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CLINICAL SCIENCE

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

Developing clinical psychology as an experimental-behavioral science

NEWSLETTER

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

Presidential Column

Mitch Prinstein, Ph.D.
University of North Carolina at Chapel Hill

Finding Our Voice

I love that SSCP has strong opinions regarding clinical science. We believe that clinical psychology is a scientific discipline. Our approach to understanding, assessing, preventing, and treating psychopathology should be based not on intuition or historical tradition, but on scientific findings produced from rigorous, objective methods. We believe that clinical psychologists should be trained first as investigators, as only students trained to think like a scientist will appropriately prioritize the sound measurement of psychological symptoms, the selection of evidence-based treatment strategies, and the need to determine the effectiveness of treatment as it progresses. We believe that it may be unethical to deliver treatments to individuals suffering from mental illness unless those treatments are based on sound scientific principles or have been demonstrated to work in carefully controlled studies. We also believe that the training of psychologists should require competence in scientific thinking, evidence-based treatment approaches, and life-long decision-making skills that will emphasize the incorporation of science not only into our research, but also practice. We believe all of these things and we are strongly dismayed when we encounter evidence to suggest that the field does not agree with these basic, fundamental principles. We are further outraged when we learn that the public may misconstrue the important contributions that clinical psychology can offer to reduce human suffering. We are passionate, we are dedicated, and sometimes, we are even angry.

So, what are we going to do about it?

I love the community of like-minded scholars that SSCP offers. As soon as the field has moved towards a direction that violates SSCP's principles, or a mass media piece has propagated a depiction of clinical psychology that makes our blood boil, we can rely on our community of support for c ollective coping via our listserv. Even when a listserv message elicits responses only from a half-dozen frequent listserv posters, I imagine hundreds more reading the thread, nodding their heads, and I feel supported in what sometimes seems like a vast, unmanageable, hopeless situation. I suspect our listserv dialogue serves a similar function for many of us, and it is an important tradition I hope we continue.

But can we do more? Can we voice our concerns to others outside of our own community? Can we use our passion to enact change?

I think, no I fear that many SSCP members may say, "No, we can't." We have more data to predict failure than success. We have been burned, and we are rightfully angry. We are frustrated to the point of feeling hopeless, and we feel lonely in our efforts to make change. Perhaps SSCP, as an organization, is depressed.

There are reasons for hope, however. First, our membership is growing, particularly among students. We have new energy, passion, and talent that believes in our dream and is committed to moving the field with us. Our students are allies, advocates, and collaborators in our mission. We owe it to them to keep trying, and we need to ensure that our depression is not contagious.

Second, we are most certainly not alone. In the past year, we have established remarkably fruitful partnerships with several free-standing associations, numerous divisions within APA, and

within APA governance itself. All of us feel the same way and we can have power in working together. We have seen this with numerous initiatives these past few years already. We had almost a dozen groups, and hundreds of individual supporters join us in our call for new continuing education policies that would prioritize evidence-based practice. We had many partners join with us in dialogue with NIMH regarding their strategic plan. Our voice is strong, especially when we join a chorus of others who want the same things.

Last, and perhaps most importantly, we are needed - desperately. I know of no professional association in psychology that has too many volunteers. In fact, it often is quite difficult to find willing, qualified, and dedicated psychologists who wish to serve. Luckily, we in SSCP have an abundance of folks who would be extraordinarily qualified for many of these positions. Most importantly, doing so would allow us to have exactly the kind of impact we all hope for. It starts with us finding our voice and using it. I don't just mean the well-known folks whose work is cited frequently in our reference sections. I mean ALL of us. Imagine what would happen if we populated every group, every board and committee, and every governance organization with at least one SSCP member. This is change within our reach. And it is worth striving for because our voice is certainly going to be more efficacious if we use it where someone may hear us.

What have you done to help promote SSCP's values recently? Please send examples, ideas, or suggestions and we can help amplify your voice through SSCP's communications channels. Let's celebrate what we have done – on local or national levels – and help demonstrate the impact we can have when we use our voice. Your successes may just inspire others.

SSCP Treasurer's Report

Stewart Shankman, Ph.D.
University of Illinois-Chicago

BALANCE as of May 3, 2015: $36,976.05

FINANCIAL HIGHLIGHTS:

EXPENSES: -$4,500 (payment to APS)

PENDING: -$4500 ($1500 [*3]) Training grants; +$12 (membership check sent)

Congratulations to Dr. Eric Youngstrom!

Eric Youngstrom, Ph.D., Professor of Psychology and Psychiatry at the University of North Carolina at Chapel Hill, received the **2015 SSCP Lawrence H. Cohen Outstanding Mentor Award**.

This award is given to an individual who has provided exceptional guidance to clinical psychology graduate students, interns, and/or postdoctoral fellows in clinical psychological science through leadership, role modeling, advising, supervision, instruction, advocacy, and other activities aimed at providing opportunities for scientific growth, professional development, and networking.

SSCP & APS: "How Did I Get Here" Video Series

Ever wondered how different psychological scientists ended up doing what they do? We did!

The SSCP and APS video series entitled "How Did I Get Here" was designed to complement the Psychological Science Career Mentorship Match program to help students and early career psychologists obtain more information about a variety of career paths available to them.

In this video series, psychological scientists in various positions describe their career path, discuss obstacles that were overcome along the way to their current position, and share what they wish they had known earlier in their career. These are the personal stories you don't get from a CV!

We currently have seven videos posted with the following psychological scientists:

1. **Jacqueline Persons, Ph.D.:** Director of the Cognitive Behavioral Therapy and Science Center

2. **Gerald Davison, Ph.D.:** Professor of Psychology and Gerontology at the University of Southern California

3. **Marc Atkins, Ph.D.:** Professor of Psychiatry and Psychology and Director of the Institute for Juvenile Research at the University of Illinois at Chicago

4. **Ann Garland, Ph.D.:** Professor and Founding Chair of the Department of School, Family, and Mental Health Professions at the University of San Diego

5. **Guadalupe Suchi Ayala, Ph.D.:** Professor in the Graduate School of Public Health at San Diego State University and Co-Director of the Institute for Behavioral and Community Health

6. **Jerusha Detweiler-Bedell Ph.D.:** Professor of Psychology at Lewis and Clark College

7. **Lisa Onken Ph.D.:** National Institute on Aging, Division of Behavioral and Social Research

You can access the videos here: http://www.psychologicalscience.org/join-renew/mentor-vids.cfm

This video series was developed and moderated by Sara Bufferd, Ph.D.
Additional videos will be added as they are recorded. Let us know if there's someone you'd love to hear interviewed! You can contact Sara at SBufferd@csusm.edu

2015 SSCP Varda Shoham Clinical Science Training Initiative Grants Winners

We are pleased to announce the winners of the 2015 SSCP Varda Shoham Clinical Science Training Initiative Grants Program. This was the 5th year of the Program, and the second year in which it has been named in honor of Dr. Varda Shoham, President of SSCP when the Initiative began, and champion of Clinical Science.

This was also the first year in which winners were awarded according to one of three Tracks: 1) Conducting science in/on applied settings, 2) Innovation in clinical science training or resources, and 3) Value-added to the program. We received fantastic applications across these categories, and we believe the winning proposals exemplify each of these cornerstone values of clinical science training.

Finally, we are thrilled to share that, for this year, the Association for Psychological Science has decided to co-sponsor this Program. Due to this generosity, we have been able to award an additional grant for this cycle. This is in many ways especially fitting, as both of the "Conducting science in/on applied settings" projects are directly related to the vision of clinical science Dr. Shoham so clearly articulated.

Congratulations again to this year's winners!

Sincerely,
The SSCP Varda Shoham Clinical Science Training Initiative Committee
Matthew D. Lerner (Chair), Lea Dougherty, Douglas Mennin, Michael Rohrbaugh, Katie Lee Salis

1. Innovation in Clinical Science Training or Resources

Integrating science in the provision of evidence-based outreach, prevention, and intervention on an urban, diverse campus: Expanding training opportunities beyond traditional clinical roles for advanced doctoral students

Lizabeth Roemer, Ph.D., University of Massachusetts Boston

Integrating science in the provision of evidence-based outreach, prevention, and intervention on an urban, diverse campus: Expanding training opportunities beyond traditional clinical roles for advanced doctoral students

Our doctoral program has recently launched University Resources for Behavioral and Educational Skills Training (UMB-UR-BEST), an on-campus advanced practicum. In this context, our doctoral students are trained to flexibly provide evidence-based preventions/interventions to our undergraduate students in a nontraditional model that addresses barriers to care (e.g., mental health stigma, limited resources, limited time). They also take on leadership roles in developing collaborative relationships with community partners and developing and adapting interventions/preventions (with faculty consultation), assessing their impact, refining them, and eventually disseminating them. We will use these funds from SSCP to give students the time and resources to establish important foundations for the program to ensure that the initiative and its interventions are grounded in science. Specifically, we plan to develop a virtual and actual library of resources to be drawn from in providing culturally-responsive, evidence-based interventions to constituents on our campus. We want to build a foundation of scientific resources that doctoral students can draw from so that they act as true scientist-practitioners in this new service provision role and learn how to synthesize and apply specific scientific literature with attention to cultural factors. We will also develop a flexible, culturally appropriate assessment battery to use in evaluating the impact of preventions and interventions. These essential resources will provide a strong foundation for the coming and future years of the practicum, and allow the practicum students to spend time providing and adapting services, assessing outcomes, and eventually disseminating findings so that other programs and universities can benefit from our work.

2. Value-added to the program

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

Rick A. Cruz, Ph.D. & Michael E. Levin, Ph.D., Utah State University

The doctoral program in Combined Clinical, Counseling, and School Psychology at Utah State University seeks to increase an explicit emphasis on integrating clinical science into practicum training experiences. One method for developing this initiative is through training students in routine outcome monitoring (ROM), which is quickly becoming a standard for mental health services. We will enhance our ROM training efforts, which were previously limited by the use of paper-and-pencil measures, by implementing a web-based ROM system in our practicum training experiences at the USU Psychology Community Clinic.

With funds from the SSCP Varda Shoham training grant, we plan to implement the HIPAA compliant OwlOutcomes web-based system, which has a library of validated measures for a wide-range of clinical outcome targets for children and adults. This system will directly enhance the clinical training of our

department by preparing students to select and administer appropriate clinical measures, track treatment fidelity, integrate multiple types of data, use the data for providing feedback to clients and make data-driven treatment decisions. Leveraging this system will help us to better serve the diverse rural clients in the northern Utah and Southern Idaho community.

In addition, the OwlOutcomes system will provide an ideal research platform for students and faculty to increase and enhance clinical research conducted within our practicum experiences. By doing so we hope to improve our students' professional competence in integrating clinical science and practice. Through this training initiative we hope to help honor the enormous contributions of Dr. Varda Shoham to the field of clinical psychology.

3. Conducting Science in/on Applied Settings

Implementing Trauma Focused-Cognitive Behavioral Therapy in a High-Risk Population

Timothy R. Fowles, Ph.D. & Julie Hoye, University of Delaware

This award will be used to implement a new problem-based learning clinical practicum focused on treating trauma in Wilmington, Delaware – a high-violence area. The goals are to create a practicum model whereby student collaborate with community partners to identify and address a mental health problem using clinical science and evidence-based practices. This goal is consistent with the Delaware Project vision that is so much a part of Varda Shoham's legacy.

In this case, students have identified the need for trauma services within nearby Wilmington, Delaware. The FBI estimates violent crime in Wilmington at 481.3 per 100,000 inhabitants. This alarming rate has resulted in numerous press (e.g. "Murder Town, USA aka Wilmington Delaware", Newsweek Dec 2014). Governmental officials have increased efforts to address the prevalence of crime in the city. One such project is increased support for Cease Violence, a grassroots organization that intervenes with at-risk youth after violent crimes occur to prevent retaliation. In addition to intervening in the cycle of violence, Cease Violence refers individuals to existing community resources. However, Cease Violence leaders report that few therapeutic resources exist for traumatized youth who have witnessed community violence. Given the low socioeconomic status of many families living in Wilmington, access to treatment is limited, often due to access to transportation and convenient scheduling opportunities. Students have identified Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH-ADTC) as possible strategies to address this need. If awarded, students will work with Cease Violence to recruit clients and fill a gap in services available to the high-risk families in Wilmington.

In addition to identifying and implanting services, students will design a battery of assessments to track client progress through therapy and outcomes. Preliminary student ideas include weekly assessments that will incorporate multiple levels of analyses, including parent and child questionnaires (if appropriate), brief behavioral tasks, and physiological measurement. In addition, delivery of TF-CBT/MATCH will be adapted to include in-time physiological measurement as a therapeutic tool. Specifically, biofeedback measurement will be used during sessions focused on emotion regulation to encourage clients to recognize and regulate physical symptoms of anxiety and arousal. Biofeedback measurement will be used during the creation of the trauma narrative to allow therapists to ensure

adequate activation of the client's anxiety/arousal system and appropriate regulation and resolution of the physiological response. We believe the integration of multiple levels of measurement will provide clinical trainees with unique assessment experiences in line with NIMH's RDoC initiative.

4.

Using Problem-Based Learning to Enhance Community-Focused Clinical Science Training

Risa Broudy, Ph.D., The George Washington University

Following a central recommendation of the Delaware Project on Clinical Science Training, the GWU Clinical/Community doctoral program will implement a recurring, year-long problem-based learning seminar through which faculty and graduate students will integrate applied work and scholarship to address practical mental health problems of concern to the local community. Specifically, faculty-student teams will (a) identify a clinical problem of concern to local community stakeholders; (b) review scientific and clinical literature relevant to the problem; (c) formulate a novel intervention or tailor an existing one to a specific community context of service delivery; (d) pilot test the intervention's acceptability and feasibility; (e) develop methods to study mechanisms and outcomes (e.g., pragmatic or single-case trials); and (f) work with community stakeholders and/or practitioners to consider user-friendly possibilities for future intervention. Our project aims to broaden the goals of clinical science training: In addition to mastering existing evidence-based interventions, students will learn to develop and evaluate new ones. Dr. Robert Levenson, who developed a similar specialty clinic seminar with colleagues at UC Berkeley, will lead a kick-off workshop for GWU faculty and students at the beginning of the 2015-16 academic year.

Diversity Corner

How does SSCP fare as a "multicultural organization"?

Yesel Yoon

Concerted efforts have been taken by different professional organizations (e.g., APA, APS) to target the gaps in diversity science and competent practice. While forward movement is encouraging, it is important to give pause and assess critically how, as an organization, SSCP is reflecting the apparent value of advancing diversity in psychological research and practice. One such way SSCP has already gauged the "temperature" of the organization was by administering a membership survey in the spring of 2014. The results reflected something quite contrary to what an organization that aims to value diversity ought to show.

Jackson and Holvino (1981) developed a model comprised of three levels and six stages of the multicultural organization process (See Table 1). This model is the framework by which we aim to address the following questions:

- What does it mean to be a multicultural organization?
- How does SSCP fare as a multicultural organization?
- How might we better become such an organization?

Describing a multicultural organization

The following characteristics are not by any means an exhaustive list, but rather just some guidelines to describe a "multicultural organization." A multicultural organization:

- *Reflects the contributions and interests of diverse cultural and social groups in its mission and initiatives;*
- *Acts on a commitment to eradicate social oppression in all forms within the organization;*
- *Includes the members of diverse cultural and social groups as full participants, especially in decisions that shape the organization; and*
- *Follows through on broader external social responsibilities, including support of efforts to eliminate all forms of social oppression and to educate others in multicultural perspectives (Adapted from Jackson and Hardiman, 1981)*

What is useful in this description is the integration of ideals and values to which to aspire, as well as concrete action-based steps that organizations can take towards realizing these goals.

Where does SSCP fare as a multicultural organization?

In our humble opinion, SSCP falls at Level 2, Stage 3: "Affirmative Action – Compliance" (although more recently we are moving in a positive direction, as we will discuss further). What evidence do we have to validate this claim?

First, the demographic analysis of the SSCP membership survey taken in the spring of 2014 revealed that we are a rather homogenous group in terms of racial and sexual orientation identities (Rosmarin & Hankin, 2014) For example, from the 1/3 of the SSCP membership that completed the survey, the majority were self-identified as white (88%), heteresexual (84%), and female (62%). The administration

of this survey was a good first step to get an initial demographic portrait of the organization. This led to the creation of the Diversity Committee, a notable step in a positive direction for SSCP. However, it is worth mentioning that the survey did not also include broader social identity categories including spirituality and religion, class, and nationality (to name a few). Therefore, as we aspire to become a multicultural organization, it is important that we include within our documents, language, and programming, a more inclusive and comprehensive definition of diversity.

Second, the notion that a Level 2, Stage 3 organization is committed to removing some discrimination inherent in the "club" is, in our opinion, a rather accurate reflection of SSCP's current standing. SSCP has created mechanisms such as the Diversity Committee to work towards expanding the SSCP membership and diversifying the advancement of clinical science. Members of SSCP who identify with diverse cultural and social groups may feel pressure to assimilate to the culture of the majority. Social action inherently requires some "rocking of the boat," and what we have found in the narrative responses to our survey—and from informal discussions with SSCP members past and present—is that little has been done to alter some of the longstanding policies, structures, and culture of the organization toward greater inclusion. For example, lack of funding mechanisms in the past for research topics concerned with diversity has not promoted the active engagement in diversity-related research topics (although, we are actively working towards changing this). Additionally, it is questionable whether there have been mechanisms put in place not only to recruit members from diverse backgrounds into SSCP, but also help retain this membership (i.e., mentorship). SSCP strives to become a community of scholars who promote a safe place for those who identify from diverse backgrounds and those who are invested in studying these topics. Therefore, we hope to go from being an organization that is characterized by compliance and assimilation to one that is active and intentional in its efforts towards being a multicultural organization.

How do we continue to work towards becoming a multicultural organization?
We are hopeful and optimistic about the forward progress that is being made in SSCP toward becoming a multicultural organization. In order to raise our "ranking" within Jackson and Hardiman's framework, from Stage 3 to Stage 4 (and beyond), we propose the following:

- Shift the focus of targeted change from an individual level to an institutional and systems level. For example, re-examination of existing policies to assess where there is room for change in the ways SSCP has historically operated.
- Appoint members from diverse social and cultural backgrounds to positions of power. This will allow members who represent the interest of diverse social groups to have a voice in the decisions that are made.
- Continue to bring awareness about the importance of a diverse clinical science to the forefront. The SSCP Diversity Committee has utilized social media outlets to post relevant articles, publications, current events, and programs.
- Emphasize diversity related topics of study as a priority. Collaborate with other organizations, researchers, and experts in the field who are already engaging in rigorous diversity clinical science.
- More *actively* recruit members from diverse social groups that are typically missing from the organization. This may entail recruitment through diversity organizations at the graduate level, and the creation of mechanisms for mentorship between faculty and students of color.

- Educate current members about how to conduct themselves in a professional manner that is culturally sensitive to avoid microaggressions.

Conclusions

We are excited for initiatives and actions that SSCP has already taken with the overwhelming support of the SSCP leadership. This includes a panel discussion with four outstanding clinical scientists ("Mapping the intersection of diversity and psychological clinical science" at the APS Annual Convention in May 2015).

Also, we have a new webpage on the SSCP website that incorporates our publications, social media updates, and announcements. Last, but not least, the Diversity Committee is actively in the process of creating guidelines to promote the SSCP Board's financial support of diversity research.

We invite all members, from late career professionals to early graduate student members, to contribute to this forward movement of SSCP to become a multicultural organization. This culture shift can only take place if we work together and collectively as an organization. We are so appreciative of the support received by the board members and leaders of SSCP, and we are excited for the little and big steps towards improving our standing as a multicultural organization.

*Adapted from Jackson, B. J. and Holvino, E. V. (1988). Developing multicultural organizations. *Journal of Applied Behavioral Science and Religion, 9(2),* 14-19.

Yesel Yoon
Doctoral candidate in Clinical Psycology
University of Massachusetts Amherst

Table 1. Example features of different levels and stages of multicultural organizations. Adapted from Jackson and Holvino (1988)

Level 1: The Club	
Stage 1: Exclusionary Organization	• Deliberately restricts membership • Intentionally designed to maintain dominance of one group over others
Stage 2: The Club	• Maintains privileges of those who have traditionally held power and influence • Monoculture norms of dominant culture viewed as the only "right" way: "Business as usual" • Limited number of "token" members from other groups allowed in IF they have the "right" credentials, attitudes, behaviors, etc.
Level 2: Affirmative Action	

Stage 3: Compliance	• Committed to removing some of the discrimination inherent in the "Club" organization
	• Provides some access to members of other groups
	• No change in organizational culture or structure
	• All must be "team players" and "qualified"
	  ○ Must assimilate into organizational culture
	  ○ Must not challenge system or "rock the boat"

Stage 4: Affirmative Action Organization	• Actively recruits and hires members of groups that have been historically denied access and opportunity • Provides support and career development opportunities • Members encouraged to be non-oppressive • Members must assimilate to organizational culture
Level 3: Multicultural Organizations	
Stage 5: Redefining Organization	• Moving beyond being just "anti-racist" and "anti-sexist" • Committed to creating environment where all members can contribute fully and freely • Questions limitations of organizational culture: mission, policies, structures, morale, social climate, etc. • Searches for ways to implement values of inclusion, participation, and empowerment for all members
Stage 6: Multicultural Organization	• Values contributions of all members as full participants • Committed to broader societal and environmental responsibilities

Clinical Science Early Career Path Series

Carmela Alcántara, Ph.D.

My early interests in context and mental health and my commitment to health equity started long before I earned a college degree or entered graduate school. In fact, this commitment was likely shaped by my experiences growing up as a Dominican immigrant in a Latino enclave in New York, where it was common to hear immigrant children and their parents exchange narratives about migration, social mobility, health, the American dream, and the tradeoffs that one makes to migrate. As a result, I entered college, interested in how culture and language shaped psychological experience in immigrant communities and fascinated by the diversity of approaches to study this topic. Little did I know that in pursuing a double major in Psychology and Sociology at Cornell University then, I was forming the foundation for the interdisciplinary perspective that is central to my program of research and clinical interests today.

Although I did not discover the clinical psychology field until my sophomore year in college, I was able to surround myself with good mentors (both faculty and graduate students) who were willing to encourage my interests and provide critical exposure to psychological research. I was eager to learn, willing to listen, and motivated to seek guidance from those who had fulfilled or were in pursuit of the same career goals. In fact, one of the most rewarding college experiences I had was serving as a research assistant at Université Paris Descartes while studying abroad in Paris for a semester—an experience that presented itself while working as a research assistant for an incredibly talented psychology doctoral student who wanted to nurture my growing interest in research. As it turns out, she had a colleague who was a faculty member at Université Paris Descartes who agreed to oversee my independent study for the term.

College experiences similar to these furthered my fascination with psychology and my desire to learn how to alleviate human suffering, particularly anxiety, in underserved communities. I was ambivalent at first about whether I should apply to graduate school, and after much consternation decided to take a calculated risk and apply. At the end of the interview process, I found myself at a crossroad with two obvious choices: I could pursue a top-notch graduate program in anxiety that did not focus on cultural considerations or I could pursue a top-notch graduate program in cultural psychology that did not f ocus specifically on anxiety. This was the first of many instances throughout my career where I have been confronted with deciding between conventional and unconventional paths. I chose to follow my passion and the unconventional path. And so, I enrolled in the clinical psychology doctoral program at the University of Michigan intent on learning how sociocultural context shapes psychological experience, and how to address mental health service disparities that disproportionately affect poor people and racial/ethnic minorities. I had the great fortune of being mentored by Joseph P. Gone in Psychology, Jim Abelson in Psychiatry, and key faculty from the School of Social Work who were genuinely invested in my professional development and me. These mentors facilitated my learning cultural psychology methods, community-based research, and exposure to high quality anxiety-focused clinical training. The most important lesson I learned then was to be unafraid to build bridges between related disciplines even when no such formal affiliations exist.

I was again at a crossroad for my clinical internship and yet again I chose to follow my passion to work with underserved communities. I completed my clinical internship at NYU Langone Medical Center—Bellevue Hospital in New York, received excellent training and supervision, and spent an entire year with fellow aspiring psychologists invested in public psychiatry. Importantly, it was during internship where I started to more clearly observe the inextricable links between mental and physical health. It was then that I also realized that individual-level psychological interventions that are not informed by social, economic, and environmental context are ineffective. And so, after some reflection, I realized that, in order to harness a greater appreciation for how broad social factors and access to structural resources shape health risk, I needed additional training and to further enhance my interdisciplinary perspective.

My desire to understand how one's position in society influences health motivated me to apply to the Kellogg Health Scholars postdoctoral program at Harvard T.H. Chan School of Public Health. While at Harvard, I learned social epidemiology research methods, and developed collaborations with epidemiologists, sociologists, and psychiatrists—truly an interdisciplinary experience! Shortly thereafter, I was fortuitously recruited to a junior faculty position in the Department of Medicine at Columbia University College of Physicians and Surgeons where I have been able to further explore the links between psychosocial factors, social adversity, and cardiovascular health. In this context, I've learned how to communicate clearly and effectively across disciplines, including medicine, public health, psychology, exercise physiology, and cardiology. Importantly, I've also learned how to maintain interdisciplinary collaborations to advance the different lines in my program of research.

In sum, in my early career thus far as an interdisciplinary clinical scientist interested in issues of context and health, I have had to make critical decisions about my research, clinical interests, and career trajectory that may be perceived as unconventional. Below are the three essential lessons I learned. I hope these words will resonate with you now, in the future, or if ever at a crossroad.

1. Do not be afraid to follow your passion and to choose the unconventional path. If you do, learn how to pool resources and create opportunities where there are none. It is quite possible that the ability to leverage resources will create opportunities for you that you may not have initially envisioned.
2. Be open to growth and receptive to learn from junior and senior colleagues. If you are open to such growth and peer learning, the most exciting opportunities may emerge from conversations that you have with your peers (and mentors). Do not underestimate the power of being an interested learner and eager pupil.
3. Accept that career trajectories, especially for interdisciplinary scholars and in today's job market, are not linear. The model for a successful career trajectory currently is no longer that of academic psychologists 20 years ago. Do not despair if your work finds you in different disciplines, contexts, and/or with more additional training than you had anticipated. Your work will likely be dramatically enriched from such interdisciplinary experiences.

About the Author: Dr. Carmela Alcántara is currently an Associate Research Scientist in the Department of Medicine at Columbia University College of Physicians and Surgeons. Her research interests include how individual contextual factors (understudied migration, socioeconomic, and psychosocial) affect adult health and health behavior in underserved communities and vulnerable patient groups.

Student Perspectives Series I

What type of academic job do I want?

Stephanie M. Gorka

As a 5th year graduate student, and someone that is fresh off the clinical internship interview circuit, the question of, "what type of job do I want?" has been a major topic of conversation. I am certain that 5-years from now I want to be actively engaged in research and work in a collaborative, intellectual environment. These preferences have led me to the conclusion that academia is the place for me. This is where things become a bit trickier – do I see myself in a productive psychology department, psychiatry department/medical center, or research institute (such as NIH)? Do I have to know this now or can I figure it out later? From what I have gathered from friends, colleagues, and mentors is that there are pros and cons to each type of academic job and the answer to which is the best is about personal preference. It is helpful to know what type of job you want now so you can seek out experiences, internships, and post-docs that will position you well for the career that you want. Of course, this came as no surprise but I thought I would use this article to share with students a few pieces of information that I have gathered from various sources. My suggestion is to think about these things early and use your graduate training to figure out the path that is best for you. The job market has become increasingly competitive and it is helpful to test out different roles early on to be a more informed and competitive job applicant once you reach the end of your formal training.

First, let me take a step back and say a bit about me. I am fortunate that throughout graduate school I have been housed in two departments (psychology and psychiatry) at an R1 research institution. Because of my "dual-citizenship" I have been able to witness differences in faculty's schedules and day-to-day tasks. I've also been able to talk to those around me about their career paths and the aspects of their job that they really enjoy. Second, as somewhat of a disclaimer, I have yet to actually have an academic job and all of my advice is coming from a student's perspective. As I noted above, my goal is to get other students thinking about these things so that they can have their own conversations with colleagues and mentors about the steps they can take to prepare themselves for the job market. When talking with my peers, we agree that the topic of jobs doesn't come up as early as it should and this is something we can change by initiating more discussion.

Therefore, to jump start these conversations, below are a few topics to consider when deciding what type of academic job you may want.

1. Teaching. This may be an obvious one but it is also a big one. As a faculty member in a psychology department, you will be required to teach undergraduate and/or graduate psychology courses to earn your salary. How much teaching you do depends on the university but you should assume that teaching students will be part of your weekly responsibilities. It is important to note that mentoring doctoral-level graduate students and undergraduates also falls into this category. Outside of psychology departments, teaching formal courses and mentoring graduate students is less common so this is an important distinction between the career paths. It can be difficult to know if you enjoy teaching without ever doing it so students considering academic jobs may benefit by

seeking out teaching and/or mentoring experiences in graduate school. Not to mention, this will also make you a lot more competitive for jobs that value teaching experience so consider TA-ing, teaching an undergraduate course, serving as a peer-mentor to the other graduate students in your lab, and/or working closely with undergraduate research assistants.

2. Grant writing and tenure. Psychiatry departments/medical centers are typically "soft-money" environments and research faculty depend on grant money for their salary. In other words, grants, rather than the university, are paying most of your salary and it therefore becomes necessary to secure funding. Most of us have heard about the current funding climate and how competitive it is to get grants. In order to receive one grant, you have to submit many and hope that one "sticks." This translates into a significant amount of your time being spent preparing grant applications along with publications. In "hard-money" environments, such as most psychology departments, outside funding is less critical and a researcher can choose to submit fewer grant applications (or in some cases, no applications) each year. Academics in psychology departments can also obtain tenure which protects them against termination and results in greater job security. In soft-money environments tenure is less common and so this really boils down to whether you will enjoy and/or be successful at securing funding, It is a good idea to ask yourself early on if you like grant writing and just like teaching, getting some experience in this area will give you a better sense of how much you want it to be a part of your job. One excellent way to gain this experience is by preparing a Ruth L. Kirschstein National Research Service Award (NRSA) in graduate school. The NRSA is an NIH funded pre-doctoral grant that provides knowledge about how to design a study and prepare a competitive grant application, as well as how grants are reviewed and the responsibilities that come with completing a federally-funded project. There are many other funding mechanisms besides the NRSA that are available to graduate students so exploring your options is always a good idea. (You may read about graduate students' perspectives on applying for NRSAs and National Science Foundation grants in the Winter 2014 issue of Clinical Science).

3. Working in teams of collaborators. This one is a little less straightforward and individuals in any type of institution can decide to collaborate with others to different degrees. Collaborations, especially across disciplines or skills-sets, can lead to the best science so working with others is almost always encouraged; however, because grant funding is so critical in soft-money environments, working in teams also becomes critical. It is difficult for an individual investigator to secure enough grant money to cover their salary entirely. Thus, they could either cover their pay by doing clinical work, and/or working within a team of collaborators where several individuals submit grants and include the others as co-investigators, sponsors, and/or consultants. This keeps everyone afloat (salary wise) and can be a really cool way to have multiple studies on a larger program of research running in your lab. In psychology departments, it is in university's best interest to diversify their department and have faculty members that have somewhat different interests and areas of research. Thus, while faculty members may collaborate or exchange ideas, it is 1) less necessary and 2) harder to get a group of senior investigators together that are all involved in studying a common research topic. As graduate students, we get a decent amount of experience working in teams by collaborating with our peers and other lab mates. This area may therefore require a little less effort to seek out but my reason for including it in this article is to prompt students to monitor whether they feel most comfortable and enjoy working in teams. Alternatively, they may like the idea of running their own lab and primarily using their graduate students, or a few peers, as individuals with whom to bounce ideas around.

With all that being said, I want to highlight that academia can take many forms and jobs can vary immensely in the amount of teaching, clinical work, and research that is required, allowed, or expected. There are also so many other factors to consider when applying for jobs or deciding a career path such as salary (another topic that is not discussed enough!), benefits (sabbatical is an amazing thing), job location, time commitments, and family/spouse considerations. For most of us, this is something we love about clinical psychology – the fact that we can take on different roles and find the balance that fits us best. I personally feel extremely lucky to be in this field and have the opportunity to advance theory and the practice of mental health. I am not sure where my own career path will take me but I hope I've gotten other students thinking about their future. Your time in graduate school truly does fly by and before you know it you will be soon-to-be on the job market like me!

About the Author: Stephanie Gorka is a 5th year clinical psychology doctoral student at the University of Illinois-Chicago. Her research focuses on affective and behavioral processes that contribute to co-occurring internalizing symptoms and substance use.

Student Perspectives Series II

The Graduate Student as Mentor

Casey Sarapas, M.A.

Beginning graduate school, I knew I would be juggling a range of new professional activities, from research, therapy, and assessment to coursework and TAing. But among the activities I've come to enjoy most is one I didn't anticipate at all – mentorship. Of course I knew that I would have a mentor, and would (hopefully) be receiving plenty of mentorship. But over the course of grad school, I encountered more and more opportunities to mentor others, including undergraduates, post-baccalaureate RAs, and even other grad students. Some of these opportunities – like acting as a mentor for an undergrad senior thesis, or providing methodological training to new grad students – were more structured and formal. Others – like talking with a promising undergraduate about applying to graduate school – were less formal. Both types of experiences have come with all kinds of benefits, tangible and intangible.

I have been very lucky to receive wonderful mentorship from many people: undergraduate professors and TAs who encouraged me towards graduate school and gave me my first experiences with research; post-bacc supervisors who helped me focus and develop my interests and skills; more senior graduate students in my program and my lab; and of course my current adviser and clinical supervisors. A major reason I enjoy providing mentorship to others, then, is simply the opportunity to "pay forward" the huge investments of time, energy, and knowledge others have made in me. It is often said that a major task of graduate school is transitioning from being a consumer of knowledge to a producer of knowledge; just so, I believe an equally important transition is between receiving mentorship and becoming an effective mentor to others.

Taking the time to mentor others is also an investment in your own career. Many psychologists will spend at least some of their time engaged in training. This is particularly true for graduates of clinical science and scientist-practitioner programs – these psychologists are likely to have careers in academic settings, where their responsibilities will very likely include providing research training, clinical supervision, or both. Unlike training in research and clinical work, however, formal training in mentorship is not a universal or even typical part of graduate school. By working to get at least some mentorship experience during grad school, you will be a stronger candidate for jobs in academic settings, and more effective in your job once you get it. Moreover, psychologists are increasingly serving as health care administrators (Clay, 2011) – a position for which mentorship and leadership skills are even more valuable.

On a similar note, engaging in mentorship is a good way to clarify your own professional goals. Graduate school provides opportunities to try on researcher, therapist, assessment, and other professional "hats" as you figure out what shape you want your career to take. Spending time wearing a mentor hat helped me discover that I want one-on-one training to be a significant part of my future career.

A final benefit of providing mentorship is that it is very often a two-way street. This is particularly true when the "mentor" and "mentee" are at similar levels of professional development – for example, a fourth-year and a third-year graduate student. When talking with newer students about professional issues, like navigating grad school challenges or future career options, I have nearly always come away feeling that my own perspective has been broadened. These conversations never feel like traditional Mentorship with a capital M – an expert mentor passing information to a neophyte mentee in a one-way, hierarchical manner. Instead, they consist of two people exploring possibilities and grappling with issues together. If approached with this kind of attitude – that it is as much about listening and learning as telling and teaching – mentorship can give rise to strong, productive collaborations with other students. I have certainly found this to be true in my case – in exchange for providing training and feedback, I've gained co-authorship on several papers and help from other graduate students in conducting my dissertation.

If you'd like to develop your own mentorship skills, opportunities abound. For starters, talk with undergrads in your lab or your classes about their career plans. There are also more formal ways to act as a mentor for undergraduates. Many Psi Chi chapters organize panels of graduate students to answer undergraduates' career questions – consider joining one of these panels, or organizing one. With the assistance of your own adviser, you can supervise an undergrad's senior thesis project. Or train and supervise a small army of undergraduate RAs to help with your data collection.

Likewise, let newer graduate students know they can pick your brain – either about that project they're thinking of doing or about how to handle a difficult interaction with their adviser. Just knowing there were a few other students I could turn to for advice made my first few years of grad school much smoother. More formally, some labs pair incoming grad students with an older student in the lab, as a kind of junior mentor. Finally, during internship interviews, ask about tiered supervision or other opportunities to get training in providing clinical supervision.

There are many skills involved in effective mentorship – communicating ideas to students at different academic levels; assessing a mentee's current competencies and training needs; providing useful feedback; remediating problems; and, when leading a team, promoting morale and motivation. These skills are challenging to master, but can yield great rewards. And there is no time like the present to begin learning.

Reference

Clay, R. A. (2011). Postgrad growth area: Health-care administration. *gradPSYCH*, *9*, 22-25.

About the Author: Casey Sarapas is a graduate student in clinical psychology at the University of Illinois at Chicago and will soon be a neuropsychology track intern at the VA Maryland / University of Maryland Psychology Internship Consortium. His research interests concern the interplay between cognition (e.g., attention, effortful control) and emotional processes (e.g., emotion regulation, threat sensitivity) in the context of emotional disorders.

Clinician Perspectives Series
Following Empirically Supported Treatments Alongside Clinical Judgment

Maria-Christina Stewart, Ph.D.

As clinicians, one of the most valuable tools we are handed are the empirically supported treatments that our mentors, colleagues, and predecessors have carefully and thoughtfully assembled and passed on to us. We might think of them as a *Cliffsnotes* version of 'what works best' based on years of expertise in a field. Although there is a common stereotype that empirically supported treatments are developed and researched within the walls of academia by individuals who are more scientist than practitioner, behind this illusive veil are thoughtful and compassionate clinicians with very strong clinical skills and years of honing their expertise in specialized areas. They have edited, tested, and re-edited (multiple times) manuals based on research cases ranging in severity and their own clinical judgment. One critical value of these treatments, then, is that they incorporate years of clinical judgment and scientific expertise from a team of psychotherapists specializing in an area.

Indeed, clinical judgment - an X factor that is honed over years of clinical practice and often reflects patterns witnessed throughout our work - plays an integral role in these tried and tested treatments. For many psychotherapists, however, clinical judgment and experience is often followed *in place* of an empirically supported treatment that has been shown to be efficacious for a specific disorder and/or population. And this is where we can trip-up ourselves - and our work. I propose that adhering to empirically supported treatments (Chambless & Hollen, 1998) while also utilizing our clinical judgment, hand-in-hand, allows us to utilize best practices within an individualized, client-centered context (Kendall, Gosch, Furr, & Sood, 2008).

Conversations with colleagues reveal a common perspective that treatment studies that provide support for empirically supported treatments exclude complex cases and cases with comorbidities; thus, their findings are not generalizable to the clinical setting. Many treatment studies certainly incorporate exclusionary criteria for some significantly distinct disorders that do not typically co-occur (e.g., a treatment study on Anorexia Nervosa (AN) typically would not include an individual seeking treatment for both AN and Schizophrenia). Individuals with typically co-occurring disorders, however, are often included (e.g., individuals who present with both anxiety and depressive symptoms).

Additionally, in my experience participating as a research therapist on treatment trials at various research institutions, some of the most complex cases that I have encountered and treated have been within the context of these treatment trials. For example, I have witnessed extreme sadness, rage, and anger ranging all the way to suicidal and homicidal ideation arise in adolescent and young adult clients with AN being refed and renourished by their parents in an outpatient setting. These refeeding efforts are central to the empirically supported, first line of treatment for adolescents with AN: Family-Based Therapy for AN. However, such a reaction to parental refeeding is extreme and one that I witnessed far more often in the context of a treatment trial than in my own private practice. The

inclusion of not only more typical cases but also such challenging clinical cases in treatment research helps to guide the development and research of a treatment so that it may generalize to a broad range of clinical cases that arrive at our private practice doors.

In fact, although clinical judgment is a critical component of our clinical work, veering from empirically supported treatments is indicated less often than we might think. Most of our clients are more similar than they are different from those participating in research studies - the very cases guiding the development of these empirically supported treatments and their treatment manuals.

As another example, upon hearing the clinical situations detailed above about individuals with AN experiencing significantly challenging emotions, many colleagues have expressed their clinical inclination to focus primarily on helping these clients process and learn tools to help them cope with challenging emotions - especially in hopes that this will, in turn, help them eat. This is a prime example of how our clinical intuition, without science and empirical treatments to guide us, can steer us not only in the wrong direction but also in a direction that can actually be harmful. Science repeatedly indicates that, barring another life threatening situation[1], starvation is life threatening and renourishment efforts must be a priority in treatment. Science also elucidates that helping these young clients process emotions while they are undernourished and significantly underweight is not nearly as effective in helping them recover as is renourishing them first - a process that often proves to be sufficient in and of itself in addressing challenging emotions. Our clinical judgment, then, is only as powerful as the science it leans on.

Empirically supported treatments are increasingly emphasizing and encouraging *flexibility within fidelity* (Kendall et al., 2008): a client-tailored approach to including manualized strategies and following a specified approach. These treatment approaches include significant room for clinical judgment while also guiding clinicians on following specific strategies and tools that have been shown to be efficacious. For example, in my work with youth, being both flexible and creative with metaphors, games, teaching approaches, rewards, and even treatment venues (e.g., I will often get out of the office and go for a walk or to my client's favorite park, etc.) can often make the difference in building rapport. This, in turn, continues to be shown throughout research as a key outcome variable. In a similar vein, empirically supported and evidence-based treatments are increasingly aiming to treat transdiagnostic mechanisms, rather than specific diagnoses, and incorporating modularized formats. Here, clinicians are guided on using their clinical judgment to identify an appropriate sequence for covering the specified efficacious strategies and treatment targets (e.g., Chorpita & Weisz, 2009).

Ultimately, empirically supported treatments and clinical judgment are complimentary. Together they afford us the opportunity to take years of experience from our predecessors and colleagues and develop an individualized, empirical approach to assisting each client. Following these treatments, in essence, is a way of learning all that the great minds and hearts that have come before us have to teach. It affords us the opportunity to use their experience - honed from years of trial and error - to guide us as we, in turn, guide each of our clients through their respective journeys.

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1 Examples include suicidal or homicidal ideation, which of course would take priority in our assessment and, if indicated, treatment efforts.

References

Chambless, D., & Hollon, S. (1998). Defining empirically supported treatments. *Journal of Consulting and Clinical Psychology, 66(1),* 7-18.

Chorpita, B.F., & Weisz, J.R. (2009). *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC).* Satellite Beach, FL: PracticeWise, LLC.

Kendall, P., Gosch, E., Furr, J., & Sood, E. (2008). Flexibility within fidelity. *Journal of the American Academy of Child and Adolescent Psychiatry, 47(9),* 987-993.

About the Author: Maria-Christina Stewart, Ph.D., has a private practice in Berkeley, California and is an Adjunct Clinical Instructor at Stanford University, School of Medicine. She specializes in providing empirically-supported and evidence-based treatment to youth and adults struggling with eating and anxiety disorders, depression, and obsessive-compulsive disorder.

Update from the Student Representatives

Rosanna Breuax, University of Massachusetts Amherst
Andrea Niles, University of California, Los Angeles

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

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

We are very pleased to announce that SSCP will be hosting a Student Social at the 27th Annual APS Convention. Appetizers and first drink compliments of SSCP. This is a wonderful networking opportunity for SSCP Members and will feature a Q&A with SSCP Board Members. A big thanks to the SSCP Campus Representatives for helping plan the social!

When: Friday, May 22, 2015 from 12:00-2:00pm
Where: New York Beer Company
321 West 44th Street New York, NY 10036 - 2nd Floor (Just a 5 minute walk from the Convention!)

We hope to see you there!

Join the SSCP Student Listserv Journal Club!

The SSCP Student Listserv Journal Club will be starting up again this May and will take place over the summer. Students will choose a topic of interest for the Journal Club and will provide both a summary and discussion questions to the Journal Club members. Look for an email on the SSCP Student Listserv in early May to join in on this great learning and networking opportunity! Please email Andrea (aniles@ucla.edu) with any questions or suggestions!

Congratulations to the Winners of the Outstanding SSCP Student Clinician Award!

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

Ryan Jacoby
Advisor/Supervisor: Jonathan S. Abramowitz, Ph.D.
University: University of North Carolina at Chapel Hill
Expected graduation: Spring 2017

Laura Mlynarski
Supervisors: Aaron Rakow Ph.D. and Megan McCormick King, Ph.D., Georgetown University
University: George Washington University
Expected graduation: May 2017

The next Outstanding SSCP Student Award is the Researcher Award. Applications are due by September 1, 2015. Please visit our website for more information: http://sscpstudent.blogspot.com/p/student-awards.html

Follow us on Social Media!

Website: http://sscpstudent.blogspot.com/

Twitter: https://twitter.com/_SSCP

Facebook: https://www.facebook.com/pages/Society-for-a-Science-of-ClinicalPsychology/333436279606?ref=hl

Contact Us!

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

Rosanna Breaux: rbreaux@psych.umass.edu
Andrea Niles: aniles@ucla.edu

Congratulations to the SSCP Outstanding Student Clinician Award Winners!

Please join us in congratulating the two winners of the first annual Outstanding SSCP Student Clinician Award. This award recognizes student's exemplary contributions to clinical science through clinical work.

Ryan Jacoby
Advisor/Supervisor: Jonathan S. Abramowitz, Ph.D.
University: University of North Carolina at Chapel Hill
Expected graduation: Spring 2017

Ryan Jane Jacoby, M.A. is a 4th year Clinical Psychology doctoral student in the Anxiety/OCD Lab at the University of North Carolina (UNC) at Chapel Hill. Her research focuses on the nature and treatment of OCD and anxiety disorders, and she is specifically interested in cognitive biases, treatment augmentation strategies, symptom dimensions of OCD, and inhibitory learning approaches to exposure therapy. Ryan has published and presented her research at various national and international professional conferences, and has received numerous awards for her academic accomplishments including a Graduate Student Research Grant from the Association of Behavioral and Cognitive Therapies to fund her dissertation. Before beginning her doctoral work at UNC, Ryan graduated cum laude from Williams College.

1. What are your clinical interests?
My main clinical area of focus is the implementation, supervision, and dissemination of exposure-based treatments for OCD/anxiety disorders. For instance, my dissertation aims to compare the process and outcomes (self-report, interview, and psychophysiological) of two exposure-based interventions for individuals with obsessional thoughts: one using the conventional gradual (hierarchy-driven) approach to exposure that emphasizes habituation and fear reduction versus a novel exposure approach emphasizing variability in exposure intensity to maximize tolerance of anxiety and fear. The findings from this study could provide evidence that leads to the optimization of ERP for patients with a particularly challenging manifestation of OCD.

2. Why is this area of clinical work exciting to you?
I am drawn to this area of clinical work due to the rewarding nature of successfully translating empirically supported interventions to my clinical work. For example, I have served for several years as therapist on a multi-site study comparing Exposure and Response Prevention (ERP) either alone or combined with Acceptance and Commitment Therapy (ACT) in enhancing treatment engagement for OCD. Being able to apply empirically supported principles to further improve treatments for OCD patients as part of this study has been especially rewarding. I am also very passionate about

chapters with my graduate advisor Dr. Abramowitz, and (b) co-leading clinical workshops aimed to demonstrate the latest empirically supported exposure techniques to advanced-level therapists.

3. Who are/have been your mentor(s) or clinical influences?
My graduate advisor Dr. Jonathan Abramowitz has been one of my most influential clinical mentors. I am inspired by his ability to balance treatment outcome research with clinical practice and supervision, such that his research and clinical work mutually inform one another. I also am forever grateful for his never-ending support of my development as an anxiety disorders clinician over the course of my graduate career, including his training and guidance in supervising my beginning clinical work in the Anxiety and Stress Disorders Clinic at UNC. I am also thankful to have had the opportunity to work with a number of other excellent clinical supervisors over the years who have broadened and enhanced my clinical skills including: Drs. Don Baucom, Jennifer Kirby, Meg Harney, and Erica Wise.

4. What advice would you give to other students pursuing their graduate degree?
Beginning clinical work can be a very exciting but also daunting experience ("how do I keep a first session going for a full hour?" and "do I really know enough to help people get better?"). Some of the best advice I received when battling my own "imposter's syndrome" as a beginning clinician was remembering that the clients we work with as graduate students benefit from working with clinicians who: (a) have been very recently trained in the most up to date clinical techniques, and (b) who undoubtedly spend extra time and energy thinking about, preparing for (and perhaps worrying about) each and every session. Remembering these assets I had to offer gave me added confidence early on in my clinical career.

Laura Mlynarski
Supervisors: Aaron Rakow Ph.D. and Megan McCormick King, Ph.D., Georgetown University
University: George Washington University
Expected graduation: May 2017

Laura completed her undergraduate degree in Psychology and Spanish at Bucknell University before pursuing a Masters of Science in Social Work at Columbia University. Thereafter, she worked as a bilingual psychotherapist for several years at the Child Center of New York, predominately serving immigrant families from Central and South America. Inspired to integrate research with clinical work, she pursued a Ph.D. in clinical psychology at The George Washington University. She has known unwaveringly since high school that she wanted to be a clinical psychologist and can honestly say that she can't imagine a more rewarding career; she is inspired everyday by the kiddos she serves.

1. What are your clinical interests?
Broadly, my clinical interests involve internalizing disorders with children and adolescents. I am interested in trauma or stressful life events that disrupt typical functioning and challenge the relationship of the parent-child dyad. More specifically, I am interested in the effects of acculturation on family functioning and depression.

2. Why is this area of clinical work exciting to you?
I have always been interested in individual factors of youth who internalize in response to stress. After several years of clinical work with adolescent immigrants from Latin America, I became interested in broader family and system effects on the initiation and maintenance of internalizing disorders related to acculturation.

3. Who are/have been your mentor(s) or clinical influences?
I have been very fortunate to train with inspiring clinicians. My early training with Dr. Diane Roma and the tremendous team at the Child Center of New York was invaluable. I then learned to apply scientific rigor to the practice and evaluation of clinical work through expert faculty and colleagues at the George Washington University. Currently, I have the opportunity to learn from two incredible clinical psychologists, Dr. Megan McCormick King and Dr. Aaron Rakow; they identified a mental health need in underprivileged neighborhoods and developed an integrative evidenced-based treatment modality to reach at-risk children at school.

4. What advice would you give to other students pursuing their graduate degree?
I would advise other students to be selective in finding your clinical mentors. I have found that my greatest growth has come from my mistakes; you must feel comfortable letting your guard down so that you can learn.

Events at the 27th APS Annual Convention

New York, NY, USA | May 21-24, 2015

www.psychologicalscience.org/convention

Society for a Science of Clinical Psychology
and
Academy of Psychological Clinical Science

SSCP Presidential Address

Mitchell J. Prinstein

University of North Carolina at Chapel Hill

Predicting Adolescent Suicidal Behavior

Friday, May 22, 5:00-6:00pm
Cantor Room

SSCP Distinguished Scientist Award Address

Stephen P. Hinshaw

University of California, Berkeley

Development, Pathology, Stigma, and Resilience: A Synthesis

Friday, May 22, 4:00-5:00pm
Liberty Room

SSCP Special Event

Mapping the Intersection of Diversity and Psychological Clinical Science: A Panel Discussion with Four Clinical Scientists

Margarita Alegria, *Harvard Medical School*
Guillermo Bernal, *University of Puerto Rico, Río Piedras Campus*
Gordon C. Nagayama Hall, *University of Oregon*
Vickie M. Mays, *University of California, Los Angeles*

Clinical Science Forum

Empirically Supported Therapy: Recommendations for a 20-Year Tune-Up

David F. Tolin, *The Institute of Living and Yale University School of Medicine* (Chair)
Evan M. Forman, *Drexel University*
Dean McKay, *Fordham University*
E. David Klonsky, *University of British Columbia, Canada*
Brett Thombs, *McGill University, Canada*

Rising Stars of Clinical Science

Daniel J. Foti, *Purdue University*
Melissa A. Cyders, *Indiana University – Purdue University Indianapolis*
Michael Treadway, *McLean Hospital*
Blair E. Wisco, *University of North Carolina at Greensboro*
Bruce N. Cuthbert, *National Institute of Mental Health* (Discussant)

Invited Address

Psychological Clinical Science: Past, Present, and Future

Richard M. McFall, *Indiana University Bloomington*

It is with great sadness that we note the passing of Richard R. Bootzin. There will a program honoring his contributions to the field.

Symposia

The Dimensionality of Disorders: The RDoC Scheme and What It Means for Clinical Psychology

Bruce N. Cuthbert, *National Institute of Mental Health*
Jerome Wakefield, *New York University*
Joan Kaufman, *Yale University School of Medicine*
Eva Henje Blom, *Karolinska Institutet, Sweden*

The Value of Traits in Clinical Science

Brent W. Roberts, *University of Illinois at Urbana–Champaign*
Benjamin B. Lahey, *University of Chicago*
Turhan Canli, *Stony Brook University, State University of New York*
Filip De Fruyt, *Ghent University, Belgium*

The Future of Diagnosis

Thomas A. Widiger, *University of Kentucky*
Stefan G. Hofmann, *Boston University*
Jared W. Keeley, *Mississippi State University*
Michael B. First, *Columbia University*

Eating Disorders: From Genetics to Policy

Eunice Y. Chen, *Temple University* (Chair)
Carlos M. Grilo, *Yale School of Medicine*
Kelly L. Klump, *Michigan State University*
Bryn Austin, *Harvard University*
Marsha D. Marcus, *University of Pittsburgh School of Medicine* (Discussant)

The findings of an upcoming report from an IOM committee on developing standards for evidence based psychosocial treatments for mental health and substance use disorders will also be presented in a program at the Convention.

CALL FOR SUBMISSIONS

POSTER DEADLINE:
JANUARY 31, 2015

SSCP Student Poster Contest

The Society for a Science of Clinical Psychology (SSCP) hosts a poster session at the APS Convention. A $200 award is given for the best student poster. Eligibility: the first author must be a student and a member of SSCP at the time of submission. Visit the APS website for more information.

RAPID REVIEW

Poster submitters notified on a rolling basis.

Program information as of December 2014. For the latest list of speakers and information about other featured programs, visit www.psychologicalscience.org/convention

Executive Director Search

The APS Board seeks applications for a new Executive Director to begin in late 2015 or early 2016. This search is initiated following Founding Executive Director Alan Kraut's announcement that he intends to step down from his APS position by the end of 2015 after 27 years of service.

Working within a broad vision set by the APS Board, the APS Executive Director is the organization's most consistent public and visible face. The successful candidate is expected to have the following qualifications:

- A PhD in psychological science or a related field, although exceptions will be considered if a candidate ranks high on other qualifications.
- A demonstrated commitment to the advancement of psychological science across all research areas and perspectives, and across the full spectrum of basic to applied research and training.
- Demonstrated skills, knowledge and experience in a broad range of areas and activities, including:

Management within a scientific, membership, research, or policy organization. (APS employs 35 staff, has a growing national and international membership totaling 27,000, and has a budget of $7.5 million.)

Scientific publishing. APS publishes five top scientific journals, print and online — with our flagship *Psychological Science* (published weekly online; printed monthly) the most cited journal for new research among the nearly 300 in behavioral science; *Psychological Science* and other APS journals are also on the cutting edge in promoting standards that encourage openness and transparency in research. New journals are being considered.

Public policy development. APS was the driving force behind establishing a separate directorate for behavioral science at the NSF; legislation that created the mission for behavioral research office at NIH (OBSSR), a program of support for new behavioral science investigators (B/START) at NIH; and OppNet, a $120 million+ basic behavioral science research initiative at NIH. APS also played a central role in establishing the new Psychological Clinical Science Accreditation System (PCSAS), which is now recognized by CHEA, by the VA (pending), and in various state licensing laws.

Public outreach. APS-generated articles, stories, columns, and blogs translate research published in APS journals for the broader public and are featured daily in prominent national and international print and online media; APS blogs — *We're Only Human*; *Minds for Business*; *Minds on the Road* — are visible and widely read by the public, including *We're Only Human* as a regular invited and popular feature on *Huffington Post*. APS social media connects the public with psychological science, with 36,000 Twitter followers and 92,000 Facebook Likes.

Scientific meetings. The May 2015 APS Annual Convention will have 5,000 attendees — our largest meeting ever. APS has recently organized the inaugural International Convention of Psychological Science to showcase integrative science around the world (Amsterdam, March 2015, nearly 2,200 attendees). In the past, APS organized "Summit" meetings of representatives from nearly 200 behavioral science organizations. These meetings have had significant influence on the basic research agenda in psychological science and the new clinical science accreditation system. In partnership with federal agencies and private foundations, the Association has organized and sponsored a variety of ad hoc meetings on substantive topics such as research synthesis techniques, applying the science of learning in education, a federal research agenda for psychological science, replications in research, and the role of psychological science in public policy.

Connections to allied and overlapping disciplines. Through the Executive Director, APS has taken leadership roles in the Center for Open Science, dealing with the transparency of research; in the Coalition for Health Funding and the Ad Hoc Group for Medical Research, both comprising NIH constituent organizations; and in the Council for Engineering and Scientific Society Executives, comprising STEM organizations with common interests around science associations, including promotion of scientific exchange, and publishing scientific journals.

Individuals wishing to be considered as a candidate for this position should send a resume and statement of interest to:

ExecutiveDirectorSearch@psychologicalscience.org

Inquiries may be directed to any of the Search Committee members, left.

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