



Division 12

# CLINICAL SCIENCE

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



***Developing clinical psychology as an experimental-behavioral science***

## Newsletter

Fall 2022: Volume 26, Issue 2

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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

**Marsiol Perez, PhD**

**Arizona State University**



Let me start by saying I cannot believe how quickly the time has passed, and how wonderful it has been to serve SSCP and work with our AMAZING Board. I would like to take the opportunity to share our accomplishments in the past year.

Our first goal was to keep diversity, equity, and inclu-

sion at the forefront of SSCP's strategic initiatives. Our Diversity Committee, under the leadership of Dr. Lauren Khazem, maintained their momentum of previous years by continuing to regularly produce blog posts exploring issues and solutions related to diversity and inclusion in clinical science. We handed out the most awards relative to previous years to clinical scientists, particularly those from underrepresented backgrounds, who are making meaningful contributions to research, teaching, clinical practice and community engagement related to diversity, equity and inclusion. Through our Spotlight series, we showcased two SSCP members whose diverse and inclusive actions are making a difference in psychology.

One of the unique features of SSCP as an organization is that it can be nimble and responsive to current events that impact our field and our science. The events that occurred surrounding ABCT's Apology for Behavior Therapy's Contribution to the Development and Practice of Sexual Orientation and Gender Identity and Expression Change Efforts were a great example of how leadership and advocacy can improve clinical science, treatment, and practice. In our letter of support, we committed to improving our field in several key ways and have started to act. We have partnered with APA and ABCT to create an inter-organizational taskforce of members from each organization who are charged with conducting, and submitting for peer-review, a systematic literature review on psychosocial outcomes of sexual orientation and gender identity and expression change efforts, including recommendations and future

directions for providing inclusive and affirmative care. In particular, we hope this publication will be a resource for lawyers advocating for treatment and care that does no harm within the legal system. The task force report will be published by these authors, and each association will be able to use the finished product in whatever ways help advance their goals. Further, the taskforce will make recommendations on next action steps. In addition, our Continuing Education Committee has been actively working with APA's Division 12 on a webinar related to harmful therapies, and other continuing education opportunities related to gender and sexual orientation affirming care. We have also launched a new Social Justice Impact Award to showcase clinical scientists who have made unique and significant impact in the area of social justice (e.g., equal rights, access, opportunity, or treatment) that advances research, treatment, training, or the clinical psychology field. We recently announced our first awardee and hope next year to give this award not just to a professional in our field but to a trainee as well. All of this was accomplished in 5 months, but this is just the beginning, and I look forward to observing and assisting SSCP to continue to work in these efforts.

Another goal is to increase benefits to our members. Under the leadership of Dr. Susan White, we have added four interesting Virtual Clinical Lunches spanning perspectives on academic work, considerations when diversifying behavioral science, the relationship between cannabis and psychoses and schizophrenia, and future directions in adolescent peer relationships. In addition, we have several more about to get posted soon. These resources are utilized in brown bag seminars, lab meeting discussions, and within courses across the United States and internationally. In addition, our Science in Practice Committee has an interview series with Dr. Michelle Craske on maximizing exposure, Dr. Michael Lambert on measuring client progress, Dr. Edward Watkins on treating rumination, and Dr. Emily Holmes on targeting mental imagery. These resources are great for graduate courses on therapy, practicum, medical students or internship seminars, and for practitioners interested in staying current with their knowledge base. For students, we have continued to keep up-to-date resources on applying to graduate school, internship, and post-doctoral positions. In addition, this summer we offered a post-doctoral writing group. Our aim is to increase the resources available

for clinical scientists across all stages of their career.

Even with this brief snapshot, you can see we have had an active and productive year due in large part to our Board whose hard work and dedication to SSCP keep our organization active and current. We have several Board members that are rotating off including Dr. Sarah Hope Lincoln, Dr. Lauren Khazem, and Dr. Cindy McGeary, and our student representative Rachel Walsh. Our continuing Board members include Drs. Rosanna Breaux, Shari Steinman, Nancy Liu, Sara Bufferd, Jessica Hamilton, Sam Cooper, Kaitlin Sheerin, our student representative Nora Barnes-Horowitz, and our incoming president Dr. Susan White. We welcome our new Board members including Drs. Brandon Weiss, Rachel Hershenberg, Kristy Benoit Allen, and student representative Sarah Sullivan. The Board is the brain behind SSCP while members are the heart of the organization; all of our accomplishments this past year is because they work consistently and in concert with one another.

I would like to thank all those who are generous with their time and volunteer to provide resources to our membership. A special thank you to our Science in Practice Committee chaired by Dr. Jacqueline Persons, and members Drs. Travis Osborne, Robert Reiser, Regine Galanti, Jocelyn Sze, and Kelsie Okamura. In their time working together they published a paper in 2019 titled "Keeping up to date with Scientific Advances: A Practical Guide for Practitioners", they recorded the interviews mentioned previously, and are working on another manuscript on the committee's dissemination efforts. This committee has been a role model for how service can symbiotically benefit the field and individual careers.

Personally, serving as president of SSCP this past year has left me more energized, hopeful, and inspired than when I started. It has truly been soul-fulfilling to serve with a group of people committed to diversity, inclusivity, and the promotion of clinical science, who not just do their jobs but do it well, while simultaneously maintaining a healthy balance of keeping the SSCP workload to a reasonable level. Too often our volunteer national service positions burn people out, and it is refreshing to be part of an organization that actively promotes a limited time-commitment and service burden while still making an impact. It has been refreshing to serve with members who share my leadership philosophy to 'further add to the mountain so that those that come after us are able to look out farther when they reach the top' but with the addendum of not burning out those currently working on adding to the mountain. For these reasons, I believe SSCP is a great organization to develop the leadership skills of the next generation of clinical scientists.

Finally, the mission of SSCP is to "promote the integration of the scientist and the practitioner in training,

research, and applied endeavors" with a commitment to "empirical research and the ideal that scientific principles should play a role in training, practice, and establishing public policy for health and mental health concerns." We accomplish this through dissemination of current science, partnership with other like-minded organizations, and resources to assist in training, research and practice. This past year highlighted to me the important role national organizations play in the retention of current and emerging leaders by supporting these individuals. Our organization showcases individuals doing great work in teaching, research, practice and advocacy across all stages of the career via our awards, and our Spotlight series in our newsletter. In addition, when we observe individuals who are shaping the national discourse or impacting our field, we write letters of support they can use for annual evaluations or promotion. This is vital for the retention of leaders in our field and for protecting those emerging leaders with less power. This is yet another example of how SSCP assists leadership development and supports its members. For all these reasons, I call SSCP my academic home and will continue to do so for the rest of my career. It has been an honor and a privilege to serve SSCP.

### About the Author

Dr. Perez is an Associate Dean of Graduate Initiatives at the College of Liberal Arts and Sciences, and in the Department of Psychology at Arizona State University. She was the former co-Director of Clinical Training for the Department of Psychology. Her program of research encompasses both theoretical and applied studies in the area of body image and eating behaviors, often using a focus on Hispanic populations. Her research is funded by National Institute on Minority Health and Health Disparities, and private foundations. Dr. Perez is committed to the training of future ethnic minority clinical scientists. She currently serves as Editor for Clinician's Research Digest, and on the Board of Scientific Affairs Task force on Inequities in Academic Tenure and Promotion for the American Psychological Association.

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# Diversity Spotlight

Interview with Andrea Wiglesworth, MA, University of Minnesota

SSCP Diversity Committee



*SSCP: Where did you grow up?*

Andrea: I grew up in Bonner Springs, Kansas, which is a small(ish) town outside of Kansas City.

*Where did you attend undergraduate and graduate school?*

I attended undergrad at Yale University from Fall 2013 - Spring 2017. It was a big culture shock moving from the midwest to a “city” but was integral to my growth as a person. I am currently a fourth year graduate student in the Clinical Science and Psychopathology Research program at the University of Minnesota Twin Cities. Here at UMN I work with Drs. Bonnie Klimes-Dougan and Katie Cullen in the Research in Adolescent Depression Lab.

*What first got you interested in research?*

I was not familiar with the concept of research prior to undergrad and even throughout the first year or so I only understood research in the context of the studies taught in Intro Psychology courses (e.g., Milgram experiment, Stanford Prison Experiment, etc.). Luckily, my TA for Abnormal Psychology noticed my interest in the subject matter and asked me if I would be interested in interviewing for an RA position in her lab. I did not know what I was signing up for but my early experiences in that lab, which included running participants for an EEG/ task-based study, really ignited my interest in understanding psychological constructs from multiple levels of analysis.

*What are your hobbies?*

I have been a collector of hand-beaded earrings from Native artists for many years and more recently over the past couple of years have started learning to bead. It is a great hobby to pair with podcast listening or tv watching.

*What is something that people are always surprised to learn about you?*

I have a very big family! I have over 20 first cousins and an uncountable number of second/third cousins. Both of my grandparents are one of ten children, which contributes to the massive family. I feel really lucky to have grown up very close to many of my cousins and many of them are more like siblings.

*How do you define “diversity” in your research?*

This is a great question and not one that I have a succinct answer to. I think for me, diversity cannot be defined without appropriate consideration of intersectionality. While not all of my work so far has operationalized intersectionality in a clear way, I am constantly thinking about how the intersectional identities and experiences of the participants in the study, as well as my own as the investigator, may impact the questions asked, the interpretations of them, the results, and the implications of the results. Ultimately, I hope that I am taking a diversity and intersectionality informed approach even when not doing work directly focused on “diverse” samples, which always includes thoughtful and intentional consideration of identity and experience and how this might relate to the question of interest.

*What populations has your work focused on?*

My work has primarily focused on adolescents both broadly and specifically those from Native American backgrounds/communities that might experience suicidality. In general, my work is focused on individuals who are impacted by stress, as I am interested in how stress is associated with suicide risk. Eventually, I also hope to center strengths in this research, so understanding the strengths of those who are experiencing stressors and are still able to refrain from thinking about and/or acting on thoughts of suicide.



*What are some barriers to studying these groups and how do you try to overcome them?*

Availability of data and access to communities are definitely a barrier. In wanting to do ethical research that respects the sovereignty of Native peoples over their bodies/ minds/ and communities, it would be best practice to be engaging in fully community based participatory research practices. However, building these relationships can take a lot of time: more than is available to me as a graduate student whose presence here in MN is inherently temporary. I have tried to overcome these barriers through three different strategies: 1) I have been intentional about connecting with and learning from other Native scholars in the field who have had the opportunity to work more closely with communities. This has helped me learn more about the concerns communities might have around research, look out for ethical concerns in my own work/ the work of others, and think more critically about my own motivations for working with communities (e.g., ensuring these intentions are collaborative and a service, rather than extractive). 2) I have also begun, with the incredible support from my advisor, connecting with individuals here in Minnesota through the Minnesota Department of Health, to discuss ways that I could still engage with MN communities in the time I have left. To this end, I have written a few different grants to try to fund original research. 3) Finally, I have leaned into the reality that I might have to/ be able to use pre-existing data from large data sources (e.g., CDC, other departments of health, Adolescent Brain and Cognitive Development Study) to still begin my body of research focused on Native youth in the meantime, with the caveat that there are inherent limitations to those data/ my ability to ask the questions in the ways I might want.

*From your research, what are some major themes or lessons learned from studying these groups?*

I think what sticks with me based on the research I have done thus far, even though it has not been the exact focus of the work itself, is that intersectionality and ecological perspectives are critical for producing thoughtful work, particularly when thinking about minoritized groups. There is a vast heterogeneity even within the Native American population when we consider Tribal culture, other ethnic/racial identities or cultural backgrounds, age, gender, sexual orientation, ability, body shape, location (e.g., reservation, rural, urban) etc., which is undoubtedly important in the processes that promote suicide risk and resilience. Further, we cannot look at the individual without also appropriately contextualizing the history, culture, family, community, and societal structures that converge to impact this individual. Focusing purely on the individual is incomplete and insufficient. While my research has not yet fully operationalized these ideas, I am continuing to think about them and figure out how they fit in with my overall

interest in suicide risk and biological mechanisms.

The other take away more directly from the research I have done is that stress seems to be an incredibly important risk factor for suicide risk and there is a need to better understand the mechanisms that might facilitate this association for culturally-bound stressors like historical trauma or minority stress and critically, begin to understand the factors that can buffer these associations to promote wellbeing despite stress. For example, it is of great concern that Black youth are beginning to think about and act on thoughts of suicide more frequently, particularly given that Black youth (as well as adults) have historically demonstrated very low rates of suicidality despite the burden of stress they experience; This is clearly contrasting to patterns we have seen for decades in Native American communities, where a perhaps similarly high stress burden (though differential forms of stress) is related to suicidality. Better understanding the strengths of Black communities and leveraging those strengths in suicide prevention efforts broadly when culturally appropriate would make a great deal of sense.

*How do you think your and others' research examining the mental health of these individuals benefits the field of clinical psychology as a whole?*

There are other people who have stated this similar idea much more eloquently but I believe that being deeply engaged in thought with a diverse array of individuals, minds, ideas, histories, experiences, communities, ways of knowing, etc. increases the creative and critical thinking of all involved. Recently, folks have shown that suicide research has become more narrow in scope in the last 50 years (e.g., Franklin et al., 2017 meta analysis) with respect to the factors we are studying, which may have limited our ability to better understand suicide as a phenomenon. It seems that in many cases, creative, critical thinking is essential for continuing to make progress in understanding very complex phenomenon and reducing suffering.

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

I believe that a first step is to think about how we are talking about diverse groups even in "general" population research. For example, if you are controlling for race or gender in a model, what is the purpose of doing this? Also, how are you choosing to model these constructs and is it actually useful (e.g., setting a reference group)? As a clear example, I find the "other" and "multiracial" groupings quite problematic in that they are combining individuals together who are often very different based on culture, phenotype, lived experience, etc. While there may be times where these practices are unavoidable (e.g., how the data were collected) or

useful practically (e.g., cell sizes), there are also times where the sample sizes seem plenty large to support disaggregating/ it is unclear that it is even expected for authors to give any thought to how these identities are being measured/ modeled. Further, in the aforementioned cases where aggregation is necessary, it would be important to the study to understand the limitations of this type of aggregation. On the same topic, including identities as categorical covariates where the dominant social group is set as the reference (e.g., white, men, straight) is equally unhelpful and furthers the narrative that minoritized folks are a deviation from some “norm”. Starting with challenging these practices as “standard” approaches will help to decenter heteropatriarchy and white supremacy in research broadly.

*How do you utilize research about this group in a clinical context, in terms of assessment and intervention?*

My research focus on suicide has generally been very useful so far in a clinical context. I try to stay up to date with concerns around building rapport, safety planning, and suicide disclosure, as I know that there are many reasons why clients may be reluctant to share about thoughts of suicide. Because I am focused on minoritized populations, particularly Native folks, I think I am more sensitive to the idea that my clients (who are from a wide variety of backgrounds) might be coming in with a variety of identities and lived experiences which might shape how comfortable they feel in that setting and with me as a therapist as well. These factors can also influence their likelihood to disclose thoughts of suicide and help me to see that I need to be radically genuine in expressing my care for them as individuals and in my responsibility to helping them keep themselves safe. These same issues can come up in other contexts too in therapy, not just risk assessment, and for me have really highlighted the importance of cultural humility, genuine curiosity, and seeing therapy as a collaborative process.

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

Hmmm, this is a good question! I might go back to thinking about cultural humility, genuine curiosity, and seeing therapy as collaborative here. While I might have an idea of the skills I want my clients to learn to navigate some sort of problem (based on the mode of treatment), the content for this comes entirely from their life and their specific lived experience. Basically trying to find ways to make it clear how the skills can be useful for meeting their goals/ addressing the problems that are important to them, rather than trying to tell clients what their goals

## ***New Award Announcement!***

### **The SSCP Social Justice Impact Award**

The winners of this award will be clinical scientists from the ranks of members of SSCP who have made a unique and significant impact in the area of social justice (e.g., equal rights, access, opportunity, or treatment) that advances research, treatment, training, or the clinical psychology field. One award will be given to a clinical scientist (faculty member or similar) at any stage of their career. A second award will be given to a graduate student or postdoctoral fellow. Impact may be reflected in numerous ways including but not limited to leadership, service, advocacy, training/mentoring and other activities aimed at advancing clinical psychology within the social justice arena.

Nominees will be evaluated on the magnitude and significance of impact. However, these criteria will be weighed in the context of career stage. Members of all underrepresented and minoritized groups are encouraged to apply.

Self-nominations, and nominations by fellow colleagues are welcomed. Nominators should submit applications by email to the current SSCP president as a single document (e.g., a single pdf file). Applications should include a letter stating the reasons why the nominee is considered to have made a unique and significant impact, the nominee CV, and two letters of support of the application.

**2022 nominations have passed, but look-out for announcement of the winner on the listserv, and 2023 nominations will be due later in the year!**

*Note: In keeping with SSCP policy, a monetary award of \$200 will be given to the trainee awardee. People who are ineligible for consideration are current Board members and those who have won this award previously*

**For more Andrea, see the “Awards” section of this issue, as well as catch her on Twitter @a\_wiglesworth!**

# Early Career Perspective

## Mental Health in Clinical Science: Navigating and Advocating

Lauren Hallion, PhD  
University of Pittsburgh



When I applied to graduate school, there was only one interview question that really tripped me up—one question to which I simply couldn't provide an answer. It wasn't the question about designing my ideal research study, the nuances of given theory, or my motivation for pursuing graduate

training in general. It was the question, "why do you want to study anxiety?"

If you've spent much time around the graduate admissions process, you've probably heard disclosure of first-person lived experiences of mental health challenges described as a "red flag" or "kiss of death" (Appleby & Appleby, 2006). I certainly had. Consequently, when the question was posed to me during interviews, I had no answer. The truth was, I wanted to pursue graduate training in clinical science because I had a deep and abiding passion for psychological research that began the moment I enrolled in my first undergraduate Psychology course. I wanted to study anxiety specifically because, well... I struggled with anxiety.

The sentiment that first-person experience of mental illness is disqualifying for a career studying mental illness is echoed in varying ways and to different degrees throughout our professional careers. The term "me-search" is used, sometimes affectionately and sometimes pejoratively, to refer to research that is motivated at least in part by first-person experiences (Devendorf, 2022). The objection stems in part from the notion that first-hand experience of the problem under investigation raises challenges for scientific objectivity.

Although it is true that our personal experiences, learning histories, and environments help to shape our thinking and reasoning on various issues, there is nothing unique that sets mental illness apart from other issues in psychology. Our worldviews and cultural contexts shape our epistemology, including the research questions and measures we choose, and the principles we use as grounds for inference (Hughes et al., 2018). As psychology as a discipline seeks to understand the

human condition, we must seek to acknowledge and appreciate the biases that we as human researchers bring to this work, rather than deny their existence. In some fields of study, it is even considered advantageous to be a member of the group under investigation (Veale et al., 2022), yet this perspective has not made its way to the forefront of thinking within clinical psychology. A recent study published in *Clinical Psychological Science* (Devendorf et al., 2022) found that more than 50% of participants had engaged in self-relevant research, with this work being more likely when researchers were from marginalized backgrounds.

Far from being disqualifying, I propose that lived experience can and should be conceptualized as a valuable source for hypothesis generation. Just as clinical work is intended to inform research, so too can first-person experience. Dr. Marsha Linehan's account of her own history of suicidality and recovery, and her wild success in translating those experiences into interventions that now offer help, hope, and recovery to others, offers perhaps the most striking example (Carey, 2011). In a field that has often struggled to improve its treatment effect sizes, the development of dialectical behavior therapy, a new, effective treatment for a problem previously considered intractable, is a staggering achievement—an achievement that would not have been possible were it not for Dr. Linehan's own lived experience and the insights that those experiences afforded her.

***"Far from being disqualifying, I propose that lived experience can and should be conceptualized as a valuable source for hypothesis generation. Just as clinical work is intended to inform research, so too can first-person experience."***

A taboo on acknowledging mental health challenges also fails to translate to an absence of those challenges. A recent survey of graduate students and faculty in clinical, counseling, and school psychology programs found that over 80% of respondents (N = 1395) reported experiencing mental health challenges, and nearly half (47%) reported having a formal mental health diagnosis (Victor, Devendorf, et al., 2022). Mental health challenges are widespread in clinical psychology, whether or not we acknowledge them. Accepting this reality can help us to decrease stigma within our own field; promote help-



seeking; and facilitate discussion of ways to improve mental health and quality of life for individuals within the field, not just outside of it.

Moreover, national trends suggest increasing rates of psychopathology, particularly anxiety and depressive disorders, among young people (World Health Organization, 2022). This means that successive generations of trainees are increasingly likely to have experienced mental health challenges before they even apply to graduate school. As an instructor, I've observed that students seem much more comfortable disclosing their own mental health struggles during classroom discussions now even compared to a few years ago. I sometimes joke that if I excluded every student who explained that their interest in my lab or course stemmed at least in part from their own experiences with anxiety, I would have very few students left. Whether a candidate discloses lived experience of mental health challenges during the graduate admissions process is, in my opinion, more likely to be a function of mentoring than an indication of the candidate's actual lived experience, capacity, or professional boundaries. It is also worth noting that discrimination on the basis of disabling mental health conditions is a violation of the Americans with Disabilities Act (1990). There are, of course, occasions when conflicts between professional ethics, morality, and the law arise. I respectfully suggest that this is not one of those occasions. Anti-discrimination efforts are an inherent good when applied to mental illness, and should be treated accordingly.

As a field, I argue that we not only have an obligation not only to keep pace with progress in reducing stigma, but also to actively foster it. With several outstanding colleagues, I have written on these issues at greater length elsewhere (Victor, Schleider, et al., 2022), and I encourage those who have not read that piece to do so. Among other points, we argue that clinical psychology as a field must be self-reflective about the stigma that is coming from "inside the house," and of the ways that our epistemic traditions result in an artificial "othering" of individuals with lived experience of mental illness that does not reflect the realities of many – perhaps most – of us as human scientists.

### About the Author

Dr. Hallion is Assistant Professor in the Department of Psychology at the University of Pittsburgh after completing her Ph.D. in Clinical Psychology at the University of Pennsylvania in 2014. Her research is primarily concerned with identifying the neural and cognitive mechanisms underlying the experience and regulation of worry and other forms of difficult-to-control thought. Her work is supported by a K01 grant from the NIH and has resulted in more than 30 peer-reviewed publications and several awards, including an APS Rising Star Award. Website: [www.cnmalab.com](http://www.cnmalab.com). Twitter: @LaurenSHallion

### Why me, and why now?

Perhaps paradoxically, my decision to speak openly about my own mental health emerges from a sense of privilege, and an accompanying obligation to leverage that privilege to advocate on behalf of others. As someone who struggles primarily with anxiety, my perception<sup>1</sup> is that my mental illness is (relatively) socially acceptable. Graduate students and pre-tenure faculty are expected to be anxious; it comes with the territory. Many of my symptoms – for example, that I am shy around new people, especially in professional contexts; that I worry (excessively, I am told) about social situations, my work performance, and current events; that my voice sometimes shakes or my mind goes blank when I give a presentation — these are familiar experiences for many in our field, especially given the unprecedented challenges posed by the last few years. Because of this perception (that anxiety-related psychopathology is less heavily stigmatized compared to many other disorders), and because I possess many other forms of privilege, I find myself well-positioned in a relative sense to advocate on behalf of clinical scientists with lived experience of mental illness from a place of (what I hope is) relative professional safety.

1 There is surprisingly little empirical work comparing stigma toward anxiety disorders versus other forms of mental illness in the United States, and no studies that I could find using large or representative samples.

### References

- Americans With Disabilities Act of 1990, 42 U.S.C. § 12101 et seq. (1990). <https://www.ada.gov/pubs/adastatute08.htm>
- Appleby, D. C., & Appleby, K. M. (2006). Kisses of death in the graduate school application process. *Teaching of Psychology*, 33(1), 19-24.
- Carey, B. (2011, June 23). Expert on mental illness reveals her own fight. *The New York Times*. <https://www.nytimes.com/2011/06/23/health/23lives.html>
- Devendorf, A. R. (2022). Is "me-search" a kiss of death in mental health research?. *Psychological Services*, 19(1), 49 – 54.
- Devendorf, A., Victor, S. E., Rottenberg, J., Miller, R., Lewis, S., Muehlenkamp, J. J., & Stage, D. L. (in press). Stigmatizing our own: Self-relevant research (Me-search) is common but frowned upon in clinical psychological science. *Clinical Psychological Science*.
- Veale, J. F., Deutsch, M. B., Devor, A. H., Kuper, L. E., Motmans, J., & Amand, C. S. (2022). Setting a Research Agenda in Trans Health: An Expert Assessment of Priorities and Issues by Trans and Nonbinary Researchers. *International Journal of Transgender Health*, 1 – 17.
- Victor, S. E., Devendorf, A., Lewis, S., Rottenberg, J., Muehlenkamp, J. J., & Miller, R. (in press). Only human: Mental health difficulties among clinical, counseling, and school psychology faculty and trainees. *Perspectives on Psychological Science*.
- Victor, S. E., Schleider, J. L., Ammerman, B. A., Bradford, D. E., Devendorf, A. R., Gruber, J., Gunaydin, L. A., Hallion, L. S., Kaufman, E. A., Lewis, S. P., & Stage, D. R. L. (2021). Leveraging the strengths of psychologists with lived experience of psychopathology. *Perspectives on Psychological Science*, 17456916211072826.
- World Health Organization (2022). Mental health. Retrieved from [https://www.who.int/health-topics/mental-health#tab=tab\\_2](https://www.who.int/health-topics/mental-health#tab=tab_2)



# Clinician Perspective

## Providing Care Across State Lines: PSYPACT Considerations

Amanda Kearns PhD, Brigham Young University - Idaho

Kristin Austin PhD, University of Mississippi

Isaac C. Smith PhD, Hartford Hospital Institute of Living

### ***A Q&A with three licensed psychologists on PSYPACT***

#### *What is PSYPACT?*

Kristin Austin: According to the website, “the Psychology Interjurisdictional Compact (PSYPACT) is an interstate compact designed to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.” Currently, 33 states are participating members, one state (RI) has enacted PSYPACT legislation but is not yet effective, and three more states (MA, MI, NY) have introduced legislation. To practice telepsychology, psychologists licensed in PSYPACT states must apply for an Authority to Practice Interjurisdictional Telepsychology (APIT) and obtain an E.Passport Certificate from ASPPB. Alternatively, a psychologist may apply for a Temporary Authorization to Practice (TAP) and obtain an Interjurisdictional Practice Certificate (IPC) from ASPPB to conduct temporary in-person practice in PSYPACT states. While the E.Passport allows for a licensed psychologist to provide telepsychology services for an unlimited amount of time, the TAP limits in-person practice to 30 days per calendar year per PSYPACT state.

#### *What was the application process like for you?*

Amanda Kearns: I had several documents previously verified within the PSYPRO application when I applied for the E.Passport. For me, the process took about 2 months from the time I submitted my E.Passport application until my APIT application was approved.

KA: I started the application process a few months before North Carolina enacted PSYPACT, and my E.Passport was approved a couple weeks after. Because I was no longer physically located in my PSYPACT home state of North Carolina, I did not complete the APIT process.

Isaac Smith: Connecticut was not a PSYPACT state at the time I received my license, and I did not use PSYPRO when completing my initial application for licensure. PSYPACT legislation was enacted and effective in Connecticut as of 10/8/22, and I completed my E.Passport application shortly afterward. I am currently waiting for my application to be reviewed.

#### *Why should I apply for an E.Passport or TAP?*

AK: I originally believed that most patients would prefer in-person care, but from my experience, there are many in need of services who would rather receive telepsychology care from a provider who has experience treating a particular concern (e.g., hair-pulling disorder) or who fits certain demographics (e.g., gender preference, ethnicity, religious affiliation).

KA: Psychologists working with college and graduate students can provide continuity of care as students travel home for breaks with an E.Passport. Additionally, the E.Passport can be useful for both patients and providers who live close to the border of another participating state.

IS: From the perspective of a provider, the ability to practice virtually in another state can make things much easier for a psychologist aiming to expand an existing private practice or pursue part-time opportunities.

#### *What are some potential disadvantages?*

AK: A consideration regarding interjurisdictional practice is how it may impact liability insurance coverage. Some insurance companies may require additional insurance coverage for interjurisdictional practice, in addition to teletherapy coverage.

KA: The cost for applying for the E.Passport (\$400) or IPC (\$200) may be prohibitive. Additionally, psychologists must complete 3 continuing education credits related to the practice of telepsychology to renew the E.Passport annually.

IS: An application for an E.Passport or IPC also involves a small upfront investment of time to complete the application process, especially if you do not have materials already stored within the PSYPRO Credentials Bank. One other consideration with regard to the provision of face-to-face services via TAP is the restriction that an individual may only practice for 30 days per year per PSYPACT state.

*How is PSYPACT compatible with SSCP's scientist-practitioner mission?*

AK: For a period of time, my primary job responsibilities were teaching and mentoring students; therefore, being able to provide teletherapy has allowed me to be a little more professionally well-rounded and has prevented deterioration of my clinical skills. From my perspective, more genuine research questions are the result of observations while providing care.

KA: Patients who live in rural areas may be better able to access psychologists who are providing specialized, evidence-based services as barriers are removed through PSYPACT.

IS: The easier it is for psychologists working in a range of settings to provide direct clinical services—including virtually across state lines—the more likely it is that this clinical work will inform research.

*Is your state a member of PSYPACT?*

AK: Idaho recently joined PSYPACT in June 2022, and it will likely result in reduced wait times for patients in rural settings seeking telepsychology services. Likewise, providers in Idaho will be able to provide services to those in more densely populated states.

KA: Unfortunately, Mississippi is not a member of PSYPACT nor does it currently have legislation to join PSYPACT. My understanding is that Mississippi joining would involve interested psychologists contacting the board and advocating for legislation to be introduced.

IS: By the time I completed the licensure process, Connecticut had joined PSYPACT, and I was able to begin the process of applying for an E.Passport within days following the enactment of PSYPACT legislation in Connecticut.

*How is PSYPACT relevant to clinical research?*

AK: Providing teletherapy across state lines with E. Passport poses a number of benefits and potential risks, which bring up clinically relevant research questions. Personally, I would be interested to see research on how interjurisdictional practice may increase access to clinicians with matching demographics such as minority religion, ethnic group, or language.

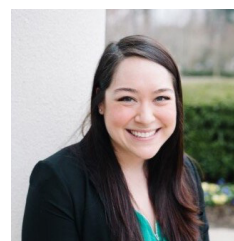
KA: I think that PSYPACT could be an opportunity for researchers to investigate dissemination of evidence-based practices to underserved populations as well as how outcomes may vary by location (e.g., same provider with patients in different locations). It could also be a way to better understand inequities in access to support policies to improve patient outcomes.

IS: PSYPACT offers the potential to contribute to the large body of research focused on telepsychology-based services emerging in part as a product of the COVID pandemic. Additionally, researchers who are licensed to practice telepsychology across jurisdictions may wish to explore opportunities to conduct intervention research remotely with a wider range of patients, facilitating more efficient recruitment and increasing generalizability of study findings.

**About the Authors**



Amanda Kearns, PhD is a Counselor and an Adjunct Faculty member at Brigham Young University - Idaho. She is a licensed psychologist in Idaho, and provides teletherapy services to adolescents in independent practice.



Kristin Austin, PhD is a Clinical Assistant Professor and Director of the Psychological Services Center at the University of Mississippi. She is a licensed psychologist in Mississippi and North Carolina, currently supervising graduate clinicians and previously worked in private practice.



Isaac C. Smith, PhD is a Psychologist at the Hartford Hospital Institute of Living. He is a licensed psychologist in the state of Connecticut.

## Student Perspective

### “Scrappiness in Graduate School” – Resourceful Approaches to Shaping the Graduate School Experience That You Want

Ivy Tran, MA  
Hofstra University



Think back to your personal statement when applying for graduate school. Did you talk about being excited about generating research questions and gaining research experience? Did you talk about your eagerness to be trained to psychotherapy and to practice specific types of interventions? Now think about yourself

now—Do you feel like you’re getting the experiences you hoped for? The answer to this question can change dramatically throughout graduate school. While a resounding “no” to this question may be driven in part by perfectionism that is common to graduate students, in some cases clinical training programs are not structured in a way that supports students’ specific goals. Perhaps your graduate program adopts a scientist-practitioner model but emphasizes one more than the other. Maybe your research interests changed once you begin graduate school or there is not institutional support to conduct the type of research that you are interested in. Regardless of your scenario, it pays to be scrappy and resourceful during graduate school to get the experience you had hoped for—after all, it is 4-6 years of your life!

You may feel unsupported or adrift in achieving your training goals across several areas of clinical psychology training activities. And while not an exhaustive list, some suggestions for how to be resourceful to gain the predoctoral experiences that you want are outlined below.

#### Research

If you were like me when you began graduate school, you may have thought that you would immediately begin high-impact research projects and have several posters and papers to show for it. An ambitious mindset to have, but in many cases, unrealistic. In some programs with high institutional support for grant preparation and research methods, research activities may be more of a regular part of your graduate training. However, some programs may emphasize clinical work or other

aspects of your professional development over research activities outside of your master’s thesis or dissertation. If this is the case, here are some suggestions to gain research experience:

1. Reach out to older students in your lab, even graduates. Many dissertation proposals include several variables that were not included in the defended project. As such, there are several opportunities for Dr. Graduate to revisit these datasets and work with younger students on secondary analysis papers of already-completed work. This can be a great way to add a co-authored paper or poster to your CV and gives you valuable experience with manuscript preparation.
2. Shoot your shot with researchers whose work you admire. You have already done the hard part—getting into graduate school and proving yourself capable of contributing to important research projects. You may be surprised at how many of your research heroes are willing to collaborate!
3. Go to free talks and connect with presenters or attendees. A major pro of Zoom is that there are more opportunities to join talks outside of your institution. These settings also alleviate some of the anxiety of striking up an in-person conversation and normalize a post-talk email to connect.

#### Mentorship

Many students choose their graduate program because they’re excited to work with a specific mentor based on their work or the student research that has come out of their lab. If you feel as if your mentor is too busy, unresponsive, or uncommunicative, some possible avenues to getting the support you want are as follows:

1. Try to develop a communication plan. If your mentor is unresponsive or appears unsupportive, schedule a time to meet one on one to discuss your specific goals and to ask what concrete tasks you can complete to achieve them. Request a recurring one on one meeting on the calendar to keep yourself and your mentor accountable.
2. If your mentor refuses to meet regularly or cancels on you, try to find support from an older student, program alumni, or another faculty member with



similar interests. It can be helpful to get outside eyes on drafts, proposals, or other projects so that you can be confident in your work and return to your mentor for a final “okay.”

3. Utilize professional networks to gain inter-institution support. Many professional organizations, have faculty members who volunteer to mentor students in special topics (e.g. specific populations, research methods, diversity, professional development). This can be an incredibly powerful way to get support and to expand your professional network. For a list of mentorship opportunities, visit SSCP’s website and click on Students > Student Resources > Student Mentorship Program Guide.
4. Similarly, take time to consider aspects of your identity—your race, your gender identity, your specialty interests in psychology, and join groups that align with these interests. This can be a meaningful way not only to collaborate on bigger projects but to find a community within our field.

### Clinical

Gaining a range of clinical experiences as a supervisee is a fantastic part of graduate school. However, you may not get to work with your population of interest or learn about a wide variety of interventions. The good news is that there are many resources to gain practical information to support your clinical practice:

1. Attend free webinars or trainings for interventions that you might not get specific practice with. Note how getting to employ this intervention would supports your training goals. Please note that this suggestion is not to attend a seminar and claim expertise in an intervention you have never done—rather a call to think critically about how learning these skills in working with patients would help your overall practice.
2. Use practica to get additional clinical experience with populations or interventions not available in your program. While there may be an inclination to want to build complete expertise in a clinical population, it is immensely valuable to guild experience with a range of populations through practica.

And finally, advice for everyone: set realistic goals for yourself and try to acknowledge how much you compare yourself to others. While some upward comparison is healthy to challenge and inspire yourself to do more, it can easily turn hurtful when you focus on what you haven’t accomplished.

### About the Author

Ivy Tran, M.A. is a fifth-year clinical psychology graduate student at Hofstra University. Her research focuses on individual risk and environmental protective factors for psychosis. Her particular interest is on the impact of greenspace on psychopathology and expanding access to low-cost interventions.

Twitter: @ivytran\_17

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

*Don’t hesitate to contact the editor at [samuel.cooper@austin.utexas.edu](mailto:samuel.cooper@austin.utexas.edu) to pitch an idea for an upcoming issue.*

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# Awards & Recognition

## 2022 Distinguished Scientist Award

### Daniel Klein, PhD 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.

### ECF 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

### 2022 SSCP Service Award

#### **Evan Kleiman, PhD Rutgers University**



**Dr. Evan Kleiman** is an Assistant Professor of Psychology at Rutgers University, with a secondary appointment in the Department of Health Behavior, Society, and Policy in the School of Public Health. Prior to coming to Rutgers, Dr. Kleiman was a Postdoctoral Fellow (2014-2017) and Research Associate at Harvard University. He received his Ph.D. in Clinical Psychology at George Mason University (2014), completed his clinical psychology internship at Temple University (2014), and received his BA in Psychology from Temple University (2008). Dr. Kleiman's work focuses on understanding the everyday occurrence of factors of interest to clinical psychological scientists. He has a specific focus on the everyday lives of individuals at risk for suicide using smartphone and wearable monitoring technology. His work has been published in over 100 peer-reviewed manuscripts and is currently funded by several NIMH grants.

The SSCP Service award is a newly 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.

**Congratulations to Dr. Kleiman as the inaugural award winner!** He has generously given his time, energy, technical skills, and effort to SSCP since 2012. Among his many contributions, he has been integral to SSCP's internet presence as listserv administrator and as webmaster. Thank you for all you do, Evan!

**For more on our current and past award winners and  
call for 2023 awards:**

[www.sscpweb.org/Grants-&-Awards](http://www.sscpweb.org/Grants-&-Awards)



# Awards & Recognition

## 2022 Varda Shoham Training Grant Recipients

### Track: Conducting Science in Applied Settings

**Institution: University of Calgary**  
**PI: Brae Anne McArthur, Ph.D., R.Psych.**

*Design and Evaluation of Trans Affirming Clinical Care at the University of Calgary Psychology Training Clinic*

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### Track: Value Added to the Program

**Institution: Virginia Tech**  
**PI: Courtney S. Swanson, M.S.**

*Evaluating Program Diversity Competence and Promoting Greater LGBTQ+ Understanding Within a Clinical Science Program*

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### Track: Innovation in Clinical Science Training

**Institution: Barnard College**  
**PI: Michael Wheaton, Ph.D.**

*Disseminating evidence-based training resources for CBT for OCD*

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### Track: Diversity and Inclusion

**Institution: University of North Carolina Greensboro**  
**PI: Kari M. Eddington**

*Building Culturally Responsive Practices in Latinx Mental Health*

***Congratulations to all 2022 Winners!***

## Awards & Recognition

### 2021 Varda Shoham Training Grant Updates

#### Evaluation of the Psychology Undergraduate Mentorship Program for Underrepresented Populations (PUMP-UP)

Gabriella T. Ponzini, M.S., Cecelia I. Nelson, M.S.,  
Erika A. Fenstermacher, M.A., Jeongwi An, M.A., Lindsay Druskin, B.A.,  
Amy Gentzler, Ph.D., Christina L. Duncan, Ph.D., &  
Shari A. Steinman, Ph.D.

Institution: West Virginia University

Track: Diversity and Inclusion

During the Fall 2021-Spring 2022 academic year, we systematically evaluated our Psychology Undergraduate Mentorship Program for Underrepresented Populations (PUMP-UP). The primary aims of the PUMP-UP program were to 1) help direct underrepresented students to key opportunities (research, internships, fellowships, jobs) to expand their educational experience and encourage their pursuit of graduate and professional training in clinical psychology, and 2) train future clinical psychology faculty (i.e., current graduate students in psychology) to provide equitable mentorship to historically underrepresented students.

Findings from our evaluation showed that undergraduate students in our PUMP-UP program had improvements in their sense of purpose from baseline (i.e., pre-intervention) to follow-up (i.e., post-intervention). Additionally, students qualitatively reported benefits from career-related guidance, including the development of new connections (e.g., with professors, external mentors), professional development materials (e.g., CV and resume building), and university-based opportunities (e.g., involvement in psychology-related research labs). Moreover, graduate student mentors reported benefit from diversity-related training in their ability to provide equitable mentorship to underrepresented students. Future iterations of the PUMP-UP program should also aim to develop a social network for mentees (e.g., Facebook group, planned in-person social events), which may further improve underrepresented students' sense of belongingness within the University and Department of Psychology.

## Awards & Recognition

### 2021 Varda Shoham Training Grant Updates

#### Enhancing the FSU Psychology Clinic's Outreach to the Black Community in Tallahassee, FL

Emily Perkins, Ph.D., Isaac Mirzadegan, B.A., Allison Daurio, M.S.,  
Chloe Bryen, B.A., Keanan Joyner, Ph.D., Lushna Mehra, B.S.,  
Thomas Joiner, Ph.D., Therese Kemper, Ph.D., & Pamela Keel, Ph.D.

Institution: Florida State University      Track: Diversity and Inclusion

The FSU Psychology Clinic offers evidence-based outpatient mental health care to the racially and socio-economically diverse population of Tallahassee and the broader Leon County area. Interestingly, we have found that Black/African American clients are underrepresented at our FSU clinic relative to the Black/African American population in Leon County in need of mental health care. With funding from the SSCP Varda Shoham Clinical Science Training Initiative, our team aimed to address this disparity by increasing our engagement with the Black/African American community in Leon County.

To do so, we organized and executed three community outreach events with the joint efforts of the FSU Psychology Clinic, FSU Clinical Area Diversity Committee, and our community partners: Ms. Talethia Edwards and Dr. Eugenia Millender. The purpose of these events was to 1) increase awareness of Clinic services; 2) highlight compatibility with culturally sanctioned supports, such as local churches; 3) embed ourselves in trusted community institutions to begin to decrease stigma of seeking mental health services; 4) facilitate community-Clinic connections to begin to address sources of cultural mistrust; and 5) gather information about barriers to be addressed through changes to our Clinic.

In 2022 our team 1) participated in a neighborhood vendor fair hosted by a regional food distribution organization; 2) lead a parent informational session in partnership with the Leon County Title I School Advisory Council; and 3) hosted a luncheon at a predominantly Black/African American church in Leon County. During these events we provided comprehensive information on therapy and assessment services provided by the FSU Psychology Clinic and other local providers, including location and associated fees. Furthermore, we aimed to gather information on Black/African American community members' perceptions of local mental health care by engaging in discussions on current or past experiences with mental health services, familiarity with various mental health providers, perceptions of the efficacy of treatment, barriers to seeking treatment, and more.

Overall, our participation in these community outreach events provided us a unique opportunity to engage with our community outside the confines of the FSU Psychology Clinic's walls. This shifted our initial aims from simply drawing Black/African American clients into our clinic to bringing our clinical services to Black/African American individuals in the community. Finally, our experiences at these outreach events emphasized the need for continued engagement and active efforts to reduce barriers to mental health care for the Black/African American community in Leon County.



## Awards & Recognition

### 2021 Varda Shoham Training Grant Updates

#### **Enhancing Education in Evidence Based Assessment of Adolescent Self-Harm, Suicidality and Emotion Regulation Disorders**

Brittain Mahaffey, Ph.D., Jessica McCurdy, Ph.D., &  
Angela Turner-Dougherty, Ph.D.

Institution: Stony Brook University Consortium Internship Program  
Track: Value-Added to the Program

Our team at Stony Brook University, Department of Psychiatry and Behavioral Health is appreciative to have received the 2021 Varda Shoham Training Grant for our project entitled, “Enhancing Education in Evidence Based Assessment of Adolescent Self-Harm, Suicidality and Emotion Regulation Disorders.” In the Fall of 2021, we were fortunate to be able to use funds to support a didactic lecture from Dr. Jill Rathus on evidence-based assessment of adolescent self-harm, suicidality, and emotion regulation disorders. Dr. Rathus is the co-developer of the original Dialectical Behavior Therapy program for Adolescents (DBT-A) manual and is an expert in the assessment of psychopathology in adolescents. Dr. Rathus presented to our 2021 internship cohort and child-focused faculty. The presentation was also recorded for our digital resource library to be made available to future psychology interns, externs, and postdoctoral fellows. Dr. Rathus’ presentation also informed our DBT-A faculty’s subsequent annual training for incoming students participating in our DBT-Adolescent track program. This training includes education on best practices in assessing adolescent psychopathology, interpretation of test results, and utilizing self-report and interview-based assessments for safety and treatment planning for teens and caregivers enrolled in our DBT-A program.

Finally, in the summer of 2022, we developed and piloted an electronic assessment battery for assessing treatment outcomes in our DBT-A program participants, including a protocol for both teens and caregivers. This protocol is based upon the recommendations of Dr. Rathus and a literature review conducted by our faculty. It assesses symptoms of depression, anxiety, mood dysregulation, self-harm and suicidality. It also includes measures of treatment targets including mindfulness, parenting stress, distress tolerance, and emotion regulation skills. This battery is currently undergoing review as a quality improvement project through our office of research compliance and we anticipate utilizing it this fall for incoming DBT program participants. This battery will be used in our training program to support teaching about evidence-based assessment, improve patient care, and enable future outcome research on our clinical program.

# Awards & Recognition

## 2021 Varda Shoham Training Grant Updates

### Rutgers University Communicating Clinical Science Training Program: 'RU Communicating Clinical Science?'

Jessica L. Hamilton, Ph.D., Evan Kleiman, Ph.D., Edward Selby, Ph.D., & Kathryn Coniglio, M.A.

Institution: Rutgers University  
Track: Innovation in Clinical Science Training

Jessica L. Hamilton and Kathryn Coniglio from Rutgers University received a Varda Shoham Clinical Science Training Initiative in 2021 to launch a new initiative, entitled: 'Rutgers University Communicating Clinical Science Training Program: 'RU Communicating Clinical Science?'. The goals of this program are to:

- 1) develop a training program that introduces to PhD students core components of clinical science communication across different audiences, outlets, and modalities.
- 2) provide students with introductory skills in the conceptual and technical skills to communicate clinical science.
- 3) engage with a diverse public about clinical science in an accessible manner.
- 4) disseminate this curriculum to be used and adapted by other students and training programs to broaden the reach of accessible clinical science across the country.

With the SSCP Varda Shoham training grant, the pilot program for the 'RU Communicating Clinical Science?' training program was a great success! Dr. Hamilton and Kathryn recruited interdisciplinary scholars with expertise in science communication, including faculty in public health, policy, communication, and biology. Invited speakers presented monthly workshops to the students, with over a dozen students engaging in the science communication curriculum.

The training program workshops included:

**Workshop 1)** Back to the Basics: Foundational skills in communicating clinical science (e.g., knowing your audience, knowing your message, understanding psychology of communication)



# Awards & Recognition

## 2021 Varda Shoham Training Grant Updates

**Workshop 2)** The Spoken Word: Oral communication skills and improvisation (e.g., effective use of language, streamlining the message, engaging audience, consider the setting)



Sharon Stoerger

- What is your infographic topic?
- What experience do you have creating infographics?

### Workshop 3)

It Takes a Village: Communicating clinical science with stakeholders (e.g., policy) and partnering with community organizations to engage with marginalized communities

**Workshop 4)** Meet the Public Where They Are: How to write for the public (e.g., writing an Op-Ed or blog, finding outlets, making a pitch) and policy writing

**Workshop 5)** Visualizing Clinical Science: Effective use of multimedia and visual aids in communicating clinical science (e.g., infographics, identifying and using photos, videos, powerpoints)

In addition to scheduled workshops (which included hands-on training activities), students engaged in three applied activities to build upon workshop skills. These included practicing three-minute community talks for a public audience, drafting op-eds, and designing infographics on a scientific topic. Beyond the training workshops, students applied their skills in real-world settings by disseminating research infographics, community and outreach presentations, and publishing blogs and op-eds in addition to their scholarly work!

We have since expanded the program to include psychology PhD students at Rutgers, and we are working to develop a training curriculum for other programs to adopt in the future! Communicating science is critical to the success and impact of our field— and we are excited to keep doing our part to improve science communication so that the answer to “RU Communicating Clinical Science?” will always be yes!



# Student Awards & Recognition

## Outstanding Student Researcher Award

### Andrea Wigglesworth, MA University of Minnesota



**Andrea Wigglesworth** is a member of the Seneca-Cayuga Nation (Deer Clan), a fourth-year graduate student in the Clinical Science and Psychopathology Research PhD program at the University of Minnesota Twin Cities, and a current NSF Graduate Research Fellow. She works with Drs. Bonnie Klimes-Dougan and Katie Cullen in the Research on Adolescent Depression Lab. Andrea's work takes a developmental stress lens to understand the mechanisms that influence the emergence and maintenance of suicidality among young people. More specifically, she is pursuing two parallel lines of research: The first is examining the relationship between neurobiological and psychophysiological functioning and suicidal thoughts and behaviors across development, particularly in the context of stress experiences (e.g., minority stress in Native American populations, chronic stressors such as poverty, and childhood maltreatment). The second area of focus is centered more specifically on the culturally bound stressors and protective factors experienced by Native American young people and how these factors influence the disproportionate burden of suicidality experienced by Native American communities. Andrea approaches research with a collaborative spirit and hopes to harness and integrate multiple perspectives to advance suicide prevention research for young people.

#### 1. What are your research interests?

I am interested in better understanding how stress experiences are biologically embedded and impact suicidal thoughts and behaviors from childhood to early adulthood. While my current research is not as focused in this area, I am also interested in understanding protective factors that might buffer these associations between stress and neurobiological functioning and/or between neurobiological functioning and suicidality. While the relationship between stress and suicide is relevant for all young people, I am particularly interested in understanding how these processes operate in the unique socioecological context of Native American young people. Native American young people experience both unique (e.g., historical trauma, hyper-invisibility) and common (e.g., poverty, childhood maltreatment) at high rates. However, Native American communities also demonstrate great resilience and have deeply ingrained ways of knowing about promoting wellbeing. Thus, I am interested in understanding how and for whom stress experiences incur risk for suicide among Native American young people, as well as how we might disrupt these processes by promoting individual and community strengths. Thus, my research interests integrate across a number of different fields (e.g., developmental stress, biological psychiatry, Native American suicidology) to develop a culturally relevant

and sensitive program of neurobiological research that centers Native American peoples.

#### 2. Why is this area of research exciting to you?

I find this area of research exciting because it has clear clinical implications for saving lives. Suicide is a devastating problem across the globe, but particularly among lower resourced communities. Further, Native American communities have been (intentionally or unintentionally) largely excluded from neurobiological stress research. While I see positives in this exclusion, in that biological research has done a lot of harm to minoritized communities historically, I also believe that this field has a lot to offer for understanding both protracted and acute suicide risk processes. With that said, I believe that pursuing this research in a thoughtful and responsible way that considers the potential benefits and harms to communities and works directly with communities is important. We are in a time where large biological datasets (e.g., ABCD Study) include youth from different ethnoracial and cultural backgrounds. In the absence of thoughtful researchers who critically consider the potential impacts on communities, there is a possibility that research on this data could produce real harm for minoritized groups. On the other hand, this data provides a unique opportunity to partner with communities to help

understand how suicide risk might operate among their young people and delineate potential routes for intervention.

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

I have had several mentors who have been instrumental in my development as a scientist. Dr. Mitch Prinstein was an invaluable resource for me during post-bacc training. I entered the Peer Relations Lab as a very enthusiastic trainee who had a long way to go before being ready for graduate school. Dr. Prinstein taught me to think like a scientist while also being an incredibly supportive human being. My PhD advisor, Dr. Bonnie Klimes-Dougan, has also been instrumental in my development. Dr. Klimes-Dougan always challenges me to push myself outside my comfort zone and to think more critically about my research. Dr. Klimes-Dougan has also gone above and beyond to support me in pursuing research within Native populations as well as provide training in the other areas critical to my development as a clinical scientist. Finally, Dr. Joseph Gone has been integral to my development as an Indigenous thinker and writer. Dr. Gone has a really special way of providing challenging feedback that ultimately inspires self-confidence and growth. He is incredibly thoughtful and takes great care in when and how he communicates ideas, a trait which I aspire to as a trainee.

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

My advice would be to trust your gut and regularly engage in activities that energize you. Our thoughts and emotions are really important pieces of data. As we navigate through all of the different parts of graduate school (e.g., teaching, research, possibly clinical work, mentorship, etc.), it is so important to notice and honor how we feel wearing these different hats. This circles back to the second point which is, if you notice that one of these hats provides you with energy rather than takes energy, make note of that. It can be really effective to try to spread those energy-giving activities throughout the week so that you can stay connected to why you are pursuing this degree. This also includes non-PhD activities that might be energy or meaning giving (e.g., talking with family, physical activity).

## 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:

### 2022 Harvard University Native American Program: Indigenous Health Seminar (DEI-related VCL)

**"Intergenerational Transmission of Trauma and Resilience in First Nations Communities"**  
Dr. Amy Bombay

**"Substance Use Treatment and Prevention Programs Among American Indians/Alaska Natives"**  
Dr. Daniel Dickerson

**"Belongingness: Impacts on Indigenous Individual and Community Health"**  
Dr. Alexandra Adams

**"NIH Tribal Health Research Office: A Holistic Approach to Improving Health Through Biomedical Research"**  
Dr. David Wilson

**Check out our 2022 and previous VCLs on our website!**

<http://www.sscpweb.org/ClinicalLunch>



# Updates from Student Representatives

Rachel Walsh, M.A., Temple University

Nora Barnes-Horowitz, M.A., University of California Los Angeles

## Join Us and Increase Your SSCP Involvement as a Campus Rep!

As a campus rep, responsibilities include forwarding SSCP award opportunities to the students in your department and advertising other SSCP initiatives at your institution. We will also have bi-annual student rep meetings where there will be opportunities to become involved in student initiatives.

If you're interested in joining, please fill out the following google form:  
<https://forms.gle/TNPVFo2cNRTVs5JX6>

## 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](http://www.sscpweb.org/resources/Documents/SSCP_Student_Mental_Health_Resources=pdf.pick3dnFQTVuzXbjj6lZdkYQ/viewform)

## 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.

## 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!

Rachel Walsh: [rachel\\_walsh@temple.edu](mailto:rachel_walsh@temple.edu)

Nora Barnes-Horowitz: [nbarneshorowitz@ucla.edu](mailto:nbarneshorowitz@ucla.edu)

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

**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>.

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**A special thanks to outgoing *Clinical Science* editor,  
Jessica Hamilton, PhD!**

We thank Dr. Hamilton for 3 years of fantastic content in this newsletter!  
Catch her on Twitter in her role as SSCP Media Editor (@SSCP\_tweets)