition to the evaluation of the proposal as a whole, we will also consider what additional sources of funding have been received in the context of the overall estimated cost of the project. Awards will be in the amount of \$500. It is anticipated that up to 5 grants will be funded. Eligibility requirements and application instructions are listed on the main SSCP website: www.sscpweb.org/Grants-&Awards. Applications must be received by November 15, 2016.

SSCP Student Outstanding Teacher Award - This award is intended to recognize outstanding graduate students who are providing exceptional contributions to the field of clinical psychology through their teaching. Three students will be selected based upon their dedication to, creativity in, and excellence in teaching in the area of clinical science (this can include experience as a teaching assistant). Applications must be received by December 1, 2016. Complete guidelines and the cover sheet can be found on the student website: <http://sscpstudent.blogspot.com/p/student-awards.html>. Students may be nominated by their advisor or a faculty member for whom they have TAed, or may self-nominate. Please send nomination packages to Andrea Niles and Jessica Hamilton at sscpstudent@gmail.com. Only graduate students (including students on internship) will be considered for this round of nominations. Graduate students must be student members of SSCP. The annual student membership fee in SSCP is \$15. The membership application form can be downloaded or submitted on-line at: <http://sscpweb.org/Membership>

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 in Boston. If you would like to have your poster considered for the award, select 'SSCP Poster' in the first step after you select poster and start new submission. Those receiving the top award receive \$200, and winners of the "Distinguished Contributions" Award receive \$100. The SSCP poster submission can deal with any area within scientific clinical psychology. The research and analyses presented in the poster submission must be completed. Please be sure to provide enough relevant detail in the summary so that reviewers can adequately judge the originality of the study, the soundness of the theoretical rationale and design, the quality of the analyses, the appropriateness of the conclusions, and so on. Complete submissions include a brief 50 word abstract and up to a 500 word summary of the work. Please follow the link for a complete call for submissions: <http://www.psychologicalscience.org/index.php/convention/call-for-submissions#.V-bndZMrKH0>

To be eligible to submit an SSCP poster, the first author of the poster must be a student and must be a member of SSCP at the time of submission. Submissions to the SSCP student poster session must be completed by January 31. You will also be asked to provide a copy of your poster prior to the convention so judges will have an opportunity to review your work before the live session. If you have any questions please contact Thomas Olino of SSCP at thomas.olino@temple.edu. Please put "SSCP Poster" in the Subject line to ensure your question is answered promptly.

Professional Resources

SSCP Internship Hotel Match-Up – We are excited to announce that the SSCP Internship Hotel Match-Up will be available to students again this year! The SSCP Internship Hotel Match-Up will allow interested students to complete a request for each date and location for which they would like to share a hotel. Students can then find other students with requests for the same date and location and contact them in order to make hotel arrangements. You can complete the form here to participate in the hotel match: <http://tinyurl.com/sscphotels2016>. Look for an email on the SSCP Student Listserv with more information on this new money-saving resource!

SSCP Internship Q&A– Thank you to our three internship panelists: Dr. Jennifer Freeman at Brown University, Dr. Ty Lostutter at University of Washington, and Dr. Casey Calhoun with the recent intern perspective at the Medical University of South Carolina. The panelists generously responded to student questions about the internship process. Please see the full Q&A on our student website: <http://sscpstudent.blogspot.com>

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

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.

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