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CLINICAL SCIENCE

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the American Psychological Association



Developing clinical psychology as an experimental-behavioral science

Newsletter

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

PRESIDENTIAL COLUMN

Susan W. White, Ph.D.
University of Alabama



The Society for a Science of Clinical Psychology (SSCP) exists to shine a spotlight on the importance of science in the field of clinical psychology. For most of SSCP's history this organization has focused on influencing policy within the field, including training and credentialing, as well as recognizing clinical science advancements and

achievements (e.g., Dr. Dan Klein receiving the SSCP 2022 Distinguished Scientist Award), facilitating engaged communication among members, and representing clinical psychology more broadly.

When SSCP was first formed in 1966, termed then the "Section for the Clinical Application of Behavioral Science", it was an attempt to merge the increasingly disconnected roles of clinical psychologist and behavioral scientist. I think a logical question, now nearly 60 years later, is: "Is SSCP still needed and, if so, is the purpose the same now?" I suggest that not only does SSCP continue to serve an important professional function, the need for SSCP is critical now more than ever before. Inaccurate or incomplete information on mental health and psychology broadly is at the public's fingertips, quite literally. As good stewards of our discipline and, of our guild, SSCP can help ensure that scientifically based and accurate information is widely available, we can correct misinformation when we are able to do so, and we do our part to ensure rigor in training in order to protect consumers and the public broadly. Doing this requires reliance on scientific principles and data to support, or refute, claims of impact.

The SSCP is thriving, now 1666 members strong, including 1,103 student members. As a professional home, we are more diverse than ever before in our history, due in large part to efforts of prior leaders, including Dr. Marisol Perez (Past-President). We have been making strides in concrete efforts to address possible iatrogenic treatment effects and de-implement low-val-

ue practices. The Board, and many members, have worked to create a safe, yet stimulating, climate on the listserv – so that it is a place to share information, secure advice, and voice concerns. SSCP Board and members have been partnering with other entities (e.g., ABCT, APA, APS) to promote clinical science broadly, to trainees, the media, and the public broadly.

The accomplishments of the dedicated Board members are too numerous to mention individually. But I would like to comment on a few highlights. Dr. Rosanna Breux has worked tirelessly for SSCP as Convention Coordinator and is the Board's general go-to person for all SSCP knowledge. In 2023, we welcomed Drs. Kristy Benoit-Allen (MAL), Sarah Hope Lincoln (Chair, Global Mental Health), Nancy Liu (MAL and Chair, Science in Practice), Samuel Cooper (Newsletter Editor), and Brandon Weiss (Diversity Committee Representative). In 2024, Dr. Rachel Hershenberg will become SSCP President. You are in good hands, SSCP. This Board of dedicated volunteers is here for you – we welcome your suggestions and feedback. We want to work with you, and we always welcome dedicated volunteers!

About the Author

Dr. Susan White is Professor and Endowed Chair in Clinical Psychology at The University of Alabama, where she directs the Center for Youth Development and Intervention, an interdisciplinary group of nearly 100 scholars engaged in research related to mental health advancement of youth and families. Her research primarily addresses psychiatric comorbidity, intervention design and evaluation, and dissemination and implementation of evidence-based interventions for youth and adults who are diagnosed with autism spectrum disorder (ASD). Dr. White has worked in numerous settings including outpatient, residential, and private practice. Her program of research rests solidly at the intersection of science and practice. She is a Fellow of APA, SCCAP (Division 53), and ABCT, and she is board-certified in Clinical Child and Adolescent Psychology. She is co-author of several treatment curricula, widely published in high-impact scientific journals, and has co-edited several books, including the Oxford Handbook of Clinical Child and Adolescent Psychology. Promoting access to higher education for women and historically underserved groups is especially salient to Dr. White. She is adjunct faculty at Africa International University in Kenya, where she volunteers her time to teach graduate classes online.

Early Career Perspective

Exercising Self-Compassion as an Early Career Psychologist: Thoughts from the Tenure-Track

Rachel Miller-Slough, Ph.D.
East Tennessee State University



Starting your first faculty position comes with many exciting experiences, as well as validation for all the hard work that you put in to get there. However, this next step in your journey also comes with new hurdles that can be accompanied by feelings of uncertainty and imposter syndrome (Abdelaal, 2020). You will need to establish and build

your research lab, start on new course preps, obtain licensure in your new state, begin mentoring students, and learn the structures and systems of your new institution. You may have experience with some of these activities during graduate training, but these tasks will feel different as a faculty member or may be done differently at your new institution. Despite all the years spent in training, you feel a bit lost without a roadmap for this next step.

Self-compassion can be your travel guide during this transition to help you remain centered and maintain perspective. Self-compassion is the practice of exercising compassion towards oneself when we experience challenges, make mistakes, or feel strong negative emotions (Neff, 2003). As clinicians, we know that self-compassion relates to better psychological wellbeing and physical health (see Neff & Germer, 2017 for review). However, this skill also has important implications for early career psychologists. Research shows that actively cultivating self-compassion was linked to higher job satisfaction and engagement for individuals working in academia, in part because these individuals experienced less negative affect (Dreisoerner et al., 2023). Self-compassion can also assist us in our work as clinical psychologists (Neff & Germer, 2022) and instructors (Gibbons & Newberry, 2022), as it helps us maintain compassion for others and reduces the risk of burn-out (Durkin et al., 2016; Neff et al., 2020). Given the prevalence of burnout in academia and amongst clinical psychologists (Simpson et al.,

2019; Watts & Robertson, 2011), self-compassion can be an instrumental practice for our professional lives.

Self-compassion consists of three elements: self-kindness, common humanity, mindfulness, (Neff, 2003). Self-kindness refers to being kind to yourself, rather than self-critical, amidst pain and struggle. Recognizing the common humanity of your experiences is also key—suffering and struggle is part of the human experience, and so you are not alone. Lastly, exercise mindfulness by observing your thoughts and feelings, rather than over-identifying with, judging, or suppressing them (Neff, 2003). Consider these elements of self-compassion in tandem with the experiences of a new faculty member:

- Self-kindness: Remember that it is ok to struggle and feel frustrated while you are learning new things and adjusting to a new job/city. If you are struggling, it doesn't mean that you are doing poorly or are unprepared for this role-- it just means that you are adjusting to something new and that takes time. Struggling is an inevitable part of life and we con-

“Recognizing the common humanity of your experiences is also key—suffering and struggle is part of the human experience, and so you are not alone.”

tinue to learn at all stages of our career-- you have the skills to adapt during this transition.

- Common humanity: Recognize that many individuals are going through the same experience (perhaps in the same semester!), and many of your colleagues in your department went through this adjustment phase as well—you are not alone. Lean on others for support, advice, and mentorship. Many individuals are happy to “pay it forward” and help a new faculty member learn the ropes, just as others helped them when they were at that stage of their career. Asking questions and seeking guidance from others, particularly those at your institution, is also a far more efficient system than trying to figure everything out on your own.
- Mindfulness: Notice when you are having strong negative emotions or experiencing self-criticism,

and try to observe that emotion or thought. Rather than over-identifying with a self-critical thought such as, “This is hard and different than I expected, I am not prepared for this. I must be doing something wrong,” you might instead observe, “I am noticing the thought that I don’t feel prepared” and refrain from self-judgement. Observing your emotions, and not judging yourself for feeling those emotions, also affords you some distance that makes it easier to cope with these feelings.

It is normal and natural to experience stress and uncertainty as you transition to the next developmental stage in your career. Self-doubt and distress may remain as a travel companion at times, but exercising self-compassion helps you stay in the driver’s seat with the knowledge that you are not alone on your journey. For more resources and research on self-compassion, visit Dr. Kristin Neff’s website at <https://self-compassion.org/>.

About the Author

Dr. Miller-Slough is an Assistant Professor and Interim Co-Director of Clinical Training in the Department of Psychology at East Tennessee State University. She received her PhD in Clinical Psychology at Virginia Tech, followed by a post-doctoral fellowship at Duke University Medical Center. As Director of the Developmental Psychopathology Lab at ETSU, her research focuses on the socialization of youth emotion regulation by family and friends. Translating this research to practice, she is currently evaluating the implementation of parent emotion coaching programs in underserved communities in rural Appalachia.

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Resources and highlights include:

Professional training and employment resources

Information on current initiatives (e.g., CE standards)

Science-to-practice resources

Information on the numerous awards available from SSCP

A form to post anonymously on the listserv

...and more!

Clinician Perspective

Commentary on the Examination for Professional Practice in Psychology Part 2

Danielle Keenan-Miller, PhD

University of California, Los Angeles



For some readers of this column, the Examination for Professional Practice in Psychology (commonly known as the EPPP) may be little more than a memory of one of many hurdles on the path to becoming a psychologist. For other readers, the EPPP may loom in the future, perhaps accompanied by some feelings of worry,

confusion, or frustration. Regardless of where the EPPP falls with respect to your personal career trajectory, it's important that all stakeholders in our professional community be aware of important upcoming changes to the EPPP exam process, which are likely to have significant – and concerning – ramifications for our field.

Since 2016, the Association of State and Provincial Psychology Boards (ASPPB) has been planning to add an additional exam to supplement the existing knowledge-based EPPP (1). According to ASPPB, the second exam would be a measure of skills, rather than knowledge, and serve as a standardized measure of competency. In October 2022, ASPPB voted to make the EPPP Part 2 mandatory for any jurisdiction that uses the EPPP Part 1, currently in use in all states, with the expectation that Part 2 be a mandatory part of the licensing process by January 2026 (2).

The goal of creating a mechanism to ensure that practitioners entering the field possess the skills to provide high-quality, evidence-based, and ethical care is certainly a noble one. However, the mechanism ASPPB is forcing onto states is not well positioned to do that and, instead, is likely to cause significant harm to our field and to the communities we serve. First, our country is in the midst of a national mental health crisis. The sequela of the COVID-19 pandemic

and ongoing racial injustices have amplified pre-pandemic trends of increasingly poor mental health at the national level (3). Child and adolescent mental health was recently declared a national emergency by a coalition of pediatric organizations in response to soaring rates of childhood mental health concerns (4). There simply is not a sufficient mental health workforce to keep up with existing needs. According to the American Psychological Association's 2022 provider survey (5), most psychologists reported that they were working more hours than they did in 2021, and sixty percent reported no capacity to take on new clients. Creating new barriers to licensure will slow down the licensure process at a time when more psychologists are urgently needed.

Most alarmingly, the licensure candidates most likely to be restricted from entering the field are trainees of color. The EPPP Part 1 has been known for quite some time to have differential pass rates based on racial and ethnic identity. Although ASPPB does not make demographic data available for research or public review, several studies have been conducted using data obtained by the Freedom of Information Act and surveys of early career psychologists (6-9). Alarmingly, these studies have repeatedly shown that psychology candidates of color fail the exam approximately two to four times as often as white candidates (7, 8, 9). Nearly a quarter of early career psychologists of color report having taken the EPPP Part 1 more than once (as opposed to fewer than 10% of white candidates) (8). ASPPB has responded to these concerns by highlighting the use of implicit bias training and examination of differential item functioning (2) but has yet to address or even acknowledge larger concerns about the disparate impact of the EPPP on the career development and licensure timeline for test-takers from underrepresented backgrounds. At a time where the need to support the development of psychologists of color has never been clearer, it is baffling that ASPPB would expand the exam process rather than work to rectify this significant problem in the pipeline for psychology trainees from underrepresented backgrounds. The additional cost and study time associated with this exam will also have a disproportionate impact on first-generation and low-income trainees, whose voices are desperately needed in our field. Additionally, as information about race- and eth-

nicity-based disparities in test performance accrues, it raises the risk that jurisdictions adopting this exam will face legal challenges, particularly in the absence of any compelling evidence that exam scores are systematically related to real-world job performance.

At present, there is simply no scientific evidence that this exam will meaningfully contribute to the protection of the public. It is a conceptual leap to assume that scores on a multiple choice exam like the EPPP Part 2 are associated with real-world behaviors enacted in service delivery, and there is no data to support that claim thus far. ASPPB has described a variety of types of questions that will be used in the Part 2 (for example, answering questions about a presented scenario, or “point and click” items) but all questions follow a forced-choice format, without any free response questions that require a test-taker to generate a response in a manner that more closely approximates the activities of service delivery. There is no evidence to suggest that this multiple-choice measure is a better predictor of competence than are existing measures of skill, such as supervisory ratings based on observation of actual service delivery. Well-designed

"At present, there is simply no scientific evidence that this exam will meaningfully contribute to the protection of the public."

competency rating forms such as the Practicum Evaluation Form and the Supervisor Trainee Quarterly Evaluation, in contrast, have been shown to predict key outcomes associated with competency, including degree of change in client symptoms, client attrition, student remediation, and dismissal from graduate training programs (10, 11). Repeated calls from multiple stakeholder groups to perform the validation studies that are characteristic of the development of any new measure in psychology have been met with staunch opposition, and statements that the only validity necessary is content validity (2). There was an Examination Stakeholder Technical Advisory Group developed, in part, to provide ideas for research that would address some of the concerns from stakeholders regarding other types of validity. However, those members advocating for expanding the scientific basis for the exam were not able to convince the board of ASPPB to delay mandatory adoption of the EPPP Part 2 until additional data were collected, and myself and another member of the group resigned in protest after a widely distributed presentation suggested that we were in agreement that the test had met relevant

standards (12). I will leave it up to readers to decide for themselves whether we as a field want to endorse licensure processes that meet only the minimal technical standards, or whether, in light of the aforementioned costs to individuals and the field, we want to have licensure processes possessing an empirically-established relationship to competency.

In addition, it's not clear how the introduction of a second exam will impact graduate training. The time at which the EPPP can be taken varies state-by-state, but ASPPB now proposes (12) that the EPPP Part 1 should be completed prior to or during internship. Given that more than two thirds of candidates in one study of the EPPP Part 1 (13) reported studying for at least 200 hours (and the results of that study suggested that studying at least 200 hours is associated with a higher pass rate), the potential implications for the time and stress of graduate students is meaningful. Particularly for students who also have significant obligations related to research, an additional hurdle during the predoctoral or internship phase of training may have meaningful career implications. Additionally, shifting the cost of the EPPP Part 1 (\$600 for the exam and \$87.50 for the appointment) to the graduate training years is likely to add substantially to the already significant financial strain students face (14).

So what can you do if you are concerned about the direction in which this change might take our field? State boards of psychology are in an incredibly difficult position following ASPPB's decision to mandate that the EPPP Part 2 be adopted by all states using the EPPP Part 1. Most state regulations for licensure require attaining a passing score on a national licensure exam, so not having access to the EPPP Part 1 would be a significant challenge. Some licensure boards, such as California's (15), have raised the possibility of the development of an alternative exam. Given significant advances in AI that can enable the administration and scoring of standardized patient interactions, our field should be running towards the competency exams of the future instead of falling back into exam designs from the 1900's. The development of a well-designed competency test is certainly a significant undertaking, and one where the membership of SSCP may have a vital role to play. There is a particular need for individuals with expertise in psychometrics and technology to contribute to the design of a truly forward-thinking, scientifically sound, and socially just measure of competency. I would also encourage you to engage in advocacy with your state boards, expressing your concerns and urging them to work towards legislation that would be broad enough to facilitate the adoption of the alternative exams that will be developed in the near future. Contact information for your state board is available [here](#), and [here](#)

you can find handy templates for contact letters and scripts for phone calls. Lastly, talk to your colleagues who might not be aware of these changes and share the concerns you have. A victory of science over politics on this issue is going to require a groundswell of involvement from stakeholders across the field, and I hope you'll join me.

About the Author

Dr. Danielle Keenan-Miller is a psychological scientist, supervisor, and therapist. She is the director of the UCLA Psychology Clinic, and associate adjunct professor of psychology at UCLA where she trains graduate students in evidence-based psychotherapy. She has served on the board of the Association of Psychology Training Clinics and is a consulting editor for the journal *Training and Education in Professional Psychology*.

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Student Perspective

A Student Perspective on Combatting Stigma and Stereotyping Through Course Content

Adrienne Manbeck
University of Minnesota



As research in the field of minority stress has made abundantly clear, experiences of stigma produce negative mental health consequences (Meyer et al., 2021). Unfortunately, stigma and stereotypes intersect significantly with the field of clinical psychology. One powerful way we as graduate students can impact attitudes related to clinical psychology is through our platforms as instructors and TAs. Informed

by my experiences as a graduate student instructor of Introduction to Clinical Psychology for one semester and Introduction to Psychopathology for two semesters, and by my four years of interacting with the clinical psychology field as a graduate student, in this Student Perspective I will explore problems with stigmas and stereotypes related to our field and conclude with suggestions for instructors, TAs, and institutions.

Many of the most obvious examples of stigma and stereotypes around mental health conditions come directly from popular media. Media's mis-representation of dissociative identity disorder (DID) stands out for both its long-lasting nature and broad scope (movies—e.g., *The Three Faces of Eve*; *Identity*; *Sybil*; *Split*; *Me, Myself & Irene*; *Fight Club*; television shows—e.g., *The United States of Tara*; and, recently, TikTok videos). Due to the high prevalence of severe childhood trauma amongst those diagnosed with DID, these portrayals can also stigmatize people with childhood experiences of abuse and neglect by portraying them as likely to “lose control” or become violent. Similarly, news reports that titillate with speculation about mental health concerns of someone who has killed or harmed others (often seen in the case of White young men who commit mass shootings, Swanson et al., 2015), thrillers where the big reveal is that the villain was mental illness all along (e.g., *The*

Visit, *Fatal Attraction*, *Shutter Island*, *the Joker*, numerous episodes of *Criminal Minds* and similar serial killer dramas) and more all contribute to the belief that some people with mental health concerns are inherently dangerous. These portrayals have real consequences in terms of how many of us view mental health concerns; in my most recent semester of teaching introduction to psychopathology, over 20% of my students told me they had previously associated schizophrenia with violence following a lecture about stigma and schizophrenia. Other common forms of stigma and stereotyping are more insidious, further underlining the need for over course content designed to challenge stigmas and stereotypes, and perhaps more broadly, designed to invite students to engage with popular depictions of mental health concerns with curiosity and skepticism. Myriad social messages have convinced society that PTSD looks like a male combat Veteran, that OCD looks like someone who really likes things neat and in a certain order, and substance use disorders look like criminal conduct. Presenting case studies and first-hand accounts of lived experiences with societally-misconceived mental health concerns can provide a powerful counter narrative for students.

A painful part of my journey as a graduate student has involved grappling with the ways our own field may perpetuate stigma against societally-oppressed groups. Although this topic is wildly uncomfortable to broach, it also is crucial that we as a field begin to examine the ways that clinical psychology contributes to the oppression of many groups. Indeed, the term “Abnormal Psychology” itself, still widely in use across psychology textbooks, journals, and classrooms, implies deviance and aberrance in people experiencing mental health concerns while also underestimating the prevalence of mental health concerns broadly. The ways in which many psychology texts talk about fat people, including with outdated and unpreferred language such as “obesity,” seem to be tailor-made examples of the exclusion of fat people from the discourse around their own health (e.g., Southard Ospina, 2016). The DSM-ordained BMI requirement for the diagnosis of *anorexia nervosa* overlooks the limited utility of BMI as a predictor of health, particularly for non-White, non-European, non-men (American Medical Association, 2023) while simultaneously contributing to the unhelpful societal belief that restricted eating isn't really dangerous unless

the person doing it falls into a low weight category. In the realm of autism spectrum disorder, insistence by some in the field on using person-first language, often the preference of parents of autistic children, even when

"As role models for students, it's critical that we overtly critique popular trends in the clinical psychology which reinforce societal mistreatment of fellow human beings."

autistic advocates prefer identity-first language, reifies the idea that autism is something a person "has," like a disease, rather than an integral part of who a person is (Kenny et al., 2016). Additionally, the field frequently uses the term, "Gender and Sexual Minorities" (GSM) to describe the LGBTQIA+ community, despite infrequent use in the queer and trans community itself. GSM as a term has etymological roots in the term "Sexual Minority" which was used to describe non-queer sexual identities including pedophilia. These historical roots are made all the more troubling by the longstanding anti-queer and anti-trans rhetoric that equates LGBTQIA+ identities with pedophilia (or "grooming" to use the current parlance). As a final example, the field, at large, still takes lack of interest in sex or romance as potential symptoms of conditions, sometimes without consideration for the person's own identity (e.g., if they are asexual and/or aromantic).

As role models for students, it's critical that we overtly critique popular trends in the clinical psychology which reinforce societal mistreatment of fellow human beings. Remaining silent or sticking to textbook-based learning on these topics is akin to cosigning practices which we individually may not support. The pressure of course design, particularly for graduate student instructors with relatively little institutional power, is intense and major changes may feel unachievable. However, incremental changes and subtle challenges of stigma and stereotyping within existing course content may still be powerful enough to encourage novel perspectives from students and to signal to students who themselves have faced stigma and stereotyping that your classroom is a safe space.

About the Author

Adrienne Manbeck (she/her) is a rising fifth year graduate student in the University of Minnesota's Clinical Science and Psychopathology Research program. Her research interests combine fear conditioning tools with minority stress measures to better understand development of, and resilience against, anxiety disorders in the LGBTQIA+ community. Her therapy interests include evidence-informed treatments of anxiety

disorders, PTSD, and OCD, such as CBT, ACT, CPT, and ERP. Across research and clinical work, Adrienne is particularly motivated by understanding the role of safety learning in the protection against and recovery from threat-relevant disorders, particularly in the context of minority stress or other identity-based societal pressures. Adrienne has taught three courses for undergraduate students and given a number of guest lectures; her course content includes focuses on stigma and societal injustices and their relationship to mental health. Adrienne has been involved in a number of diversity and equity efforts and is proudly a member of the LGBTQIA+ community.

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***Students!
Interested in contributing?***

***Don't hesitate to contact the editor at
samuel.cooper@austin.utexas.edu to
pitch an idea for an upcoming issue.***

Awards & Recognition

2023 Lawrence H. Cohen Outstanding Mentor Award

Daniel Klein, Ph.D. Stony Brook University



Dr. Daniel N. Klein is State University of New York Distinguished Professor in the Department of Psychology at Stony Brook University. He received his undergraduate degree from Brandeis University and his doctorate in clinical psychology from the University at Buffalo. Dr. Klein's research focuses on the classification, development, intergenerational transmission, course, and treatment of depression and related disorders in children, adolescents, and adults. His work on chronic depression influenced the classification of depression in the last two editions of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. In addition, he was a principal investigator on several pioneering clinical trials demonstrating the efficacy of pharmacotherapy, psychotherapy, and their combination for treating chronic depression. For the last 20 years, his work has focused on the long-term outcomes of early childhood psychopathology, and on identifying early emotional, behavioral, and neurophysiological risk factors for the development of depressive and anxiety disorders in adolescence and young adulthood. Dr. Klein has published over 500 articles and chapters. His work has been continuously supported by the National Institute of Mental Health since 1984. He has served as President of the

Society for a Science of Clinical Psychology (SSCP) and the Society for Research in Psychopathology (SRP). Dr. Klein received SRP's award for sustained mentorship, as well as career scientific contributions awards from SRP and the Society for Clinical Psychology (APA Division 12). He is immensely grateful to the outstanding colleagues, students, and staff that he has had the good fortune to work with throughout his career.

Editor note: It is a mark of Dr. Klein's impact on the field that just after being recognized as the recipient of the 2022 SSCP Distinguished Scientist Award in the previous issue of Clinical Science, he is once again being recognized for an award here! Thus, we are reprinting Dr. Klein's excellent early career and student advice from the previous issue - SEC

Early Career and Student Advice from Dr. Klein

"I was asked to give a few words of advice to trainees and early career clinical scientists. I suspect that any truly useful advice must be geared to particular individuals and contexts. But, at the risk of listing a series of platitudes and clichés, here are a few suggestions that I have generally found useful."

1. Focus on what you are good at and provides you with a sense of satisfaction. Then try to become one of the best at doing whatever that is.
2. Pursuing projects because they are trendy is a risky strategy – others are likely to get there before you and there is a good chance that you will be lost in the crowd.
3. Always have several projects, at different stages, going on simultaneously. It helps maintain productivity and is good for your mental health, as there is usually something that is going well.
4. The most important thing in getting ahead professionally is the quality of your work. Networking and politics have their places, but in the final analysis it is your skills and accomplishments that carry the most weight.
5. Try to surround yourself with colleagues and students who are smarter than you are (even when it makes you feel stupid).
6. Never forget that academia and professional psychology are small worlds. Many of the colleagues you interact with now will remain in your professional life for the rest of your career. Treat them accordingly.
7. Read, read, read – that is your intellectual capital, and you will continue to draw on it throughout your career.
8. It is helpful to choose a professional organization (perhaps SSCP) and get involved with it – it will give you a professional home base and sense of community.
9. You can never fully anticipate what new collaborations, projects, and findings will present themselves and where they will take you. Although you must be discerning and not spread yourself too thin, remain open to new opportunities.
10. You can't do everything, professionally or personally. Decide on your priorities and stick with them, even if it means stinting in other areas.
11. Don't take lists like this too seriously. Life is far too complicated for prescriptions.

Awards & Recognition

2023 SSCP Service Award

Jacqueline B. Persons, Ph.D. Oakland Cognitive Behavior Therapy Center



Dr. Jacqueline B. Persons is Director of the San Francisco Bay Area Center for Cognitive Therapy and Clinical Professor in the Department of Psychology at the University of California, Berkeley. She is a clinician, teacher, researcher, writer, and scientist-practitioner. She maintains an active clinical practice, providing cognitive-behavior therapy for mood and anxiety disorders and related problems, and teaches and provides clinical supervision to students and professionals in many settings. Dr. Persons conducts research on the mechanisms underpinning symptoms of depression and anxiety and on the process and outcome of cognitive-behavior therapy, especially as it is implemented in routine clinical practice. Her first book, *Cognitive Therapy in Practice: A Case Formulation Approach*, published by W. W. Norton in 1989, is widely considered a classic. She is past president of the Association for Advancement of Behavior Therapy (now the Association for Behavioral and Cognitive Therapies) and of the Society for a Science of Clinical Psychology, a section of the Society of Clinical Psychology of the American Psychological Association.

The SSCP Service award is a recently created award that is awarded to an “SSCP member who has demonstrated sustained, significant, and outstanding service to SSCP. SSCP service contributions include being an elected officer of SSCP, serving as a chair or member of an SSCP committee, serving as a representative of SSCP to other organizations, participating as a reviewer for SSCP awards, and judging student posters at APS.

Dr. Persons has consistently demonstrated an outstanding commitment to our organization. She was SSCP President in 1999 and served as Chair of the Committee on Science and Practice for 8 years. Dr. Persons has been instrumental in leading many initiatives, including the widely disseminated [Translating Science to Practice](#) series. Dr. Persons is a productive scholar and an esteemed clinician. She has shown many of us how to lead via service. **Thank you, Dr. Persons!**

For more on our current and past award winners and call for 2024 awards:

www.sscpweb.org/Grants-&-Awards

Awards & Recognition

2023 Susan Nolen-Hoeksema Early Career Award

Cheri Levinson, Ph.D. University of Louisville



Dr. Cheri Levinson is an Associate Professor in the Department of Psychological and Brain Sciences and the Department of Pediatrics at the University of Louisville and Director of the Eating Anxiety Treatment (EAT) lab, which is based in Department of Psychological and Brain Sciences and the Department of Pediatrics, division of child and adolescent psychiatry. She is also the Founder and Clinical Director of the Louisville Center for Eating Disorders, which is the only eating disorder specialty clinic in the state of KY, where she treats patients, and supervises and trains other clinicians and students in evidence-based treatments for eating disorders. Currently Dr. Levinson is Vice Chair of the KY Eating Disorder Council, which is a state sponsored council charged with improving eating disorder treatment and access to treatment in KY. Dr. Levinson's research focuses on building new treatments for eating disorders, primarily using new technologies. To do this work she uses advanced analytics and technologies,

such as individual network analysis, ecological momentary assessment, and wearable sensor technologies. Dr. Levinson has published more than 130 peer-reviewed manuscripts and chapters and has been the primary investigator on several national grants and awards, including three active clinical trials testing exposure therapy and personalized treatments for eating disorders. She has received several awards for her work including the 2021 Association for Psychological Science Rising Star Award, 2020 American Psychological Association Theo Blau Award, and the Academy for Eating Disorders 2015 Outstanding Scientific Contribution Award. Dr. Levinson's clinical works focuses on the treatment of adults, adolescents, and children with eating disorders. She specializes in the treatment of comorbid disorders (eating disorders, OCD and anxiety disorders) using empirically supported cognitive-behavioral techniques. Dr. Levinson has worked in all levels of eating disorder care, including outpatient, partial-hospitalization, residential, and inpatient care.

Before moving home to Louisville, Dr. Levinson trained at the University of North Carolina Center of Excellence in Eating Disorders (CEED). While at CEED, she trained in cognitive behavioral therapies, dialectical behavior therapy, family based therapy for adolescents with anorexia nervosa, acceptance and commitment therapy, and mindfulness therapies for eating disorders. Dr. Levinson was a post-doctoral fellow at the Washington University in St. Louis School of Medicine Department of Psychiatry, where she developed technology based treatments for eating disorders. She completed her clinical internship at the University of North Carolina School of Medicine. She received her Master's and Doctoral degrees in the psychology department at Washington University in St. Louis. She completed her undergraduate degree in psychology and history at the University of Kentucky.

About the Susan Nolen-Hoeksema Early Career Award

This award is dedicated to the memory of Susan Nolen-Hoeksema, Chair and Professor of Psychology at Yale University and SSCP member, who was known during her career as an outstanding clinical research scientist and a strong advocate and mentor to many students in clinical psychology. Dr. Nolen-Hoeksema passed away on January 2, 2013. Recipients are early career research scientists who have provided exceptional contributions to the science of clinical psychology in one or more content areas, including groundbreaking conceptual or theoretical approaches to a problem, innovative methodological contributions, or highly significant and impactful empirical findings.

Student Awards & Recognition

SSCP Outstanding Student Diversity Research Award

Briana Brownlow, Ph.D. Duke University



Dr. Briana Brownlow (she/her/hers) is currently in a postdoctoral role as a Clinical Associate in the Department of Psychiatry and Behavioral Sciences at Duke, where she splits her time between engaging in community based research, teaching/training, and providing clinical work on both the inpatient and outpatient level. Dr. Brownlow's research broadly focuses on how racism "gets under the skin" and impacts Black Americans' physical and mental health. Her work on this topic has been featured in a TEDx talk. Dr. Brownlow received her bachelor's degree in psychology & philosophy at Spelman College, and her masters and doctorate degrees in Clinical Psychology from The Ohio State University.

For more Dr. Brownlow, watch her 2021 TEDx talk, titled "How Racism Gets Under the Skin".

Find it at <https://www.youtube.com/watch?v=xDhZb3VN5IQ>



Virtual Clinical Lunch (VCL) Series

SSCP's Virtual Clinical Lunch offers an opportunity for the entire field to discuss clinical science research together. Recent VCLs include:

Examples of Irritability and Depression in Youth
Dr. Daniel N. Klein

Indigenous Health Seminar
Harvard University Native American Program

Missteps in the Treatment of Trauma and PTSD
Dr. David Tolin

Juvenile Justice Research in Louisiana from the Perspective of a Clinical Child Psychologist
Dr. Paul J. Frick

Check out all our VCLs on our website: <http://www.sscpweb.org/ClinicalLunch>

Student Awards & Recognition

SSCP Outstanding Student Clinician Award

Liz Slivjak, M.A.

University of Colorado Boulder



Liz Slivjak is a fifth-year doctoral student in the Clinical Psychology program at the University of Colorado (CU) Boulder. She received her bachelor's degree in history with a minor in psychology at the University of Pennsylvania in 2013, after which she worked as a research assistant at Memorial Sloan Kettering Cancer Center for four years in the Department of Psychiatry and Behavioral Sciences. She began her PhD in 2018, earning her master's degree in 2020. At CU Boulder, Liz works with Dr. Joanna Arch. Her clinical work and research focuses on evaluating acceptance and exposure-based interventions for anxiety disorders and coping with cancer, with a particular focus on self-compassion. Liz served as a research study therapist on a recently concluded randomized trial of telehealth ACT for fatigued women with late-stage ovarian cancer. She is also working as a research study therapist and assisting with intervention refinement on Dr. Arch's pilot trial of a written exposure intervention for adults with late-stage cancer to address fear of cancer progression and trauma symptoms. In addition, Liz is currently completing an externship in the Health Psychology program at the Eastern Colorado VA in the Hematology/Oncology and tobacco cessation clinics.

1. What are your clinical interests?

Broadly, I am interested in acceptance- and exposure-based interventions and intervention development for anxiety disorders and trauma, with a particular focus on self-compassion and social anxiety disorder. For my Master's thesis and doctoral dissertation, I have evaluated whether cultivating self-compassion in a group setting by highlighting common humanity and shared fears is helpful in improving initial engagement with exposure therapy and reducing social anxiety symptoms. I am also interested in the interplay between mental and physical health and seek to evaluate novel, evidence-based interventions to support adults coping with cancer.

2. Why is this area of clinical work exciting to you?

Early in my graduate career, I became interested in the role of avoidance in anxiety. I was struck that while evidence-based tools like exposure therapy exist to treat anxiety, many individuals have difficulty engaging. I became interested in the role of self-compassion to improve initial engagement with feared contexts. I am excited by the opportunity to help clients and patients move towards what matters to them in order live rich, meaningful lives.

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

I have been incredibly fortunate to learn from many wonderful mentors throughout my academic journey, including my research mentor at CU Boulder, Dr. Joanna Arch, my mentor at Memorial Sloan Kettering Cancer Center, Dr. Wendy Lichtenthal, and my supervisors at my clinical externships including Dr. Cinnamon Bidwell, Dr. Tina Pittman Wagers, Dr. Nomita Chhabildas, Dr. Emily Richardson, Dr. Alisha Brosse, Dr. Monika Hauser, Dr. Jean Rosmarin, Dr. Elissa Kolva, Dr. Eleni Romano, and Dr. Helen Chao. In addition, I have been greatly influenced by the excellent clinical faculty at CU Boulder, by my research team members, as well as by my graduate student colleagues and peers.

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

I would encourage other students pursuing their graduate degree to identify their interests and passions and try to prioritize values-aligned projects, given that there can be limited time in graduate school. I would also encourage students to seek clinical work in areas that they think they might be interested in and to be open to trying new things, as what interests you most as a clinician can be surprising. For example, although I was excited and fortunate to have an opportunity to work as a research study therapist on clinical trials for coping with cancer, I was surprised to learn how much I enjoy treatment development and refinement research throughout

Student Awards & Recognition

SSCP Outstanding Student Teacher Award

Caroline Boyd-Rogers University of Iowa



Caroline Boyd-Rogers is a fourth year clinical science graduate student at the University of Iowa with two lines of research. The first uses approaches from clinical, cognitive, and social psychology to investigate potential methods of sexual assault prevention on college campuses. This has involved investigating the role of peer influences on students' sexual attitudes, behaviors, and decision-making processes. The second line of research assesses bondage/discipline, dominance/submission, sadism/masochism (BDSM) identity across a spectrum of interest and experience levels. This has involved investigating resilience factors among formal BDSM practitioners and creating a scale of "BDSM Proclivity" that is appropriate for use in a college student setting. In her clinical training, I enjoy using acceptance and commitment therapy, exposure therapy, behavioral activation, and motivational interviewing. She also enjoys working with the LGBTQIA+, consensual non-monogamy, and BDSM communities, teaching in undergraduate and graduate student settings, mentoring undergraduate students in our laboratory, and supervising students on clinical skills. She also enjoys presenting to students

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

I have heavily invested in teaching and mentoring opportunities that enhance diversity, equity, and inclusion within and beyond the classroom. I have worked extensively to reduce barriers to education and affirming clinical care for those who identify as a racial/ethnic minority, sexual or gender minority, person experiencing significant mental health concerns, or member of other sexual minority communities, among others. I hope to spend a lifetime investing in teaching opportunities that will reduce barriers to high-quality education for all.

I seek to promote student learning by helping make salient connections between course material and students' personal interests. I encourage collaboration and respectful discourse with prompts designed to promote critical thinking. I aim to increase students' use of empirically supported metacognition and memory techniques in their learning. I also use these techniques to evaluate the effectiveness of my scaffolding and to monitor student engagement and comprehension. I implement experiential and problem-based learning opportunities whenever I can, even in large-lecture contexts. I value transparency about course expectations and learning goals to facilitate students' metacognition. Finally, I invest in community building so that students feel like they belong in the learning environment and experience the benefits of peer collaboration in their learning.

2. What do you enjoy most about teaching?

Teaching students and mentees to find value in psychological science reminds me of my own values. While it can be easy to habituate to the importance of the work we do in this field over time, students provide an avenue to rediscover the passion and intrinsic curiosity that led me to this career in the first place. Getting to share in their enthusiasm for learning is a great privilege, and their unique perspectives and backgrounds push me to think differently about some of the biggest questions in the field. Every time I get to witness a lively debate over current issues in psychological science or I get to see the epiphany moment from a student in office hours and all the joy that follows, I feel inspired again. I know that our field's future is in good hands, so long as we invest in it.

I grew up hearing that "education can buy you a seat at the table where decisions are being made." In my role as a teacher and a mentor, I find meaning in helping to diversify that table as much as possible and elevate voices and perspectives that might otherwise be overlooked.

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

At Children's University and The Oakridge School, I learned that feeling safe, respected, and accepted are core ingredients to building intrinsic curiosity, growth-

Student Awards & Recognition

SSCP Outstanding Student Teacher Award

promoting opportunities, and the willingness to be uncomfortable in front of fellow learners. I want to especially acknowledge Christi Begole, Shelly Savant, Susan Knott, and Jennifer Bonner for their impact during this time.

At Rhodes College, Dr. Geoff Maddox showed me that addressing inequities begins in the classroom and starts with the person leading the learning environment. He demonstrated what it means to be a student advocate and a master scaffolder. I think about what it was like to be his student before every class I teach.

Dr. Bradley Onishi showed me that with skillful group leadership and community building, the classroom can be an asset to thinking critically about even our deepest held convictions.

At the University of Iowa, Dr. Shaun Vecera teaches me to “think bigger” as he implements a research-informed campus-wide initiative to build student and faculty skills related to growth-mindset, memory, and metacognition. His commitment to improving the student experience has been truly inspiring.

Finally, Dr. Teresa Treat takes an uncompromising approach to the quality of her teaching, mentorship, science, and service. She invests heavily in the future of our field. She truly embodies the kind of faculty member and mentor I hope to be one day.

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

1. A finished to-do list is not the best sign of success in graduate school. I loved nothing more in my early academic career than the satisfaction of completing a to-do list. However, when I am really pushing myself to be immersed in research, professional development, service, and teaching, I find that the work is never really done, and the to-do list is forever growing. It has become especially important to me to redefine what “success” means across the short- and long-term. I have learned to feel reinforced by hours when I feel particularly focused. I take pride in finding strategies that make me more efficient than I used to be. I celebrate milestone accomplishments of all sizes and keep a “have done” list to reference when I feel discouraged.
2. Graduate school was the ideal time for me to figure out what work/life balance looks like in my life. The

best way I have been able to combat burn out during graduate school is to be something other than a graduate student at the end of the workday and on the weekends. Having these breaks has made me more efficient in my work and more excited about it too.

2023 SSCP Student Poster Winners and Distinguished Contributions

General SSCP Student Poster Award Winner

Kaitlyn Tobin, Georgia State University

Does Parental Acceptance/Warmth Moderate Longitudinal Bidirectional Associations between Parents' and Children's Internalizing Psychopathology?

SSCP Diversity Study Poster Award Winner

Sara Albrecht Soto, Pennsylvania State University

Perceived Neighborhood Cohesion Predicts Daily/Weekly Worries Differently across Racial/Ethnic Groups in the United States

SSCP Aspiring Researcher Award Winner

Drishiti Sanghvi, Teachers College, Columbia University
Examining the Relationship between Trait and State Emotion Regulation

Distinguished Contributions -

- Liga Eihentale, Florida International University - *Post-traumatic Stress Is Uniquely Associated with Overgeneralization of Negative Memories in Early Adolescents with Anxiety*
- Brendan Lam, Yale University - *The Moderating Effect of Neighborhood Disadvantage on Delay Discounting and Externalizing Behaviors in Adolescents*
- Andrew Ross, University of Rochester - *Parent Alcohol Use Disorder Predicts Offspring Problem Alcohol Use Above and Beyond the Effects of Child Maltreatment*
- Madison Schulte, The College of William and Mary - *Maltreatment-Related Risk and Attachment Security Predict Disagreement in Parent-Child Reports*
- Whitney Shepherd, Baylor College of Medicine - *Examining the Relationship between Aggression and Emotion Regulation within Misophonia*
- Emma Tussey, Idaho State University - *Longitudinal Associations between Sleep Hygiene Internalizing and Externalizing Behaviors*

Winners and distinguished contributions received a certificate on their presenter board during the SSCP Poster Session at the APS Convention. Congrats to all!

Updates from Student Representatives

Nora Barnes-Horowitz, M.A., University of California, Los Angeles
Sarah Sullivan, M.S., City University of New York

We are Looking for Campus Reps!

SSCP is recruiting new campus reps for the upcoming academic year (2023-2024).

Responsibilities as a campus rep include forwarding SSCP award opportunities to the students in your department, advertising other SSCP initiatives at your institution, and attending quarterly campus rep meetings. Additionally, campus reps are expected to become involved in one student initiative of their choosing (past topics include compiling internship resources, assessing graduate student wellness, and advocating for graduate student access to mental health resources).

If you are interested in getting involved, please fill out [this form](#) with your information. Spots are currently limited to 1 rep per institution and will be first come first serve.

Mental Health Resources

Stress and mental health difficulties are common among clinical psychology graduate students. A 2020 survey indicated that many SSCP student members do not have clear avenues within their graduate programs for seeking mental health care treatment. In response, the SSCP student committee has created a resource guide to assist graduate students with accessing treatment.

You can find this resource guide on our website (link below). Additionally, the SSCP student committee partnered with CUDCUP to distribute a guide to DCTs focused on creating program-specific lists of providers and other mental health resources.

Results from the 2020 survey have also been submitted for publication to draw more attention to this important issue. See: http://www.sscpweb.org/resources/Documents/SSCP_Student_Mental_Health_Resources=pdf.pick3dnFQTVuzXbjj6lZdkYQ/viewform

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!

Nora Barnes-Horowitz: nbarneshorowitz@ucla.edu

Sarah Sullivan: Ssullivan1@gradcenter.cuny.edu

Updates from Student Representatives

Nora Barnes-Horowitz, M.A., University of California, Los Angeles
Sarah Sullivan, M.S., City University of New York

Professional Resources

SSCP Internship Director Q&A: Dr. Philip Gehrman of the University of Pennsylvania, Dr. Susan Sprich of Massachusetts General/Harvard Medical School, and Dr. Lauren Weinstock of Brown University graciously agreed to answer members' most commonly asked internship questions. Their responses were distributed to the student listserv in early September.

Academic Twitter Resources: Student representative Rachel Walsh created a guide for students interested in engaging in or increasing their presence on academic Twitter. You can find the guide on our website: <http://www.sscpweb.org/resources/Documents/SSCP%20Guide%20to%20Academic%20Twitter.pdf>.

SSCP Internship Directory: The 9th edition of the Society for a Science of Clinical Psychology (SSCP)'s Directory of Training Opportunities for Clinical Psychology Interns is here. Results were compiled from clinical internship sites during the Summer of 2019. The Directory provides unique information not available elsewhere, including research opportunities and training in empirically supported interventions. As a student member of SSCP, you can download the internship directory at our website: <http://www.sscpweb.org/internship>

SSCP Mentorship Program Guide: During the previous year, we worked to compile a list of mentorship programs across various psychological organizations.

- If you have any interest in serving as a mentor or mentee, check out the list here: <https://docs.google.com/spreadsheets/d/1kDLKA-rK7F10v922MJFaSBo7xg6Hd-kBRZ1-UZu6DRPs/edit#gid=1042123783>.
- If you know of a program that we missed, add it here: <https://docs.google.com/forms/d/e/1FAIpQLSdAyJ0oYUzjHeAN3eOwY3CA4pick3dnFQTVuzXbjj6lZdkYQ/viewform>.