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.
With this being my final Presidential Column, I’d like to spend a little bit of time reviewing the year and my time as SSCP President. Overall, my experience working with SSCP has been wonderful. Individuals have been helpful and kind. I have appreciated hearing from the membership regarding thoughts for future endeavors and witnessing their passion for clinical science. The SSCP Board is made up of bright clinical scientists who work extremely hard and are dedicated to SSCP’s mission. It has really been an honor to be SSCP President.

I think it would be helpful to look back on my initial goals for the organization as I began my tenure as SSCP President. My goals for SSCP while I was President included the following:

1. Move SSCP toward greater inclusion and diversity.
   - The Diversity Committee sought to examine the demographics of the SSCP membership. To this end, a survey was sent to our membership (similar in content to surveys sent to our membership in 2014 and 2016). As the Diversity Committee published in our last newsletter, the survey showed that a majority of SSCP members identify as White and that Black and Hispanic or Latinx are underrepresented. There has been modest change from the previous surveys (2021= 73.5% White; 2016= 81% White; 2014= 88% White). SSCP needs to encourage more diversity within its membership and board. This data will allow SSCP and the Diversity Committee to develop and implement new initiatives to diversify clinical science. Please reach out if you are interested in being part of the SSCP Diversity Committee.
   - The SSCP board initiated two SSCP diversity awards. This included the Lifetime Achievement Diversity Award as well as the Outstanding Impact Diversity Award. These awards are meant to honor individuals who have made contributions in the areas of Diversity, Equity, and Inclusion. Applications were due in July for these awards. Unfortunately, we did not receive any nominations even after extending the deadline. Our hope is to re-evaluate the timing of the awards since the summer is often a busy time for everyone and to receive nominations in 2022.

   - We awarded our first Varda Shoham Clinical Scientist Training Initiative within the Diversity Track through donations from our membership. We hope to continue to offer this award in the future. Interested members will be able to donate to this worthwhile initiative when renewing their membership.

   - The Diversity Committee has posted timely reflection questions, readings, blogs, and twitter content while also contributing to the newsletter through the Diversity Corner.

   - The Virtual Clinical Lunch (VCL) Series continues to promote diverse speakers through diversity-related content.

2. Promotion of civility on the SSCP listserv.
   - I have to say that I have been pleased to see more civility on the SSCP listserv over the last year. The listserv continues to have lively debates but in a respectful manner. This does not mean that our listserv policies should not be examined. It still very much needs to be done. I am hoping that Marisol as the incoming SSCP President will help to further this project along during her tenure. However, the scope of the project could expand. The Listserv Committee led by Tom Olino and Katie Baucom hope to send out a listserv survey to our membership. This survey will entail questions that directly relate to civility and how safe members feel posting to our SSCP listserv but will also include items related to what our community values about the listserv and improvements that could be made. With increasing social media (blogs, twitter, etc.) it may be that our
listserv does not play the same role it once did. To determine the needs of our membership and how the listserv plays into those needs is important to examine.

3. To promote clinical science.

- As I think about promoting clinical science, I think of the many great partnerships that SSCP has fostered and promoted across psychology to meet shared goals. Our Clinical Psychological Science Special Interest Group at ABCT is an opportunity to meet and share ideas. The Clinical Psychological Science SIG is run in collaboration with APS and the organizations work in tandem to promote clinical science and help to develop conference planning directed toward clinical scientists. The ABCT CPS SIG is open to feedback about future endeavors. Contact Nick Perry (Nicholas_perry@brown.edu) or Diana Bennett (diana.bennett2@va.gov).

- SSCP continues to work closely with Division 12. Division 12 hosted a Science Advocacy Summit and Jessica Hamilton from SSCP was in attendance. Our SSCP Diversity Committee has also been working with Division 12 as part of their DEI efforts. In the future, Division 12 would like to collaborate with SSCP to co-sponsor future events at the annual APA conference.

- CAAPS has been active this year developing two new sub-committees in which our membership has graciously volunteered to contribute. CAAPS is organizing a Scientific Impact Committee with the mission of using available science to decrease the burden of mental illness. SSCP members Michael Wheaton and Eugene Botanov have volunteered to be part of this committee. The second committee is the Scientific Quality Committee with the mission of improving science and clinical practices to reduce the burden of mental health. Kristy Benoît Allen is our SSCP member who will be joining this CAAPS committee. Additionally, Allison Meyer has agreed to join me as one of the overall SSCP CAAPS representative.

- SSCP’s collaboration with APS remains strong particularly through the annual SSCP student poster awards and the Global Mental Health Poster Challenge. In the future when we are able to physically attend APS, the dissemination of awards, SSCP’s Presidential Address, the Distinguished Scientist talk, and SSCP symposium will resume.

I would be completely remiss if I did not thank all the current SSCP board members for an outstanding year. The board is an incredibly welcoming group of professionals that I have been lucky to work with and hope to collaborate with in the future. I want to offer my gratitude for the SSCP board members who will no longer be on the board as of the beginning of the New Year. I want to express a hearty thanks to the following out-going SSCP board members:

- Joanne Davila, Past-President
- Matthew Lerner, Treasurer
- Michael Wheaton, Member-at-Large
- Amy Sewart, Postdoctoral Representative
- Alexandra Klein, Student Representative

I would also like to acknowledge our new SSCP board members who will begin their terms in January 2022:

- President-Elect: Susan Williams White, Professor and Endowed Chair in Psychology, University of Alabama
- President: Marisol Perez, Associate Professor, Department of Psychology, Arizona State University
- Treasurer: Sara Bufferd, Assistant Professor, University of Louisville
- Member-at-Large: Nancy Liu, Associate Clinical Professor, University of California, Berkeley
- Postdoctoral Representative: Kaitlin Sheerin, Warren Alpert Medical School, Brown University and Rhode Island Hospital
- Student Representative: Nora Barnes-Horrowitz, Graduate Student, University of California, Los Angeles

I look forward to continuing my time on the board as the Past-President where I will be given an opportunity to mentor and guide Marisol, much like Joanne Davila and Carolyn Becker did for me. I can only hope I am as creative and wise in the process. Thank you all for your support. It has been a great adventure!
Updates from the SSCP Diversity Committee

• The SSCP Diversity Committee continues to update the Diversity Syllabus (click this link for the overall list), a repository of books and peer-reviewed scholarly articles (click this link to folders with articles), that we hope will serve as a starting point for all involved in advancing psychological science, including researchers, clinicians, teachers, and students, to reference. We have also added files (click here) for direct import into your reference manager of choice.

• Last summer, the Diversity Committee launched a blog (https://medium.com/society-for-a-science-of-clinical-psychology) focused on diversity issues in clinical science. Recent posts include features from a collaboration with Psychological Clinical Science Accreditation System (PCSAS) related to cultural competence and graduate admissions.

• All openings on the committee have been filled! If you’re interested in learning more or getting involved, please write us at: SSCPdiversitycommittee@gmail.com

The SSCP Diversity Committee has recently compiled a Diversity Syllabus and created an accompanying repository of scholarly readings included in the syllabus. We hope you find this resource helpful in addition to the list of scholarly readings and books below:


We hope that SSCP Membership finds these reflection questions and resources useful as we remain committed to best serving the communities we work in and advancing psychological science for all.
1. How do you define “diversity” in your research?

This is a question that I always feel challenged answering, especially when I have to apply for jobs and they’re asking for the diversity statement because it’s really baked into everything that I do. I think about the impact of racial discrimination on Black families, which is, in my estimation, a diverse population. But interestingly one of the things that popped up as I was working in Philadelphia was the intersection of race, gender, and religion in particular. We had black Muslim boys and black Muslim girls who would talk about their experiences particularly while the prior administration was being elected. Thinking about how that would impact them uniquely - that diversity really shone a light at that time as something that was unique from my work that I already saw as diverse.

2. What are some barriers to studying oppressed minority groups and how do you try to overcome them?

Even the terms that we’re using here are part of it. I think getting people to recognize that there is oppression, that racism is still a factor, that we need funding and attention brought towards these issues so that we can stop the impact of some of these structural challenges, but also, to end those structural challenges in the first place. I champion this work as much as I can, I join committees, task forces, etc., where I am saying that we still need to pay attention to these things to support our communities.

3. From your research, what are some major themes or lessons learned about LGBT or racial/ethnic minority populations?

The biggest theme for me is that Black folks are the most resilient group of people ever. Period. (Hyperbole much?) So if you think about all of the challenges that have come to them in the expanse that has brought them to the United States. But even before that, there is a long history that many people neglect. I am thinking particularly about African Americans and the travel that was forced upon them to the United States – that they would make it through that, through slavery, through the civil rights movement, through the prior administration, and so the fact that they have made it through so
many challenges and are thriving in many ways is something that I think deserves a lot of attention. So that’s the major theme I would glean there, they are the most resilient group of people and I love them for that. And to clarify, I do not mean that they are the most relative to other people, I don’t want to make this a competition, I just want to shout out their resilience.

4. How can the field of clinical psychology do a better job of thinking about issues of cultural, race, ethnicity, gender, sexual orientation, etc. In regard to psychopathology research?

I do not do too much pathology research, but I do know that the idea of normality and abnormality is baked into all of psychology research. How do we consider what is normal is the question that plagues all of our work. Often there is this group that we do comparisons to and we need not do that. Depending on who is doing the research, who is that “normative group” is going to change every time. And yet somehow we have agreed that in many instances white folks are this control group that we compare everybody to. In a lot of prior literature, there was an argument made about how Black people were deficient relative to that white normative group (and yes, it still exists). But even in research I was reading about early work on enslaved Black people, findings showed that Black people were doing better at a task and that demonstrated their abnormality! So even when they were doing “better”, there is language that is used to challenge how good they could possibly be doing. “Oh, they were cheating” or “they were superhuman,” etc. Again, the case for folks of other backgrounds, if people are doing better than this normative group, the language around why that is changes. I think being mindful about how we use, or whether we need to use that language in the first place, is really important.

5. How do you utilize research about oppressed minorities in a clinical context in terms of assessment and intervention?

I welcome you all to check out everything that I write with the EMBRace (Engaging, Managing, and Bonding through Race) intervention. How to go from theory to empirical work to intervention work and back is something I write about frequently. So I create a compendium from front to back on how we have to utilize theory, intervention, and all of these various empirical components that support why we are doing the applied work in the first place. So I welcome you to take a look at my work on that.
Nearly all states require postdoctoral hours for licensure, with the number of hours required varying by state. Gaining these postdoctoral hours can be particularly challenging for individuals who choose to go into academic settings. For example, those going into an academic postdoctoral position may not be advised by a licensed psychologist who can supervise these hours. Similarly challenging, individuals going straight into faculty positions from predoctoral internships do not – in general – have opportunities to gain hours for licensure built into their role and may find a lack of available colleagues to provide supervisory experiences. Roadblocks like these can make the process of gaining necessary supervised hours particularly difficult for those choosing these career paths. If you are applying to academic positions and have a goal of gaining licensure, or perhaps find yourself in one of these settings already and struggling to get your necessary hours, my hope is that this brief article can provide some guidance. Below are some questions to consider during your journey of becoming licensed, along with some related tips.

What counts as hours for postdoctoral licensure in your state/province? Does this position provide opportunities to gain postdoctoral hours for licensure?

Most states require 1,500 – 2,000 hours of postdoctoral “supervised professional experience” (SPE) for licensure. One thing to keep in mind is that the activities that count as SPE are defined state-by-state. In some jurisdictions, your clinical research may count as SPE – which is great if you plan to go into an academic setting – in others, it may not. If you intend to become licensed in a specific state, see how they define SPE so you can get a better sense of what activities you need to be engaged in to make getting your license achievable.

If you are applying to academic postdoctoral fellowships, is your potential advisor licensed, and are they willing to supervise you? If you are applying directly to faculty positions, can someone else in the Department or University supervise your hours?

Ideally, your postdoc advisor or a senior faculty member will be able to serve as your supervisor for your postdoctoral hours. If your academic advisor or another department member cannot serve as your supervisor, see if anyone at your institution – even someone outside of your department – meets your state’s supervisory requirements. After you’ve located this person, inquire if they would be willing to serve as your supervisor for your SPE. Ideally, this supervision experience will provide professional development opportunities, like learning a new intervention, and not solely serve as a means to accrue hours. Pitch this arrangement as a mutually beneficial experience and share what skills and strengths you can offer to your potential supervisor.

If your potential advisor is not licensed or no one is available to supervise you, are you able to gain hours as a Psychological Assistant/Associate in a private practice setting?

If you can’t locate anyone at your institution to supervise your clinical hours, consider private practice as a potential pathway to licensure. Under the supervision of a licensed professional, it’s possible to accrue supervised professional experience as a psychological assistant/associate on a part-time basis (title varies by state). Rather than cold-emailing local practitioners, you may want to reach out to mentors or former supervisors to inquire if they have any colleagues in your area they can connect you with that may be willing to take you on as a supervisee.

Can you use professional development funds towards licensure costs?

If you are on a training grant or have faculty start-up funds, you may be eligible to use these funds to pay for elements of your licensing process. If you are in the process of negotiating your start-up costs, include the costs associated with licensure during your negotiation process. When negotiating my
start-up costs, I included EPPP and state-specific law preparation packages, the cost of taking each examination, and fees paid to the licensing board.

**Do you have licensed colleagues employed in similar settings you can consult with?**

If you are not part of a formal postdoctoral training program, it’s possible those in your position may not be provided with guidance on how to gain licensure. Consulting with licensed colleagues employed in similar settings as yours and receiving support through the licensing process can be invaluable.

If you have any further questions about gaining hours, please feel free to reach out to me at asewart@csudh.edu. I am happy to share my personal experience of accruing hours while at a teaching-focused institution.

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**About the Author**

Amy Sewart, Ph.D., is an Assistant Professor of Psychology at California State University, Dominguez Hills and the director of the Mood, Anxiety, and Related Behaviors Laboratory (MARBL). She received her B.A. in Psychology from Florida State University, and her M.A. in Psychology and Ph.D. in Clinical Psychology at the University of California, Los Angeles. Dr. Sewart completed her predoctoral internship at the San Diego Veterans Affairs Healthcare System/University of California, San Diego Consortium. Her research aims to advance our understanding as to why emotional disorders occur and how we can use this knowledge to enhance evidence-based practice.

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**DIVERSITY COMMITTEE REFLECTION QUESTIONS**

We previously distributed the following questions to our membership so they may begin developing strategies to become anti-racist. We encourage our members to review these questions while considering the cultural and individual differences between members of the Asian Pacific Islander Desi American (APIDA) community:

For Those Engaged in Clinical Supervision

1. What are ways I may encourage my supervisees to take a multicultural perspective in case conceptualization and treatment?

2. Am I comfortable discussing issues related to race with my supervisees, including racial differences between therapists and clients as well as between supervisors and supervisees?

3. Am I making a concerted effort to seek out consultation, peer-support, and self-reflection when I, or my supervisees, are overwhelmed or confused about how to navigate multicultural issues?
I started my first faculty position in the pandemic. It has been a roller coaster of new and unforeseen challenges and opportunities, filled with both excitement and uncertainty. In some ways, this past year likely had similar challenges to being a new faculty member in the ‘before’ times. Yet, faculty who started entirely remote during an ongoing pandemic have had unique challenges. We faced budgetary cuts, staff and faculty furloughs, hiring freezes, remote teaching and research, and the isolation of moving to a new job and state amidst ongoing pandemics of COVID-19 and racism. This past year also helped me to develop new strategies, perspectives, and connections that have made this transition easier and position even more rewarding.

Create your own support network and ask for help.

New professors must learn, navigate, and transition into new systems, places, people, and roles all at once. You are simultaneously building a lab, teaching classes, launching your research, writing grants, mentoring students, hiring and managing staff, balancing budgets, and so much more! It is nearly impossible to figure everything out on your own or even from just one source. Creating a support network is critical. Reach out and ask for help from mentors, other faculty at your institution (especially newer hires), administrators in your department, and even other new faculty! In my first week, I reached out to my graduate mentor for advice on graduate admissions. I reached out to my close friend (who was 4 years into faculty position) for an example lab manual. I reached out to multiple colleagues for example class syllabi. I continue to regularly reach out to our administrators for navigating our online systems (which are always so complicated!). I am a big believer in not recreating the wheel and sharing resources, which has helped me tremendously and even generated some ideas in which I can support others (e.g., see here for F31 examples). As new faculty, I had so many questions, and I quickly realized that I was not alone. One of the best sources of support that I have in navigating this transition are other new faculty across the world who also started their positions in the pandemic. Starting from a tweet, I created a ‘COVID profs” Slack channel to build a network of support for myself and other new faculty in psychology and psychiatry departments starting remote. It has been integral for navigating this new role, sharing resources and suggestions, and normalizing the anxieties and uncertainties of being a new professor. While being remote had its challenges with traditional methods of building support, it also made platforms like Slack and Zoom more accessible for building these new support networks and friendships.

Make your own celebrations and markers of success.

I had dreamed of being a tenure-track professor at an R1 university since I started towards this path as a college junior. The first day I imagined looked very different from the reality of sitting at my home office. Very anti-climactic, to say the least. However, it was still my first day as an Assistant Professor at Rutgers University and it was important to me that I celebrate the moment. So, with the encouragement of a friend, I sent myself an email that read: “Dear Professor Jess, You did it! Happy first day as a professor!” It may sound corny, but it made the moment feel more real. In our field, it can be hard to celebrate moments because reward is often delayed and sometimes uncertain (e.g., you have a great grant score, but may still not get funded; you get a paper accepted after months of resubmissions). It gets easier and easier to let these moments of success go unnoticed, if you let them. We need to make our own celebrations for ourselves and others! As the director of a new lab, I aim to actively promote a culture of support and celebration of these moments for every team member. This could be a celebratory lab lunch for my student’s
first conference talk or lab kudos in recognition of my sophomores completing their first in-person college semester!

Make your research matter.

With COVID-19 and the continued social and political upheaval of these past few years, I’m sure many of us have experienced this existential crisis: does my work really matter? It can be challenging at times to see how one more manuscript will improve the mental health crisis and reduce suicide rates. The truth is that a single manuscript may not... if we just leave it there. We need to think critically as a field about how we communicate clinical science to make it matter. How do we disseminate our research for the public and across stakeholders to impact systems of change (e.g., education, clinical care, policy)?

Given that my research focuses on teen mental health, one way that we make our research matter is by working directly with teens to inform the research we do, disseminate our findings more broadly, and develop mental health resources for their schools and communities. This has helped us to make changes in our community and think creatively about new ways that we can make a difference with our research. This motto of ‘Make Research Matter’ also inspired me to launch the “RU Communicating Clinical Science” Training Program at Rutgers, funded by the 2021 SSCP Varda Shoham Award. The goal is to train clinical psychology doctoral students in science communication so our future leaders can communicate with stakeholders and make even more meaningful changes with their science. The training program and materials will be freely accessible online, with the hope that others will implement this program with their students. Stay tuned for more in the next year!

Yes, You Though.

A close friend sent me this meme, and we laughed a little too loud at how much it resonated with us. I am more than understanding and validating when my students or collaborators need an extension or feel behind on papers, grant-writing, study recruitment, you name it. But how often do we apply this compassion to ourselves? Asking myself “What would you tell a colleague in this exact same scenario?” has been incredibly helpful in rethinking and restructuring my own anxieties and doubts. It also has given me the confidence and space to ask for what I need, such as an extension on a deadline or extra support from a collaborator. We are doing the best we can in a unfathomable scenario. That is enough. You are enough. And I am saying this to myself, just as much as I am saying it to you. Echoing Jasmine Mote’s beautiful article for SSCP, we need to do better as a field to move away from the ‘cult of productivity’ and basing our self-worth on productivity. We need to acknowledge the full humanity of our students, peers, and ourselves, which will help academia become a more welcoming, inclusive, and equitable space and improve the impact of clinical science.

In short, this year has been filled with a lot of firsts that often felt overwhelming, scary, and exciting. Perhaps the biggest takeaway is that you are not alone! I have developed new and meaningful relationships and collaborations that make me a happier, healthier, and better scientist and person. I have surrounded myself with an outstanding team that further inspires me and cultivates these values (shoutout to my amazing graduate students Simone Boyd and Missy Dreier, my incredible research coordinator Saskia Jorgensen, and team of talented undergraduates)! I still have a lot to learn as I embark on Year 2 of being a faculty member, but I know that I have a support network of mentors, peers, students, family, and friends who will make this next stage even better!

About the Author

Jessica L. Hamilton is an Assistant Professor in the Department of Psychology at Rutgers University. Her research focuses on identifying and modifying risk factors for adolescent suicidal thoughts and behaviors, specifically focused on social media and sleep. The goal of her research is to inform adolescent suicide prevention programs that are informed by clinical and developmental science, and that are scalable and accessible to diverse populations of youth. She also aims to make clinical science more accessible to the public and as a career field.

Website: www.thehamiltonlab.org
Twitter profile: @jhamiphd
As a graduate student in a lab focused on youth suicide, I spend a great deal of time thinking about the fact that it is the second leading cause of death among young people in the United States and the tenth leading cause of death overall (Hedegaard et al., 2018). Many may be familiar with the recent discovery that 50 years of research has not markedly improved our ability to predict suicide (Franklin et al., 2017), nor have we managed to meaningfully improve the efficacy of our treatments over time (Fox et al., 2020). There is, of course, no silver bullet, and likely no one-size-fits-all approach that will resolve what has become such an intractable problem in our field.

But in my view as a trainee, one possible piece of the puzzle lies in graduate training. A shift in our training approach may have potential to yield strong clinical and empirical effects.

First, with regards to clinical care: those who die by suicide are three times more likely to have had a hard time accessing healthcare than those who died another way (Miller & Druss, 2001). Why might this be? A recent examination of psychologists in private practice in the United States found practitioners to be less receptive to providing care to suicidal patients than patients with no explicit suicidal ideation (Groth & Boccio, 2019). The authors then explored the psychologists’ beliefs about the sources of this ambivalence; chief among them was concern about the adequacy of their own skills and training in the assessment and treatment of suicidal patients. Another study similarly found mental health professionals less likely to demonstrate willingness to treat suicidal adolescents than depressed non-suicidal adolescents (Gvion, Rozett, & Stern, 2021).

While troubling, these findings are not especially surprising. Research suggests that psychotherapists consistently consider treating patients with suicidal ideation to be one of the most stressful aspects of their work (e.g., Deutsch et al., 1984; Farber, 1983). This may be due, in part, to a lack of perceived self-competency as well. Indeed, graduate training does not seem to provide a robust education in working with suicidal patients. A study published earlier this year found that clinical psychology doctoral students report spending just 11 hours on average learning about suicide risk assessment throughout their graduate training (Monahan & Karver, 2021), and only 51% of students from PhD programs report that their graduate program provided formal suicide training (Dexter-Mazza & Freeman, 2003). Moreover, applied and informal training opportunities (i.e., through clinical supervision of cases) appears to be lacking as well; one study found that only 20% of students received direct supervision on their work with suicidal patients, despite the fact that 50% reported treating them (Mackelprang et al., 2014).

In my own experience, my most extensive training opportunities thus far have come somewhat indirectly and through experiences I explicitly sought out: volunteering on a suicide prevention hotline for LGBTQ youth for 4 years, working as a research coordinator on a randomized controlled trial of the safety planning intervention for suicidal patients in a psychiatric emergency room, and joining a lab that focuses on youth suicide. These experiences, for which I am immensely grateful, are still qualitatively different from, and do not make up for the lack of, the accumulation of many hours of supervised clinical experience, including in an outpatient treatment setting.

Finally, with regards to research: I cannot help but wonder whether providing trainees more direct and in-depth experience working with
suicidal patients may have downstream effects on our research efforts as well. Indeed, if direct observation is a fruitful pathway towards the development of ideas and hypotheses – in this instance, perhaps, as it relates to what might be effective from a treatment standpoint – then it stands to reason that the more experience trainees have, the more promising ideas they might generate; and we are very much so in need of promising ideas and research.

It is true that there are some important factors to weigh in the consideration of implementing the shift for which I am advocating – ranging from concerns about trainees' clinical and psychological readiness, to concerns about supervisors' and training directors' tolerance for certain risks. However, it is also true that we have an ethical obligation as a field to produce clinicians and researchers who are equipped to work with all kinds of patients, including, perhaps especially, those who are in enough pain to consider ending their lives.

Ultimately, any “solution” is of course likely to be multi-pronged and beyond the scope of graduate training programs. But it is my hope that graduate training is not overlooked as one of the many possible avenues of change worthy of pursuit.

About the Author

Ilana Gratch is a PhD student in clinical psychology at Teachers College, Columbia University. Her research explores various methodological approaches to the assessment of suicidal thoughts and behaviors in young people. She previously received a BA in psychology from Middlebury College.

References


Marvin R. Goldfried
Stony Brook University

Marvin R. Goldfried, Ph.D., Distinguished Professor of Psychology, helped to develop the graduate program in clinical psychology at Stony Brook University. In addition to teaching, clinical supervision, and research, he maintains a practice of psychotherapy in New York City. He is a diplomate in clinical psychology, Fellow in the APA, recipient of numerous Awards from the APA and other professional organizations, and most recently received the APA/American Psychological Foundation Lifetime Achievement Award for the Application of Psychology. He is Past-President of the clinical division of the APA (Division 12), Past-President of the psychotherapy division of the APA (Division 29), Past-President of the Society for Psychotherapy Research, founder of the journal In Session: Psychotherapy in Practice, editorial board member of professional journals, and author, co-author or editor of several books. Dr. Goldfried is cofounder of the Society for the Exploration of Psychotherapy Integration (SEPI), founder of AFFIRM: Psychologists Affirming Their Lesbian, Gay, Bisexual, and Transgender Family, and founder of the Two-Way Bridge Between Research and Practice.

Selected References


The purpose of the ‘Protecting Clinical Psyence’ initiative is to help developing clinical scientists ‘weather the storm’ and continue their path to research independence despite the research slowdowns/shutdowns caused by the COVID-19 public health crisis. We partnered with ABCT’s ADHD Special Interest Group to develop a platform to link up-and-coming researchers with established clinical scientists who are willing to share data to help these promising scientists answer the questions they were intending to answer before their study was shut down (or ‘close enough’ questions within their areas of interest). The project is ongoing. Early evidence of success includes establishment of a database of ADHD researchers who have expressed willingness to share data on over 8,200 individual participants. Excitingly, the SSCP funding is already paying dividends. For example, one student’s research career got off to a rocky start when COVID border closings caused residency issues that prevented her from receiving financial support from her institution. But with support from her major professor and the SSCP Clinical Psyence initiative, she successfully proposed her thesis in her first year and is conducting the largest, most in-depth investigation of social functioning in children with ADHD using data from 6 universities in the U.S. and Canada.

The Clinical Psychology PhD program at University of Maryland, College Park has used their funding from the Varda Shoham Training Grant Initiative to expand their clinical science diversity training through a new series of trainings. Dr. Skyler Jackson was invited to lead a workshop on engaging intersectionality in clinical work, which was so well received that the program invited him to teach a new winter course called “Anti-oppression Institute for Clinicians.” The SSCP award also funded Dr. Em Matsuno, who led a workshop “Affirmative Therapy Approaches with Trans and Nonbinary Clients” that was followed by a panel they moderated with trans and nonbinary providers and clients to discuss experiences in therapy. Later this fall, the project will host Dr. Celia Falicov, developer of the Multidimensional Ecological Comparative Approach (MECA), to lead faculty and students in a workshop discussing the implementation of this multicultural approach to supervision and clinical work.
Awards & Recognition

2020 Varda Shoham SSCP Training Grant Initiative Updates!

Expanding a clinical practicum training experience for graduate students to deliver universal DBT skills in an underserved community

Maya Boustani, Ph.D., Loma Linda University
Track: Conducting Science in Applied Settings

Maya Boustani from Loma Linda University received a Varda Shoham Clinical Science Training Initiative in 2020. Her project was titled: “Expanding a clinical practicum training experience for graduate students to deliver universal DBT skills in an underserved community”. Her project aimed to expand a newly developed clinical training experience in school mental health for doctoral students at Loma Linda University (LLU) and teachers and counselors at Sierra High School (San Bernardino City Unified School District, SBCUSD) to deliver a universal, classroom-based DBT skills group.

In Fall 2020, Boustani, her clinical students and several teachers and school counselors from the San Bernardino City Unified School District, SBCUSD received training in School-based Universal DBT skills, which have since been delivered in the health and wellness class at Sierra High School (an underserved continuation high school).

Due to the pandemic, LLU clinical students delivered the DBT skills training via Zoom. Forty-six high school students with a mean age of 16.39 participated in the intervention. They were approximately 61% male, 39% female, 89% Hispanic, 9% Black, and 5% White. Students consistently rated the intervention as positive, stating “I loved the energy and how comfortable I felt the whole time”, “I liked everything about the class”, “It was interesting”. Students consistently reported learning valuable skills such as “what the system of emotions were”, “ACCEPT skills and what they mean” and they reflected on how the intervention helped them realize that “people have the same situation that I went through”, “I am not alone”, “I related to a lot of the things presented”. Most importantly, scores on the Youth Outcomes Questionnaire — a measure of youth mental health and well-being indicated improvement
in overall well-being with scores dropping from pre to post intervention. The findings highlight that the intervention is acceptable, feasible and promising.

We are excited to continue having clinical students from LLU deliver the intervention to the Sierra High School students. This fall, the intervention transitioned to in-person delivery and we look forward to reviewing the data and comparing it to our online delivery.

The grant allowed a dozen students to train in DBT skills and gain experience in DBT skills. Several of these students went on to gain advanced DBT training at Loma Linda University Behavioral Medicine Center and the University of California Los Angeles clinic. In addition, the grant allowed involved students to present findings at regional and national conferences. Most recently, the data from this project was presented by Boustani’s student, Chalita Antommarchi at the Western Psychological Association conference in 2021.
Student Awards & Recognition

Congratulations to the 2021 SSCP Dissertation Award Winners!

Alyssa Morris

University of Southern California
Mentor: Darby Saxbe, PhD

Stefanie Sequeira

“Testing a neurobiological susceptibility to social context model linking neural reward processing and social stress to social anxiety in adolescent girls”
University of Pittsburgh
Mentor: Jennifer Silk, PhD

Winner of Diversity in Clinical Science Award

Maria Aparcero Suero

“Development and Initial Validation of a Standardized Instrument to Assess Competency in Immigration Court”
Fordham University
Mentor: Barry Rosenfeld, PhD
1. What are your research interests?
I am interested in using multiple methods, including psychophysiology, neuroimaging, and behavioral measures, to examine how emotional and social processing are involved in the development and treatment of mood disorders. In particular, I am interested in the relation between reward processing and depression across development.

2. Why is this area of research exciting to you?
This area of research is exciting to me because of the impacts it may have on those at risk or diagnosed with mood disorders. Being able to better understand underlying mechanisms by integrating knowledge from multiple methods may help us to create more targeted prevention and treatment programs, which have the potential to significantly alter risk trajectories and reduce burden associated with mood disorders across the lifespan.

3. Who are/have been your mentor(s) or other scientific influences?
I am lucky to have had several extraordinary mentors throughout my training so far. As an undergraduate, I worked with Drs. Amanda Jensen-Doss and Jill Ehrenreich-May, who helped me gain a foundation in and passion for clinical psychological science research. At Massachusetts General Hospital, I had the opportunity to work closely with many providers and clinical researchers, particularly Drs. Andrew Nierenberg, Louisa Sylvia, and Thilo Deckersbach, who helped me explore and refine my research interests. My advisor in graduate school, Dr. Autumn Kujawa, has been an incredible influence on my development as a researcher, and I cannot thank her enough for her mentorship and support throughout my graduate training.

4. What advice would you give to other students pursuing their graduate degree?
One thing that I have tried to keep in mind is taking time to enjoy graduate school. Of course, graduate school is challenging at times, but it also flies by! I think it is such a unique time in our training that provides so many opportunities to learn and grow, explore your passions and research interests, and take different courses, while having access to so many interesting people and resources across departments. I would encourage other students to pursue your passions and take advantage of opportunities provided by our short time in graduate school. Also, it can be difficult to figure out how best to manage or be the most efficient with time, and the strategies that may work well for one person may not be the best fit for everyone. I think it is worth taking time to figure out what work schedule and time management strategies work best for you and to be open to trying out a different strategy as needed.
SSCP Poster Awards: 2022 Association for Psychological Science (APS) Convention

The APS Convention will be held in person in Chicago, IL from May 26-29, 2022. We would love to see you present your research as part of our SSCP Student Poster Competition at APS!

Multiple $200 and $100 awards will be given for the winners and distinguished contributions after posters are presented to SSCP member judges. If you would like to have your poster considered for the SSCP Student Poster Competition, select one of the SSCP Poster Award options in the first step after you select poster and start new submission on the APS submission website.

There are four types of SSCP Student Poster Awards -

1. General SSCP Student Poster Award
2. SSCP Diversity Student Poster Award
3. SSCP Global Mental Health Student Poster Award
4. SSCP Aspiring Researcher Poster Award

To be eligible to submit an SSCP poster, the first author of the poster must be a student and must be a member of SSCP at the time of submission. The research and analyses presented in the poster submission must be completed (i.e., submissions containing such language as “Data will be collected....” will not be considered).

Submissions to the SSCP Student Poster Competition at APS must be completed by February 7.

If you have any questions about the SSCP Student Poster Competition at APS, please contact Rosanna Breaux at rbreaux@vt.edu. If your question is about the SSCP Global Mental Health Poster Competition, please contact Daisy Singla at daisy.singla@utoronto.ca. Please put “SSCP Student Poster” in the Subject line to ensure your question is answered promptly.

There are four types of SSCP Student Poster Awards (Each poster can only be considered for one of these four awards) -

General SSCP Student Poster Award - The general SSCP student poster award submission can deal with any area within scientific clinical psychology (e.g., the etiology or correlates of psychopathology, assessment/diagnosis, clinical judgment, psychiatric classification, psychotherapy process or outcome, prevention, psychopharmacology).

SSCP Diversity Student Poster Award - Applicants for the SSCP diversity student poster award submission may be a member of a diverse group (broadly defined), be presenting on diversity related scientific clinical psychology research (e.g., research on any underrepresented or marginalized visible or invisible identity), or both. Members of all underrepresented and marginalized groups are encouraged to apply.

SSCP Global Mental Health Student Poster Award - Any research - empirical or review - set in a low-and-middle-income country (LMIC) may be considered for the SSCP Global Mental Health Student Poster Award. Research should be original and not previously published or submitted.

SSCP Aspiring Researcher Poster Award. This poster award is a category for students who are currently enrolled in an undergraduate, postbaccalaureate, master’s, or other program, including individuals employed as post-baccalaureate research assistants or project coordinators. Please note that students currently enrolled in doctoral programs are not eligible for this award. The SSCP Aspiring Researcher Poster Award can focus on any area within scientific clinical psychology (e.g., the etiology or correlates of psychopathology, assessment/diagnosis, clinical judgment, psychiatric classification, psychotherapy process or outcome, prevention, psychopharmacology).
Updates from Student Representatives

Alexandra Klein, M.A., Case Western Reserve University
Rachel Walsh, B.S., Temple University

Outgoing SSCP Student Representative: Alexandra Klein, M.A., Case Western Reserve University
Thank you to Ali Klein for serving as SSCP student representative over the past two years! It has been a pleasure to work with you, and we have appreciated the dedication you have shown this organization.

Incoming SSCP Student Representative: Nora Barnes-Horowitz, M.A. University of California Los Angeles. My name is Nora Barnes-Horowitz, and I am currently a 3rd year graduate student in the UCLA Clinical Psychology Doctoral Program, working under the mentorship of Dr. Michelle Craske. I received my B.A. from the University of Virginia in 2017, and then moved to Los Angeles to work for two years as a clinical research coordinator on the UCLA Depression Grand Challenge with Dr. Craske, before beginning graduate school in 2019. My research focuses on identifying shared factors of depression and anxiety that influence treatment response and psychotherapeutic mechanisms of change. In turn, I hope to apply this knowledge to inform treatment selection and personalization approaches to more effectively treat these disorders.

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

Student Award Announcements and Opportunities

Outstanding Student Researcher Award
Stephanie Pegg MS
Advisor: Dr. Autumn Kujawa
Vanderbilt University

- Outstanding Student Teacher Award: Announced in late January
- Outstanding Student Clinician Award: Announced in January, due in March

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.

http://www.sscpweb.org/resources/Documents/SSCP_Student_Mental_Health_Resources.pdf.

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
Nora Barnes-Horowitz: nbarneshorowitz@ucla.edu
Updates from Student Representatives

Alexandra Klein, M.A., Case Western Reserve University
Rachel Walsh, B.S., Temple University

Professional Resources

**Academic Twitter Resources:** During the previous year, 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](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](http://www.sscpweb.org/internship)

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

**SSCP 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-rK7F10v922MJFaSBo7xq6HdkBRZ1-UZu6DRPs/edit#gid=1042123783](https://docs.google.com/spreadsheets/d/1kDLKA-rK7F10v922MJFaSBo7xq6HdkBRZ1-UZu6DRPs/edit#gid=1042123783).
- If you know of a program that we missed, add it here: [https://docs.google.com/forms/d/e/1FAIpQLSdAyJ0oYUzjHeAN3eOwY3CAit4pick3dnFQTvuzXbjj6IzdKYy/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdAyJ0oYUzjHeAN3eOwY3CAit4pick3dnFQTvuzXbjj6IzdKYy/viewform).

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

Contact Us!

We would love to hear from you with any suggestions, comments, questions, or concerns regarding SSCP student membership or resources for students, so feel free to email us!

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