



Clinical Science

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



Developing clinical psychology as an experimental-behavioral science

Newsletter

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Table of Contents

Presidential Column
C. Becker.....2

Diversity Spotlight
E. Lund.....4

Awards & Recognition.....6

Clinical Science Early Career Path
J. Dzierzewski.....9

Student Perspective
A. Diamond Altman.....11

Clinician Perspective
J. Cohen.....13

Updates from Student Representatives
J. Hampton & A. Rabasco.....15

Updates from Postdoc Representative
R. Breaux.....16

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Presidential Column

Increasing our Impact by Broadening our Connections Carolyn Becker, Ph.D., Trinity University

I would like to start out by thanking our outgoing board members, Scott Lilienfeld, Kate McLaughlin, and Kelly Knowles for their service. You will be missed! Thanks also to outgoing Member-at-Large Representative, Tom Olino, who fortunately is staying active with the board as our convention coordinator for one more year. I am excited to welcome our new board members, Joanne Davila, President Elect, Matthew Lerner, Secretary/Treasurer, Katie Baucom, Member-at-Large Representative, and Ana Rabasco, Student Representative. My final thanks are to the membership for entrusting me with the honor of serving in the role of SSCP president. I belong to SSCP because, like all of you, I believe that scientific principles must underpin training and practice in clinical psychology and, optimally, all related fields. As president, one of my core aims is to look for ways to strengthen SSCP's effectiveness in advancing our collective mission. To that end, I want to highlight some areas where I think we have exciting momentum. I also want to challenge all of us to consider how we can collectively do better in areas where we are not currently as successful. Importantly, I think both our areas of strength and weakness share a common theme. We are most effective in advancing the mission of SSCP when we reach outside our membership, partner with other communities, and invite open and respectful communication. Correspondingly, we are at our weakest when we fail to engage effectively with others. As a volunteer-only organization with limited financial resources, we cannot solve the research practice gap and related problems on our own or by merely talking amongst ourselves. We must partner with other groups.

As such, at the top of the exciting momentum list, is SSCP's involvement with the Coalition for the Advancement and Application of Psychological Science (CAAPS). In the fall newsletter, immediate Past President, Dean McKay, provided you with a detailed description of the Mental Health Summit held in September. Since then, CAAPS, which is chaired by SSCP Past President Bethany Teachman, has finalized a consensus definition of evidence-based practice (see <http://www.sscpweb.org/Consensus-Statement>). To date, this definition has been endorsed by over 20 different organizations, including SSCP. Importantly, the endorsing organizations represent a wide range of constituents. CAAPS member organizations are currently working to add to this list, recognizing that there is strength in numbers. CAAPS leadership also convened a follow-up meeting in November at the annual meeting of ABCT to discuss next steps. At this time, CAAPS has identified five follow-up initiatives. The first is to foster dissemination of key principles from the consensus definition to the public. The second initiative involves the identification of possible partnerships that could facilitate the creation of a clearinghouse of resources needed to support

implementation of evidence-based practice principles of change. Third, CAAPS will seek increased collaboration with relevant media, including healthcare journalists. Fourth is the development of a Patient Bill of Rights that emphasizes the importance of evidence-based practice. The final initiative involves collaboration with payers around evidence-based practice. As you can see – there is much work to be done. However, in my opinion, CAAPS represents one of the most exciting initiatives I have seen in our field in quite some time. No one organization is going to move the needle on evidence-based practice. But if many organizations can work together towards common goals – we may have a chance to really create change. So here is your call to action - if you have thoughts you would like to share (or want to become more actively involved) please let us know. In addition to Bethany Teachman, CAAPS leadership includes Mitch Prinstein (yet another former SSCP Past President) as Member at Large, and Dean McKay, as Secretary/Treasurer. Although my direct involvement in CAAPS involves serving as a liaison for another organization, I will be happy to assist in making connections as well.

Another exciting area of activity for SSCP is our Global Mental Health Committee, chaired by Daisy Singla. For those not familiar with this term, global mental health addresses the application of psychological science on a global scale. Global mental health most commonly focuses on low- and middle-income countries, but the SSCP global mental health committee recognizes that underserved communities exist even within high-income countries (see <https://www.pcori.org/research-results/2018/scaling-psychological-treatments-perinatal-depression-and-anxiety-symptoms> for an example of recently funded research in this area). As such, this committee welcomes all SSCP members who are broadly interested in reducing the treatment gap anywhere in the world (contact daisy.singla@utoronto.ca for more information). If you are not familiar with this gap, the treatment gap refers to the gap between those who could use mental health services and those who currently have access. I am thrilled to see SSCP recognize that we will not achieve the broad aim of reducing the global burden of mental illness by merely solving the research practice gap (a challenging enough goal in and of itself!) or by coming up with new psychological treatments that are delivered in the traditional manner. As noted by Alan Kazdin, Vikram Patel and others (e.g., Kazdin & Blase, 2011; Kazdin & Rabbitt, 2013; Patel & Prince, 2010), we must recognize that there will never be enough practitioners, or sufficient financial resources, to provide one-on-one expert-delivered therapy for everyone who could benefit. As such, novel approaches are needed, although expert mental health providers will still play an important role (Patel et al., 2010).

To date, thanks to Daisy's leadership, this committee has been extremely successful in connecting SSCP to the larger global mental health community, which provides SSCP with another way to connect to a broader network. The Global Mental Health Committee also is very active at the annual APS convention. Students should know that this committee holds a poster contest at the APS convention.

I won't spend significant time discussing our hardworking Diversity Committee, because they have their own column in this newsletter. However, I think the broader theme of diversity deserves mention – as this is an area where we both have momentum (thank you Diversity Committee!) but still need to do better. SSCP must work to continue to diversify not just SSCP, but clinical psychology and the mental health field more broadly if we really want to reduce mental health suffering. So here is my challenge. I encourage all of us in SSCP to regularly ask – who is not at the table in our discussions (including our listserv discussions), who is being silenced, and what can we do to identify and address the ways in which systemic oppression undermines our well-meaning, but still largely ineffective, efforts to diversify our field. Further, where can we use psychological science to identify and overcome our own biases – which undoubtedly play a role in maintaining the status quo? With regard to people not at the table, I encourage us to consider how we might better engage with the patient/carer community. Based on my own experience in the eating disorders field, I can say with certainty that we have unrecognized allies among patients and carers, many of whom desperately want practitioners to be delivering evidence-based practice. Indeed, the eating disorder parent/carer organization FEAST rapidly jumped on board to endorse the CAAPS consensus statement. Yet, SSCP can't benefit from allies unless we choose to find ways to engage with them.

Before I pivot to areas where I am hoping we will find, or regain, momentum in 2019, I also want to highlight the progress made on the CE front. Jason Washburn and his team are doing a fantastic job of working with APA to remove CE credit approval from pseudoscientific, and at times just plain outlandish, offerings. So please contact the CE taskforce if you find CE programs that need to be stripped of APA approval. I can say from personal experience that it is as easy as contacting the task force (there is a harder way, but I'm sharing the easy one I prefer). Contact the SSCP CE Task Force by sending a link, a photo, or a PDF of the suspect CE offering to sscp.ce.taskforce@gmail.com. For all of you who teach classes related to this topic – a fun extra credit assignment is to challenge your students to ferret out unacceptable CE programs. By now you are hopefully asking yourself – how can I get more involved with SSCP? While you can certainly reach out to any of the committees and endeavors listed above, in 2019 we are also looking to reinvigorate our Membership Committee. Dues paying members are the lifeblood of SSCP and it is time to recommit to expanding our numbers (note: if you haven't paid your dues yet, please do so!). In addition, we are looking to refresh what was formerly known as the External Nominations Committee; the board recently voted to rename this commit-

tee External Boards and Awards Committee. Have you ever been frustrated that an insufficient number of SSCP thinkers are influencing a particular organization? The mission of this committee is to nominate SSCP members to positions in other organizations (e.g., as a member of a critical committee in APA) and for awards granted by other organizations. This committee offers an important mechanism by which SSCP can influence the broader field. Going forward this committee also will be charged with helping to get SSCP members elected after they have been successfully nominated. In summary, SSCP can use your help! Please get involved, and feel free to email me directly at cbecker@trinity.edu if you need help getting connected.

Wishing you all a happy and productive 2019!

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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.

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Diversity Spotlight

Diversity Spotlight: Emily Lund, Ph.D.
Joya Hampton & Yara Mekawi



This issue's Diversity Spotlight features Dr. Emily Lund, who is currently an Assistant Research Professor at The National Research and Training Center on Blindness and Low Vision at Mississippi State University! She earned her undergraduate degree from the University of Montana where she double majored in Psychology and Social Work and minored in Biology. She went on to earn her master's degree in Educational Psychology from Texas A&M and then her PhD in Disability Disciplines (specialization in special education and rehabilitation counseling) from Utah State University. She started her research career with Rosemary Hughes at the University of Montana Rural Institute. It was at this time that she became interested in their work with interpersonal violence against individuals with disabilities—this time period set the stage for her very productive research program. Dr. Lund has published over 71 publications in journals such as *School Psychology Quarterly*, *Research in Developmental Disabilities*, and *Rehabilitation Psychology*. Outside of work, Dr. Lund practices aikido, a Japanese martial art, and is currently first Kyuu (the rank below black belt). She is also fluent in Japanese!

1. How do you define “diversity” in your research?

I focus on the experiences of people with historically (and often currently) marginalized identities and people who hold multiple marginalized identities. My work thus far has mainly focused on disability and people who are sexual, romantic, and gender minorities (LGBTQ, asexual, etc), although I've also been fortunate enough to work with some amazing colleagues on cultural and

linguistic diversity issues. I try to take a very intersectional approach to identity and to always do my best to be open to new ways of thinking and learning about diversity, identity, and intersectionality. It's a continual growth process.

2. What are some barriers to studying individuals with disabilities and how do you try to overcome them?

I think one of the biggest barriers is that psychologists are often only trained in disability from a medical model and thus may only think of disability from that perspective. I try to take a cultural/minority model view of disability in my work, and at times, I've been told what I thought were pretty self-evident concepts (e.g., “trainees with disabilities should be looked at as a source of diversity in the field”) were actually seen as somewhat novel or unusual. One of my professors in graduate school told me, “You do disability studies work whether you call it that or not, because of how you conceptualize disability.” I think having a visible disability myself has helped with this, as it challenges a lot of people's notions about what people with disabilities can do and demonstrates that we can be your colleagues and equals in research and clinical work.

I also think that defining disability and reaching people with disabilities can be a struggle because not all people who we might consider as having disabilities identify as such and not all people with disabilities access disability-related services. I've found that I have better luck recruiting a general sample and asking about disability in the demographics and then following up with a more targeted second wave of recruitment if need be.

3. From your research, what are some major themes or lessons learned from studying individuals with disabilities?

The main thing I've learned is that there's still a lot of ableism and barriers—structural, systemic, attitudinal, etc.—faced by people with disabilities. I think some people assume that most of those barriers went away following the passage of the Americans with Disabilities Act, and that's not the case at all. We still face everything from physical access problems to attitudinal discrimination to systemic barriers on a near-daily basis. We're resilient because we have to be.

Also, I've been pleasantly surprised by how willing and happy trainees and psychologists with disabilities are to

share their experiences. When we conducted our study on this, I received a number of emails from participants saying how grateful they were that someone was doing this work and how validating it was to be able to share their experiences. It was a great indicator of social validity and the need for this type of research.

4. How can the field of clinical psychology do a better job of thinking about issues of diverse groups in regard to psychopathology research?

I think intersectionality is key to this. Different aspects of people's identities intersect in very complex and personal ways that greatly influence their experiences, and it is important to recognize and account for this as much as we can in our research.

5. How do you utilize research about individuals with disabilities in a clinical context, in terms of assessment and intervention?

I think that many common assessments and interventions assume that the client has standard hearing, visual, and physical abilities and that this can show up with explicitly (e.g., inaccessible subtests on assessments) or implicitly (e.g., using analogies or treatment recommendations that assume that an individual can walk, see, or hear). It's important to work with clients to make these assessments and interventions accessible and relevant to them while still maintaining test administration and treatment fidelity. With regards to one of my main research interests, suicide, I also think it's important to note the broader cultural conversations about what makes a life worth living or worth saving (or not) and how those messages may affect people with disabilities.

6. How do you use (or not use) clients' social identities to inform your clinical interventions?

One thing that I try to strongly impart in my teaching, presentations, writing, and supervision is that people are the ultimate experts on their identity and that it is vital to invite clients to share their identity with you, rather than trying to piece it together through assumptions, guesses, and generalizations, as those are often incorrect or incomplete. How the client conceptualizes and relates to their own identity should help inform treatment and the therapeutic relationship.

SSCP Programming at APS

We have some exciting events planned at APS this year! The conference will be from May 23-26 in Washington DC.

May 24, 2:30 pm - 3:50 pm

Enhancing the Clinical Training Toolkit: Training Today for Psychologists of Tomorrow

May 24, 4:00 pm - 4:50 pm

SSCP Presidential Address: From Empirically Supported to Global Impact - Takeaway Lessons from the Body Project

May 24, 5:00 pm - 5:50 pm

SSCP Distinguished Scientist Award Address: Prevention of Depression in Youth - Current Evidence and Future Directions

Awards & Recognition

Student Dissertation Award Winners

Kiera James

Binghamton University

Physiological and Neural Responses to Interpersonal Stimuli in Adolescents Who Engage in Non-Suicidal Self-Injury

Sierra Kuzava

Stony Brook University

Maternal Neural Response to Child Cues: Examining Longitudinal Associations with Maternal Sensitivity and Child Behavior

Caitlin Stamatis

University of Miami

Using a Multimodal Data Science Approach to Understand Risk and Vulnerability for OCD

SSCP Distinguished Scientist Award Winner



Dr. Judy Garber, Ph.D. is Cornelius Vanderbilt Professor of Psychology and Human Development; Professor of Psychology, College of Arts and Science; Professor of Psychiatry; Investigator, Vanderbilt Kennedy Center for Research on Human Development. Garber's research focuses on identification of cognitive, emotional, biological, and contextual risk factors for mood and anxiety disorders in children and adolescents. She has conducted several randomized controlled trials testing the efficacy of cognitive behavioral and parenting interventions aimed at preventing depression in at-risk offspring of depressed parents. Garber also has been exploring developmental skills (e.g., meta-cognition; theory of mind) needed for participating successfully in cognitive behavioral interventions for depression in youth.

Dr. Garber has co-edited three books, published over 150 peer-reviewed articles, and written 44 chapters. She has been continuously funded for over 30 years by the National Institute of Mental Health and the National Institute of Child Health and Development. She received a William T. Grant Faculty Scholar Award (1988-1993), the Boyd R. McCandless Young Scientist Award for Research in Developmental Psychology (1992), the David Shakow Young Investigator Award from the Division of Clinical Psychology of the American Psychological Association (1995), and has been a fellow of the Association for Psychological Science (APS) since 2012. Garber received an Independent Scientist Career Development Award from NIMH (2003 – 2008) and the Chancellor's Research Award from Vanderbilt University (2010). She was appointed a Cornelius Vanderbilt Endowed Chair in 2017. For the past thirty years, Garber has been the co-director or director of an NIMH T32 training grant focusing on developmental psychopathology and translating findings from basic science (e.g., developmental; neuroscience) to interventions for treating or preventing psychiatric disorders across the life span.

Awards & Recognition

Outstanding Student Researcher Award Winners



Cope Feurer, M.A. is a fourth-year clinical psychology graduate student at Binghamton University, working under the mentorship of Dr. Brandon E. Gibb. Prior to attending Binghamton University, Cope got her B.S. in Psychology from the University of North Carolina at Chapel Hill, where she first became interested in studying the role of stress in adolescent depression. Cope's research focuses on examining the mechanisms underlying individual differences in stress reactivity and stress generation in children and adolescents. In doing so, she utilizes a multiple-levels-of-analysis approach in her research through the integration of genetics, electroencephalography/event-related potentials (EEG/ERP), peripheral physiology, pupillometry, eye-tracking, and self-report. Furthermore, Cope received a NSF Graduate Research Fellowship in 2016 for her project examining whether physiological reactivity to a laboratory stressor predicts real-world stress reactivity in youth. During her time as a graduate student, Cope has disseminated her research through peer-reviewed publications, symposiums, and poster presentations.

What are your research interests?

My research interests are centered on examining the bi-directional relation between stress and adolescent depression. Specifically, my research focuses on mechanisms contributing to individual differences in stress reactivity and stress generation in children and adolescents, with an emphasis on interpersonal stress and offspring of depressed mothers. Finally, I utilize a multiple-levels-of-analysis approach in my research to obtain a fine-grained examination of the relation between stress and depression risk in youth.

Why is this area of research exciting to you?

I am very interested in this area of research because, all adolescents experience stress, there is significant variability in how youth respond to stress. While some individuals are able to effectively cope with stress, others are more reactive and susceptible to the deleterious effects of stress exposure. Furthermore, some individuals exacerbate their own risk for depression by actively contributing to the amount of stress that they experience. Furthermore, I also believe that this research has important clinical significance. If we are able to identify underlying mechanisms contributing to stress reactivity and stress generation, these vulnerabilities could serve as targets for interventions in the treatment and prevention of youth depression.

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

First and foremost, I am very grateful to my graduate mentor, Dr. Brandon Gibb, whose support and mentorship have been instrumental to my development as a researcher. Not only has his guidance been invaluable as I have begun to establish my program of research, but I have also learned much from him about how to utilize a multiple-levels-of-analysis approach in my research and the importance of producing research that is clinically significant. Additionally, I am fortunate to have worked with Dr. Mitch Prinstein as an undergraduate, in whose lab I first discovered my passion for psychological research.

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

My advice to other students is be purposeful in how you allocate your time, and make sure that you make time for loved ones and hobbies. And if you don't have any hobbies, find one! It is very easy to slip into the "I always need to be working" mindset, and honestly, there is always work that needs to be done. However, it is just as important to make time for yourself in grad school, and keep a healthy work-life balance. What has been very helpful to me is that when I am doing work, I minimize distractions and try to be as productive as I can be during that time, but when I am relaxing or spending time with friends, I actively step away from my work and truly enjoy my time.

Outstanding Student Researcher Award Winners



Meagan Brem, M.A. is a fifth-year clinical psychology doctoral student at the University of Tennessee where she studies intimate partner violence (IPV) under the advisement of Dr. Gregory L. Stuart. Prior to joining Dr. Stuart's Relationship Aggression and Addictive Disorders Lab, Meagan earned a M.A. in clinical psychology from Midwestern State University, worked with survivors at a domestic violence shelter, and conducted forensic psychological evaluations on felony-level offenders for the Dallas County Criminal Justice Department. These experiences informed her research interests, which include examining risk and protective factors for alcohol-related IPV. Meagan's research to date has investigated theory-derived IPV risk factors (e.g., alcohol use, jealousy, aggressogenic traits), the association between face-to-face IPV and cyber dating abuse (CDA), and theories of alcohol-related violence in relation to IPV and CDA. For her dissertation, Meagan is conducting a daily diary study with undergraduate students to investigate (1) the proximal relations among alcohol use, CDA, and IPV, (2) state emotion regulation facets that minimize the risk of alcohol-facilitated CDA and IPV, and (3) cognitions (e.g., jealousy) that may be exacerbated by alcohol to increase the risk of IPV and CDA. Meagan aims to continue this research program as an independent investigator at an academic institution.

What are your research interests?

My research examines the relations between alcohol use and intimate partner violence (IPV), with a specific emphasis on factors that attenuate or exacerbate the risk of alcohol use leading to IPV. I am particularly interested in technology-facilitated partner abuse (e.g., cyber dating abuse) and examining whether theoretical models of face-to-face IPV extend to cyber dating abuse. I have a secondary research interest in substance use and compulsive sexual behavior.

Why is this area of research exciting to you?

IPV is still a relatively new area of research with considerable uncertainty regarding whom and what to target in interventions. The growing cultural awareness of IPV and sexual assault in recent years makes this an exciting time to be an IPV researcher and advocate. There is a wealth of opportunities to engage in dialogue with those outside of academia regarding experiences and assumptions related to IPV. I believe that these conversations will help expand IPV conceptualizations and identify efficacious prevention strategies. For instance, the function of social media and technology in relationships and IPV is constantly evolving which makes it challenging to maintain awareness of contemporary IPV tactics. I believe it is important for investigators to continuously engage with laypersons, clinicians, and advocates to inform IPV conceptualizations and treatments. As a burgeoning researcher, I am excited about the future possibility of these dialogues informing the development of more efficacious IPV intervention and prevention programs.

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

When I first entered a master's-level graduate training program at Midwestern State University, I was interested in IPV prevention and intervention. Dr. Laura C. Spiller helped me translate my interests and curiosities into empirical questions and think critically about the research-practice gaps in my clinical work with IPV survivors. It is from her mentorship that I developed my initial desire to better understand IPV through research. Upon arriving at the University of Tennessee to pursue doctoral training, Dr. Gregory L. Stuart carefully attended to my interests and training needs and helped me develop a vision for my future research program. I am particularly appreciative of Dr. Stuart's investment in developing my identity as a researcher. He encouraged me to challenge myself to design theoretically-informed IPV studies using rigorous research designs to strengthen the quality of my work. Dr. Stuart also facilitates networking opportunities to ensure his students are well-connected with experts in our field and aware of current scientific practices relevant to IPV. His remarkable mentorship has undoubtedly informed the ways in which I aspire to work with others throughout my career.

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

I would recommend those pursuing a graduate degree in clinical psychology to be intentional about identifying personal and academic values and interests. I believe that our work, both clinical and research, is made meaningful through the connection to our personal values. Graduate school is a challenging, lengthy endeavor that is perhaps more enjoyable when you feel good about the work you are doing. Taking time to carefully consider what those values and interests are early on in your training can inform the professional opportunities you choose to take on or dismiss. Furthermore, graduate students in clinical psychology can be pulled in several directions (e.g., research, teaching, clinical work, advocacy) by the many people invested in our training. Having

Clinical Science Early Career Path

Joseph M. Dzierzewski, Ph.D., Virginia Commonwealth University

Like so many others, my path to a research career in clinical psychology is one filled with twists, turns, and luck. I often hear people describe “always knowing” that they were meant to be a psychologist – this was decidedly not the case for me. My first career choice was police officer, followed by astronaut – it wasn’t until over a decade later that I learned about psychology. The pivotal juncture in my road to psychology came as a sophomore at the University of Nevada, Las Vegas. I worked graveyard shift for my family’s business as an undergrad, so by the time I got around to registering for classes most of the courses in which I was interested were either filled or offered at a time when I was unwilling to attend (read: morning classes). As such, I wound up in a seminar on Cognitive Aging. Midway through the semester my grandmother fell ill, and I witnessed several events that forever shaped my academic journey and career goals: 1. Physical and cognitive health are intrinsically connected in late-life, 2. There is a horrendous shortage of healthcare practitioners with any specialized knowledge in older adults, and 3. Loved ones and caregivers suffer an undue burden of providing care. Before the end of the semester my grandmother passed; however, my desire to help address points 1-3 above still drive my work today. **The take-home message from this portion of my story is to identify what motivates you and don’t lose sight of it. Keep your work relevant and meaningful; have clear intentions - know why you are doing what you are doing at all times.**

I immediately approached the professor of the Cognitive Aging course and asked to join her research laboratory. I will always be thankful for that professor. As a pre-tenure junior faculty member she was generous with her time and mentorship. Under her guidance I successfully applied for several small grants and conducted original research. Looking back on my journey, it was this experience that ultimately proved influential in helping me gain acceptance into a graduate program in clinical psychology. Upon arrival at the University of Florida I quickly established dual mentors – one with expertise in sleep in older adults and one with expertise in cognitive aging. Studying under the tutelage of two individuals with different areas of expertise allowed me to develop a unique line of investigation into the relationship between sleep and cognitive functioning in older adults – a topic that is still central to my research mission. The study of sleep was something I had not previously considered in much detail. Several factors make the investigation of sleep fascinating and promising (if not frustrating at times): 1. Everyone sleeps, 2. Sleep disorders are among the most preva-

lent disorders, 3. Sleep is a vital health behavior with wide ranging consequences, and 4. We still know so little about sleep. **The moral of this part of the story is that mentorship matters. Find the right people to help you achieve your goals. Mentorship does not end after graduation. Good mentors should be career-, or life-long, companions.**

During my graduate tenure I was awarded a F31 grant from the National Institute on Aging to investigate sleep, exercise, and cognition in older adults. I used this opportunity to get to know my program officer at NIH who was always willing to talk and share advice. I completed my predoctoral clinical internship at the Miami VA Healthcare System, obtaining advanced training in clinical geropsychology and behavioral sleep medicine. I toyed with the idea of applying for either faculty positions or postdoctoral positions. I ended up not applying for faculty jobs and accepted a postdoc position as an Advanced Geriatrics Fellow in the Geriatric Research, Education, and Clinical Center (GRECC) at the Greater Los Angeles VA Healthcare System. My mentor during my postdoc was Dr. Jennifer Martin. I met Jen the year prior while interviewing for internship positions. During our interview for internship Jen mentioned in passing that while perhaps the internship might not be the best match for my training goals, a GRECC postdoc would be an exceptional fit. During my postdoc I applied for, and was awarded several small grants, was appointed Assistant Professor in the David Geffen School of Medicine at UCLA, and submitted a K23 grant to the National Institute on Aging. Fast forward several years and the same program officer who openly shared advice with a graduate student was now advising me on my K23 proposal. **When looking back at this portion of my career several things jump out at me: 1. Work well with others and form positive, lasting relationships. They will prove invaluable time and time again, 2. Do a postdoc/fellowship. The growth achieved during these years is so important to preparing for a successful research career, and 3. Departments of medicine are great springboards for clinical psychologist interested in traditional academic careers. While soft money positions are not for the faint of heart, they often allow the needed flexibility and time to become highly competitive in a challenging job market.**

Ultimately, I was awarded my K23 grant to investigate the cognitive and inflammatory consequences of comorbid sleep disorders in older adults. I quickly went

on the job market and used my newly awarded grant as leverage for a tenure-track, hard money Assistant Professor position in the Department of Psychology at Virginia Commonwealth University (VCU). My time as faculty at UCLA facilitated a fairly smooth transition to VCU. Starting any new position entails adapting to a new context and culture. The biggest transition was the amount of directions Department of Psychology faculty are pulled in. It often feels like you have 5 different fulltime jobs – instructor, mentor, administrator, researcher, and service member. It is so important to set priorities AND stick to them. Mastering the art of politely declining a request is important. Another surprise was the sheer amount of time spent in meetings every week. Between meeting with my graduate students, lab meetings, office hours, faculty meetings, etc. a complete day is gone. The number of competing demands necessitated a new approach to scholarly and grant writing – I schedule writing time and protect my scheduled writing time. I don't schedule meetings during my writing time, I will not make myself available for proposals or defenses during my writing time, and I don't read email during my writing time. **The main message from my early years in a traditional psychology department is to be your own best advocate. Prioritize yourself, be greedy every once and a while. It is very easy to let your goals take a backseat to those of your students, your colleagues, or your department chair.**

Being an early career faculty member is a tough gig. I often feel like I am swimming upstream; however, I love my job. I have the flexibility and freedom to forge my own path. I have the honor of working with bright, motivated students and helping them achieve their dreams. I get to contribute to a body of knowledge that will help reduce human suffering. To top it all off, I get paid decently well. Like many things in my life, contributing this column to the SSCP newsletter has been a timely exercise. The reflection forced by drafting this column has provided a nice perspective as I move forward in my career. However, if self-reflection does not provide the same result for you – try a good night's sleep. As John Steinbeck once noted, "It is a common experience that a problem difficult at night is resolved in the morning after the committee of sleep has worked on it."

About the Author: Dr. Joseph M. Dzierzewski is an Assistant Professor in the Department of Psychology at Virginia Commonwealth University and a licensed clinical psychologist. He directs the SAGE (sleep and age) Research Lab in which he conducts studies investigating the correlates and consequences of sleep (both abnormal and healthy sleep). Ultimately, his research aims to prevent and remedy common ailments through interventions targeting sleep.

Student Perspective

Caring for the Mental Health of Graduate Students: Lessons from Research and Experience

Allison Diamond Altman, M.A., UC Berkeley

“Take care of yourself,” my clinical professor pleaded as we quickly packed up our computers, notes, and books at the end of class. The conversation had run a few minutes past the hour and most of us had meetings starting shortly. “Make sure that you’re eating and sleeping in the coming weeks – even if you think you won’t have the time.”

It was the third week of September in year two of our Clinical Psychology Ph.D. program. This was the year that my cohort was starting to work in the psychology clinic and see our own patients, helping others with mental health conditions such as depression and anxiety find skills to navigate their lives and alleviate their symptoms. Yet there we were, being reminded to do some of the basic things — such as eating and sleeping — that are known to reduce vulnerability to stress. Tasks we were taught to make sure our own patients were doing. Tasks we were well aware not every graduate student in the department was doing. Why had it become this hard?

Over the past decade, several studies have suggested that graduate students experience increased rates of mental health conditions compared to the general population. A 2014 report out of UC Berkeley found that an astonishing 43-46% of graduate students met a clinical diagnosis of depression, compared to a 7% rate in the general population. Shortly following this, a 2015 study out of the University of Arizona illustrated that more often than not, graduate students rated themselves as under “more than average” or “tremendous” stress. A 2018 paper from Harvard found that 18% of graduate students experienced moderate or severe symptoms of depression and anxiety, and 11% reported suicidal ideation in a two-week period. This isn’t limited to the United States either. A 2018 article in *Nature Biotechnology* surveyed 2,279 graduate students from over 25 countries and 230 institutions, hoping to better understand the rates of distress disorders such as depression and anxiety in the global graduate student population. The researchers found that graduate students were six times more likely to experience depression and anxiety than the general population, with 39% of students scoring in the moderate-to-severe ranges compared to 6% in the general population. The authors went a step further in this paper, seeking to elucidate underlying factors contributing to the distress, and found that students who disagreed strongly with the statement “I have a good work-life balance” were more likely to have higher ratings of depression. Clearly, graduate programs are doing something wrong.

In speaking with my own cohort and fellow students, four key factors emerged as being contributors to stress: (1) trying to balance work and a personal/social life, as the authors of the *Nature Biotechnology* paper discovered, (2) feeling overwhelmed by the research process and of future work in the academic sphere, (3) worrying about financial concerns, and (4) falling prey to imposter syndrome.

Work-life balance: Work-life balance seems almost counterintuitive in grad school. The advice from top mentors is often to work in the lab at all hours and eschew other life responsibilities in order to get your research demands met, yet graduate students are typically in their twenties and early thirties, a common time to meet a partner, get married, and start planning for a family. How is it possible to do all of this while also trying to give 100% to your work?

Sarah, a graduate student in psychology at a prestigious university, has thought a lot about this balance as she recently got engaged, and many of her close friends are having out of town weddings. When asked about how this balance actually plays out, Sarah said, “*Unfortunately, many of my mentors and supervisors tout work-life balance, but instead appear to promote work-life separation. Balance is encouraged, so long as the work gets done first. So, if we’ve burned the candle at both ends through the semester, we’re welcome to go on vacation or take on a side project. But, what happens when life gets in the way? A sick parent, crying baby, mental health issue, or friend’s wedding isn’t going to wait until I’ve completed my two hours of writing for the day. Generally, I’ve found mentors and supervisors are understanding and empathetic, however, they aren’t interested in excuses for why work isn’t done.*” It seems difficult, then, to do it all when work is touted as the most important factor in our lives.

Future career prospects: Thinking about the future and job prospects can also be a source of stress. As students at research-oriented institutions, we are trained and incentivized from our first year to attain a position at a research institution, continuing the body of work we develop throughout our graduate career. But in 2019, this is not always possible. A 2014 report from the National Science Foundation (NSF) indicated how tight the job market is for those with advanced degrees; close to 40% of Ph.D.s surveyed had not yet lined up a job at the time of graduation. The competition is tough from a purely numbers-based perspective, as graduate schools in the history department, for example, produce two new history Ph.D.s for every one tenure-track posi-

tion. In the Social Sciences field, 32% of students had not secured a job by the time of graduation. While not a strong contributor to stress in the early years of a degree program, these worries may lead to feelings of anxiety and depression as graduation approaches.

Financial concerns: Financial concerns are another source of stress in graduate school. That same NSF report found that in the Social Sciences, roughly 23% of students graduated with over \$70,000 in education-related debt. While students typically do not pay for their education, and instead rely on a combination of grants, research positions, and teaching assistantships to cover both tuition and provide a modest stipend, they nonetheless are expected to live in urban areas and support themselves on stipends that fall close to the minimum wage.

Mark, a graduate student in California, has felt this pressure since the beginning. Unlike some other students who live with partners and have dual incomes to help support them, he has lived alone since the start of his program, and has had to forgo academic and social commitments to make ends meet: *“Of the good and bad sources of stress in graduate training, I’d say having to support myself in one of the most expensive places in the United States on a modest stipend has been very challenging, at times. It’s caused me to take time away from my research and clinical development just to ensure I make ends meet. I have sadly had to make the decision between presenting my research at conferences and ensuring I can pay all my bills.”*

Imposter syndrome: Falling prey to imposter syndrome seems to contribute significantly to feelings of depression and anxiety. Imposter syndrome is characterized by feeling like a fraud, doubting your accomplishments, and questioning if you deserve what you have achieved. From a student perspective, imposter syndrome runs rampant in graduate programs — even after publishing papers and presenting research at national conferences, it can be difficult to escape the feeling of being the lowest on the totem pole — and these worries may become so pervasive that they start to bleed over to everyday life.

Looking to the future: So, what can we do about it all? It is well documented that graduate students not only experience increased vulnerability to mental health conditions, but also experience them in higher percentages than the general population. It is essential, moving forward, to both discuss this risk and minimize it for future generations of students. Three important avenues to explore are to increase access to mental health care, reduce stigma surrounding these conditions, and weave conversations about stress and mental health into graduate programs from the very start. Institutions typically offer mental health counseling, but these services are not always the best match for graduate students, especially those in a clinical program who may interact

with the same providers professionally in their program. Ensuring access to professionals is an important step for stopping the rampant rates of anxiety and depression amongst graduate students. Furthermore, reducing stigma is an important step. While a lot of our research aims to reduce stigma about mental health conditions, it can be difficult to admit that we too are struggling — so difficult that students often bury these admissions and suffer in silence. Having conversations about stress reduction and taking care of one’s mental health may help to ameliorate this stigma and reduce the barrier to accessing care.

Some programs are making progress. Alex, a Psychology student in her fourth year at UC Berkeley, expressed gratitude that her program fostered a “pass on the knowledge” event amongst older and younger graduate students, in the absence of professors. She said, *“It felt like a nice, safe space to discuss the hardships of graduate school with people going through the same types of struggles. Knowing that you aren’t the only person to have imposter syndrome lessens the burden of it, somehow. It’s something I think all programs should do often.”*

Clearly, there is work to be done, and perhaps opening up these conversations — amongst graduate students and professors alike — can help to alleviate the burden graduate school places on students nationwide.

Note: Names have been changed to protect the privacy of individuals.

About the Author: Allison Diamond Altman is a fourth-year graduate student in the Clinical Science program at UC Berkeley. Allison is interested in affective science and in employing idiographic approaches to research and treatment. Her masters’ thesis investigated affective forecasting differences in dysphoric and healthy individuals using an idiographic approach. She plans to continue using such personalized methodology on her dissertation, which will look at specific mechanisms underlying social media use and mood changes in healthy and clinical samples.

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Clinician Perspective

Affirmative Cognitive and Behavioral Practice with Sexual and Gender Minorities

Jeffrey Cohen, Psy.D. Columbia University Medical Center

American Psychological Association guidelines (2012; 2015) for practice with Sexual and Gender Minority (SGM) people suggest the adaptation of evidence-based treatments to meet the unique features of SGM mental health. SGMs are disproportionately exposed to stigma related stressors relative to their heterosexual and cisgender counterparts and consequently SGM populations display elevations in stress sensitive disorders such as anxiety and depression (Meyer, 2003; Pachankis, 2018). Over the past decade, mechanisms between stigma-related stressors and stress sensitive mental health outcomes have been uncovered and this research identifies valuable treatment targets for work with SGM people. Mechanisms include universal risk factors, such as rumination (Hatzenbuehler, 2009), and processes specific to SGM populations which mediate the relationship between stigma related stressors and stress sensitive disorders (Cohen, Feinstein, Rodriguez-Seijas, Taylor, & Newman, 2016). These psychological processes include internalized stigma, anxious expectations of rejection on the basis of SGM status, and identity concealment. Each is a valuable treatment target deserving of adaptations to standard evidence-based practices.

Cognitive and Behavioral Therapies (CBTs) enjoy a robust evidence base and acknowledge the context of behavior through attention to learning history and with functional analyses of the antecedents and consequences of behavior (Newman, LaFreniere, & Shin 2017). A cognitive behavioral case conceptualization acknowledges both etiological mechanisms as well as maintaining mechanisms of psychological distress. This framework allows for the consideration of negative thoughts and avoidance behaviors as potential learned responses to stigma related environmental stressors. This approach is well suited to addressing the mental health needs of SGM people, a population whose elevated levels of distress occur within a context of discrimination and victimization. CBTs offer valuable coping techniques to address unhelpful cognitions and behaviors and offer the opportunity to empower SGM people through the promotion of skills acquisition.

In this article, I focus on how to adapt traditional and third wave CBT strategies to target SGM specific psychological processes. First, I discuss how to target internalized stigma by acknowledging the chronic invalidation of stigma related environmental stressors and utilizing validation. Second, I address how to adapt cognitive strategies to target anxious cognitions of rejection

on the basis of minority status. Third, I focus on the adaptation on the behavioral strategy of exposure to address identity concealment. Finally, I discuss environmental interventions to address the context of SGM distress.

Internalized stigma, which is the process of absorbing negative messages about a devalued aspect of oneself, is a mechanism through which stigma is transmitted leading to elevated levels of stress sensitive disorders in SGM populations (Newcomb & Mustanski, 2010). Dialectical Behavior Therapy (DBT; Linehan, 1993) emphasizes the contribution of the invalidating environment to psychological distress, a framework which readily lends itself to acknowledging and combatting the psychological toll of internalized stigma. Linehan (1993) describes an invalidating environment as punishing of private experiences and communicating that these experiences are due to socially unacceptable characteristics. SGM are routinely punished for the expression of SGM identity. Sexual minority veterans who served during the US military's long-standing ban on gay and lesbian service members, and the subsequent modification known as Don't Ask, Don't Tell, experienced harassment, fear of discharge and/or discharge. Murder rates of transgender women of color are estimated to be significantly higher than the murder rates of their cisgender counterparts (Dinno, 2017). Linehan (1993) proposes the consequence of environmental invalidation is self-invalidation which is to communicate to oneself the same messages communicated by the invalidating environment. The environment communicates messages that SGM are defective, unacceptable, and immoral, which may become internalized. Raising awareness of how internalized stigma operates may serve to shift stigma related cognitions away from beliefs of personal shortcomings towards the unfair burden of stigma related stressors. An antidote to invalidation is validation, whereby "the therapist communicates to the client that her responses make sense and are understandable within her current life context" (Linehan, 1993, pp 222). Validation also means describing a person's behavior as understandable given a person's learning history. In using validation to target internalized stigma, a person with chronic shame who grew up in a rejecting faith tradition, can be validated with "It makes sense that you have the thought, 'I'm unlovable' given the messages that you received about being unlovable as you were growing up." The therapist models validation and begins to teach how to validate oneself, an important skill for

targeting internalized stigma. Although the invalidating environment and validation are hallmarks of DBT, these techniques readily lend themselves for adaptation to target internalized stigma in cognitive and behavioral practice with SGMS more broadly.

Rejection sensitivity, or the anxious expectation of rejection on the basis of minority status is a transdiagnostic risk factor for multiple stress sensitive disorders in SGM populations including depression, generalized anxiety, and social anxiety making it a valuable treatment target (Cohen et al., 2016). Given many SGM clients experienced rejection on the basis of SGM status in their learning history, it makes sense for SGM individuals to anticipate rejection in their current context irrespective of whether or not this expectation fits the facts. In working with rejection sensitivity, it is valuable to remember that people with anxiety and depression tend to notice evidence that supports their cognitions and disregard evidence that does not. The use of Socratic questioning can help illicit both the evidence for and against rejection related cognitions and help clients arrive at the realistic probability of being rejected. Clients may find that they overestimate the probability of rejection occurring leading to a reduction in feelings of anxiety and depression.

However, fears and expectations of rejections may in fact be accurate, in which case alternative strategies of working with these cognitions may be uniquely effective. Acceptance and Commitment Therapy (ACT) utilizes cognitive defusion, which is the skill of noticing thoughts as ongoing cognitive events rather than evaluating thoughts as accurate or erroneous. One ACT technique that can be used to help SGM people defuse from stigmatizing thoughts is repeating a phrase over and over again until the phrase temporarily loses its meaning. In practicing this technique, SGM people may choose to work with self-stigmatizing thoughts such “I’m immoral” or “I am defective.”

The aforementioned punishment of the expression of sexual and gender identity may lead to pervasive patterns of self-silencing such as identity concealment and consequently increased feelings of shame and anxiety (Pachankis, 2007.) During my internship training at a VA medical center, I worked with a cisgender gay male veteran of the Korean War who had concealed his sexual orientation through his time in the military and the subsequent decades during which he received care at the VA hospital. We utilized an exposure hierarchy whereby he disclosed his sexual orientation both to VA providers and to other veterans. These disclosures reduced avoidance behaviors and feelings of anxiety and shame, and increased his self-esteem and willingness to receive support from VA providers other SGM veterans.

Beyond individual level psychological interventions, psychologists may consider environmental interventions to address the context of SGM distress. These interventions may include advocacy for laws and policies that promote the well-being of sexual and gender minority people as well as advocacy within clinical settings. Given the high rates of harassment and assault experienced by gender minority people in gender-segregated restrooms, psychologists may consider advocating for gender-inclusive restrooms in their own clinics in order to increase the safety and reduce the distress of gender nonconforming people.

About the Author: Jeffrey Cohen, Psy.D., is an Instructor in the Department of Psychiatry at Columbia University Medical Center where he provides compassionate, focused, research-supported psychotherapy to adolescents, adults, and couples. Author contact: jmc2284@cumc.columbia.edu

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Updates from Student Representatives

Joya Hampton, Ph.D., Emory University
Ana Rabasco, M.A., Fordham 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 Kelly Knowles for her excellent two years of service as the SSCP Student Representative (2016-2018)! We welcome Ana Rabasco as your new student representative with Joya Hampton. We look forward to working with you this coming year!

Student Award Announcements and Opportunities

Congratulations to the winners of the SSCP Student Teacher Award

The award committee has completed its review of applications and was very impressed by the phenomenal, truly exceptional candidates. We are very pleased to announce the winners of the SSCP Student Teacher Award!

Samantha Wagner, M.S.
Bringhamton University (SUNY)

Sarah Blakely-McClure, M.A.
University of Buffalo

Nominations Under Review: Outstanding Student Clinician Award

Thank you to those who submitted applications for the SSCP Outstanding Student Clinician Award! We are currently reviewing submissions and will announce the winners shortly.

Conference and Networking Events

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

SSCP Student Poster Award Competition at APS Convention - The 2019 SSCP Student Poster Award Competition will take place at the APS Annual Convention, May 23-26, 2019 – Washington, D.C. Come by the poster session at APS (check the program for location and time) to see this year's competitors!

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!

SSCP Facebook Page - One our goals for this year is to improve networking opportunities for students. Please utilize our Facebook page (<https://www.facebook.com/sscpstudent/>) to keep up-to-date with announcements and for a space to start a dialogue about clinical psychology in the news. Similarly, we are always looking for ways to improve our social media presence and our website - if this is something that interests you, please reach out!

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.

Joya Hampton: joya.hampton@emory.edu
Ana Rabasco: arabasco1@fordham.edu

Updates from Postdoc Representative

Rosanna Breaux, Ph.D., Virginia Commonwealth University

Recently graduated? Currently on postdoc?

Make sure you update your membership from a student SSCP member to an early career member, which is good for the discounted membership rate of \$25 for your first two years post Ph.D.

Summer Professional Development Q&A Series

This June – July we will be holding two virtual Q&A sessions:

- (1) Transitioning to Academia - focusing on making the transition from postdoc/graduate school to being a professional in academic medical centers and universities
- (2) Navigating the Pre-Tenure Process - focusing on advice and experiences as a pre-tenure faculty member

We have assembled a great group of panelists from a variety of university, liberal arts college, and medical center settings. To help facilitate these Q&As, please send any questions you have for either of these panels to our postdoctoral representative, Rosanna Breaux (rpbreaux@vcu.edu) by Monday, May 20.