



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

Winter 2021: Volume 25, Issue 1

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# PRESIDENTIAL COLUMN

**Cindy McGeary, Ph.D.**

**University of Texas Health San Antonio**



It is with much excitement (and some anxiety) that I begin my Presidency for the Society for a Science of Clinical Psychology (SSCP). In my first Presidential Column, I would like to thank our Past-President, Joanne Davila. Joanne was President during a difficult year for SSCP with the COVID pandemic, police brutality highlighting

continued structural and systemic racism, the War on Science, political unrest, and the passing of Scott Lilienfeld. Throughout this all, Joanne was an admirable leader and mentor. I believe she took harsh criticism with grace and continued to steer SSCP in the right direction. I look forward to her continued guidance throughout the upcoming year. I'd also like to take the opportunity to thank those individuals who served on the Board over the last year. The Board was faced with making challenging decisions. Nevertheless, everyone worked well together, communicated often, and showed one another kindness and respect. I'm very lucky to have gotten to work with these professionals. Our out-going Board members include Carolyn Becker, Past-President, Bob Klepac, Division 12 Representative, Katie Baucom, Member-at-Large, Joya Hampton-Anderson, Diversity Committee Representative, and Ana Rabasco, Student Representative. I would also like to formally welcome our new Board members. Our newest Board members include, Marisol Perez, President-Elect, Shari Steinman, Division 12 Representative, Sarah Hope Lincoln, Member-at-Large, Lauren Khazem, Diversity Committee Representative, and Rachel Walsh, Student Representative. Thank you all so much for volunteering your time and service! It is through your commitment that SSCP will continue to work toward shared goals.

I'd like to use this opportunity to outline some of my goals for this upcoming year. I am hoping for a

relatively uneventful year compared to last year, a year full of progress with much needed healing and growth.

One goal that I have for the upcoming year is to continue to move SSCP toward greater inclusion and diversity. Under the leadership of Joanne, the Board and SSCP made tremendous gains toward this goal. The Diversity Committee played a huge role in making suggestions and providing invaluable guidance. Over the last few months, by working closely with our Diversity Committee, SSCP implemented the following to address racial bias, elevate diverse voices, and promote anti-racism in clinical science and practice:

- The permanent addition of a Diversity Liaison position on the SSCP Board.
- The Diversity Committee developed twitter content for the SSCP Twitter account.
- The Diversity Committee is hosting a SSCP Psychology Blog to explore systematic inequality in clinical psychology.
- The Virtual Clinical Lunch (VCL) Series continues with a focus to promote diverse speakers and diversity-related content. A committee of SSCP members was organized to review and approve content for future VCL Series.
- Through our recent fundraising campaign, the addition of SSCP poster awards, dissertation awards, and a fourth Varda Shoham Clinical Scientist Training Initiative award to encourage research focusing on diversity topics or conducted by BIPOC scholars.
- The posting of reflection questions on the listserv to assist SSCP members in developing strategies to become anti-racist in the areas of teaching, supervision, research, and clinical care.
- The addition of readings on racism and anti-racism to our website.

On January 6th, a demographic survey went out to all SSCP members. This survey is similar in content to a survey that was sent to our members in 2016. It will allow SSCP to gauge the representation of our membership by allowing us to compare past and current membership to ensure that we, as an organization, are recruiting and retaining BIPOC scholar membership. The survey is a starting point for SSCP to examine the makeup of its membership. Based upon the results of this

study, the Board will work with the Diversity Committee and SSCP members more broadly to brainstorm ways to increase BIPOC membership.

**“Even if we have very different opinions about how the science should be conducted, we as researchers and clinical scientists should be able to agree on one thing... that the science itself is important.”**

SSCP continues to work with the leaders of the Academy, Council of University Directors of Clinical Psychology (CUDCP), the Council of Training Councils (CCTC), Association for Psychological Science (APS), and the Coalition for the Advancement and Application of Psychological Science (CAAPS) to explore ways our individual organizations can work together to promote science in psychology including anti-racism efforts. As one of the SSCP CAAPS Committee Liaison, I am participating in CAAPS Anti-Racism meetings. Additionally, SSCP has partnered with APS to develop the Psychological Science Career Mentorship Match. This is a directory to help match students with professionals working in a variety of settings.

Another goal for the upcoming year is to promote more civility on the listserv. Some of the communications over this last summer were unproductive as I am sure many of you would agree. It was unfortunate to see needed conversations about psychological science and diversity and inclusion turn personal. Further, the admission that some members did not feel safe to express their own opinions was more than a little concerning. This is particularly true for our student and early career members. Porath and Pearson report (2013) that individuals who have experienced professional incivility report decreased commitment to an organization. Additionally, incivility can lead to decreases in engagement, creativity, teamwork, sharing of ideas, and innovation (Porath, 2016). I know that civility on this listserv is not a new debate (although this term may not have been used); however, it needs to continue to be a topic of importance. The purpose of the listserv is to share thoughts and ideas in a safe community of scholars...all scholars. I am not naïve. That certainly does not mean that all need to agree or get along 100% of the time. In fact, our discourse (including our disagreements) moves science forward and allows for perspective-taking and the sharing of new ideas. It is vital to SSCP! However, there should be some rules for respectful behavior. According to Price-Mitchell (2012), “the psychological elements of civility include self-awareness, self-control, empathy, and respect.” I believe these four elements are needed

on the listserv to promote safety for all members to share their thoughts and opinions. We are better as an organization when all feel that their voices will be heard. After this summer, the Board decided to examine our listserv policies. Katie Baucom and Tom Olino sent an email to the listserv asking for member volunteers to serve on a Listserv Policies Committee. The charge of this committee will be to help develop a survey that all members will be asked to take anonymously, review and summarize the results, and make recommendations to the Board for changes/additions to the policy. We are still looking for volunteers to collaborate on this important project. If you feel strongly about improving listserv policy, please consider volunteering!

**“Our discourse (including our disagreements) moves science forward and allows for perspective-taking and the sharing of new ideas. It is vital to SSCP!”**

Finally, my last goal includes the overarching goal of SSCP, to promote clinical science. The purpose of SSCP as stated on our webpage “is to affirm and continue to promote the integration of the scientist and the practitioner in training, research, and applied endeavors.” There have been a lot of discussions over the course of the year about how that might be best accomplished, and many thoughts on how individuals might tackle the promotion of clinical science while also including the communities most impacted and who have not previously been included in that research. Indeed, promotion of clinical science is a never-ending goal, the importance of which self-evident to anyone who has watched our government address the COVID pandemic. We truly are experiencing a War on Science. Morris (2020) appropriately notes that the best way to address misinformation and growing disdain for science is through development of scientific policy, honesty, transparency in communication and scientific cooperation. There is an abundance of misinformation and conspiracy theories fueling an attack on evidence-based science. Even if we have very different opinions about how the science should be conducted, we as researchers and clinical scientists should be able to agree on one thing... that the science itself is important. We should be able to agree that the scientific method of answering our questions is undeniably crucial especially during a time when some are more willing to believe in conspiracies and information gathered through Facebook. It becomes very important that we are consuming and disseminating the science in ways that are understandable and digestible to the public. It is



also important that we don't give into "pseudoscience" and that the treatments available to those in need of mental health services are evidence-based and grounded in scientific inquiry. This has always been a central focus of SSCP and will continue to be so under my presidency.

I would like to end this column just by stating what an honor it is to serve in the role of President. Even though these seem like scary times with growing uncertainty, what a wonderful time to get involved to improve the lives of others. The SSCP membership is filled with brilliance and passion. This makes me look forward to the upcoming year and what it has in store. I am so appreciative to Joanne Davila and Carolyn Becker as well as the entire SSCP Board. Their guidance, passion, and thoughtfulness has led SSCP toward greater inclusion and diversity. And, while there is always more that can be done, a foundation has been laid that will help future presidents to do the same.

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### About Cindy McGeary

Dr. Cindy McGeary is an Associate Professor at the University of Texas Health San Antonio. She is a board-certified psychologist in the area of behavioral and cognitive psychology. Dr. McGeary is the Training Director of the APA-accredited Clinical Psychology Internship Program at UT Health San Antonio. Dr. McGeary serves as an IRB Vice-Chair at the University as well as a member of the School of Medicine Inclusion and Diversity Committee. She is currently active on several NIH, DoD, and VA grants examining the use of psychosocial treatments for chronic pain to reduce opioid use. Additionally, Dr. Cindy McGeary is former Active Duty Air Force and served as the Chief of Training and Research within the largest mental health clinic in the Air Force where she routinely supervised and trained military psychologists and psychiatrists.

## Reflection Questions from the SSCP Diversity Committee

### *For Those Engaged in Teaching/Departmental Leadership*

- 1. Do my syllabi include readings by Black scholars?**
- 2. Are the examples I use in class culturally appropriate for students of color?**
- 3. Am I encouraging Black students to speak up in class on issues other than race?**
- 4. Am I committed to confronting racism in the classroom - including pointing out microaggressions by students, including those directed towards Black students?**
- 5. Are Black faculty disproportionately assigned to teach multicultural classes, regardless of interest, or asked to devote service to diversity-related issues?**
- 6. Does my department place specific focus on recruiting and retaining Black faculty and students? If not, which colleagues could I contact to discuss their success in this area?**

# Diversity Corner

## Engaging in Social Justice Activism in Clinical Science

Jennifer Pearlstein, MA  
University of California - Berkeley

Psychology has a longstanding history of human rights violations, including reinforcing and providing credibility to discrimination against marginalized groups and contributing to social and healthcare inequities (Guthrie, 2004). Many psychological practices have given rise to the very mental health challenges our research and practice tries to address (Roberts et al., 2020). The harms caused to marginalized groups demonstrates an abuse of power and directly opposes the mission of the field. The American Psychology Association's Ethics Code indicates psychologists "respect and protect civil and human rights" (American Psychological Association, 2017). Embracing each person's value and worth is at the core to the practice of clinical psychology. Therefore, psychological science and practice is inherently political, and it is essential that we use our power to promote social justice (Buchanan & Wiklund, 2020). But how?

Fortunately, many of the skills we teach from empirically supported therapies can help us fight social injustice effectively. Below, I will draw from strategies from interventions from Dialectical Behavior Therapy (DBT) as an example of how our skillset as psychologists and psychologists-in-training makes us well-positioned to engage in effective social justice activism aligned with individual strengths and values. Although empirically-supported intervention strategies are useful to draw from, it is critical to acknowledge that these empirically supported interventions are often designed from a Eurocentric approach that over-emphasizes individual-level methods (French et al., 2020) and may be mistrusted by marginalized groups (Thompson et al., 2004; Watson et al., 2016).

### Radical Acceptance

To speak out and act against social injustice, we need to first acknowledge the presence and longstanding history of social injustice. Rather than ignoring or resisting, we must radically accept the existence of pervasive systemic inequalities, and how our field of psychology has contributed to these injustices. To be clear, radically accepting the existence of systemic inequality is not the same as tolerating that inequality; instead, it means that we are not denying or resisting the existence of social inequality. To this effect, the American Psychiatric

Association recently issued an apology to Black, Indigenous, and People of Color (BIPOC) for the psychiatric practices that have contributed to inequity in clinical treatment and limited access to care (American Psychiatric Association, 2021), evidence of the important first step of radical acceptance.

We also need to radically accept that fighting for social justice will be a long fight that is at times unequal and unfair. Accepting the long fight means taking the time and space to replenish, restore, and recharge. We must also radically accept the imbalance in who is impacted by a lack of equity and who has historically been responsible for this fight in order to not burden or over rely on the oppressed to strive for social justice.

### Identify strengths and "do what works"

Empirically-supported therapies prioritize doing what works, which means not every skill will work for every client. Not every form of activism will work well for every psychologist or trainee, and it is important to assess personal strengths and domains of influence to target activism efforts accordingly.

Activism can take many different forms. Is your strength in organizing or leading meetings or journal clubs? Do you publish papers that could cite more scholars from underrepresented communities? Are you a teacher who could increase representation of BIPOC in your syllabi? Do you excel at social media? Identify the skills and strengths you can rely on across various professional domains to engage in effective activism.

To ensure you are doing what works, follow the lead of others who have already paved a path for effective activism. Listen to responses from diverse perspectives to determine whether your social justice activism efforts are effective. Despite good intentions, activism efforts can miss the mark (i.e. Maurantonio, 2017), highlighting that what works may not always be intuitive.

### Elevate and follow the lead of others

Psychologists have been engaged in social justice activism long before the recent events that have motivated greater engagement from psychologists and trainees. For example, Dr. Na'im Akbar pub-

lished his first critique of the Eurocentric nature of psychology and mental health in the 1970's and since focused much of his work on the pathologizing of Black experiences. Not only can we learn from leaders like Dr. Akbar, but we also need to honor, cite, and elevate them. Marginalized voices, especially Black voices, are often silenced and discounted. If you are non-Black, your goal must not be self-promotion, but instead to elevate Black voices by sharing their work and giving credit.

## **Communicate effectively**

Identify your goal and audience and cater your message accordingly. If your goal is to inform the public, avoid jargon. Choose outlets you are comfortable using and that effectively delivers your message to the intended audience. Online platforms like Twitter can help reach a wide audience, whereas blog posts like the SSCP Diversity Blog or Psychology Today will likely only reach other psychologists. For longer-form discussions, you may want to also consider outlets like podcasts.

## **Pattern of behavior**

Combatting social injustice requires consistent and widespread action. Beyond speaking out, change requires engagement in and promotion of specific actions to fight social injustice (e.g., attend protests, donate to social justice causes, sign petitions, volunteer for anti-racism organizations). Outside of formal activism efforts, there are proximal opportunities to promote social justice in our science and clinical practice, such as diversifying recruitment efforts for trainees, clients, and participants; reducing costs for treatment or fundraising in order to provide reduced cost services; and expanding training in culturally competency and sensitivity. For more ideas, consider reviewing the SSCP diversity-related reflection questions. Again, identify which actions are well aligned with your strengths and values and do what works.

## **Acknowledge and accept personal bias and mistakes**

Becoming self-aware of personal biases and noticing when mistakes are made requires mindfulness and emotion regulation. Mindfulness can improve self-awareness and a nonjudgmental stance, which can facilitate constructive conversations when mistakes are made. Use effective emotion regulation skills to reduce defensiveness and increase humility. If a client or research assistant informs you that they were offended by something you said, you may react with feelings of anger or defensiveness. Your emotional impulse may be to argue, "but I did not intend to offend!" Effective emotion

regulation may involve acting opposite to this impulse to instead approach with a genuine curiosity to understand what was offensive and to apologize and repair the damage done.

## **Use relational and objectivity effectiveness for accountability**

When calling out others or responding to being called out, remember to maintain compassion, be gentle, demonstrate interest, and validate – both with others and with ourselves. When we are called-out, we sometimes react defensively. This is particularly true for those with privilege who are unaccustomed to having our behavior challenged. When called-out, pause. Reflect on your behavior and listen to the people you have upset. Apologize and develop an action plan to do better in the future.

Academics and clinicians are busy, and while we often have great intentions, sometimes we lose track of the hours in the day. How will you increase the likelihood of achieving your goals? To set intentions, consider making SMART goals that are Specific, Measurable, Achievable, Realistic, and Timely. Are you spearheading diversity and inclusion initiatives at your institution? Altering your recruitment methods to improve representativeness? Planning to read two papers on diversity science by diverse scholars each week? After identifying specific goals, how do you intend to hold yourself accountable? Partner with others; you can join committees to increase diversity, equity, and inclusion, and there are additional opportunities through professional organizations like Society for the Science of Clinical Psychology (SSCP) Diversity Committee.

**Engaging in social justice activism as a clinical psychologist or trainee is aligned with the ethical principles guiding clinical psychological science and practice. Relying on the empirically-supported strategies we use in therapy, we can engage in social justice activism that is rewarding, effective, and aligned with the mission of our field.**

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## About the Author



Jennifer Pearlstein, MA, is a sixth-year doctoral candidate in the Clinical Science area at the University of California, Berkeley mentored by Dr. Sheri Johnson. Prior to graduate school, Jen completed her undergraduate studies at Truman State University and coordinated research on interventions for pediatric bipolar disorder at Stanford University. Jen conducts research

on emotions, cognitive control, stress, and psychopathology. Jen’s work aims to (a) understand the cognitive, affective, and biological effects of stress in relation to psychopathology; (b) apply basic stress science to improve treatment, and (c) investigate the effects of identity-related stress on mental health. Jen’s research has been supported by the National Science Foundation and the National Institute of Mental Health. Next year, Jen will complete her clinical internship at the University of Washington - Psychiatry.

## Updates from the SSCP Diversity Committee

- Last summer, the Diversity Committee launched a [blog](https://medium.com/society-for-a-science-of-clinical-psychology) (<https://medium.com/society-for-a-science-of-clinical-psychology>) focused on diversity issues in clinical science. Posts include “Mental Health (mis)Diagnosis Among People of Color” and “Inequity in the Classroom.” Interested in being featured? Submit your ideas here!
- We are also in the process of creating a syllabus of readings on diversity issues in clinical science, which will be made available soon through the blog.
- Every four years the committee conducts a membership survey, and data collection is underway. We look forward to sharing the results in the next newsletter.
- We have multiple openings on the committee! If you’re interested in learning more or getting involved, please write us at:

**SSCPdiversitycommittee@gmail.com.**

### Society for a Science of Clinical Psychology

SERIES: Diversity in Clinical Science

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**Why should clinical psychological scientists care about racism?**

Introduction to a new SSCP series

SSCP Diversity Committee  
Jul 25, 2020 · 4 min read



**Mental Health (mis)Diagnosis Among People of Color**

Before I start my post, I want to self-disclose that I do not have multiple intersecting, marginalized identities. I am a cis-White male...

Ryan Robertson  
Oct 26, 2020 · 6 min read



**Inequity in the Classroom**

Americans of color have a long history of disparate access to education compared to white Americans. Despite the many policy shifts and...

Shanny Shmuel  
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# Early Career Perspective

## A year of transitions: Dealing with liminal spaces in academia

Jasmine Mote, Ph.D.  
Tufts University



A liminal space is one relating to transition. It is a space where you have left something behind, but you are not yet fully something else. It can also represent a space that occupies both sides of a boundary or threshold at the same time. This past year has felt like my ultimate liminal space. I am living in the midst of a global pandemic, where things are slowly improving yet the end is still not fully in view. The United States is transitioning to a new presidential administration amidst turmoil and violence. I started my first tenure track faculty position completely remotely, meaning that my work and personal spaces are one. I am in the midst of multiple academic worlds as a clinical psychologist in an Occupational Therapy department. Finally, I'm pregnant, perhaps the ultimate of liminal spaces: I am simultaneously one person and two, straddling the line between "parent" and "nonparent."

Academic life can easily become perpetually liminal - for many, our work selves and our real selves blur and merge. It's up to the individual to decide how much they are willing to have this type of experience. Here, I share my experiences and the values that I have tried to live during the most transitional year of my life (thus far).

### **Know your limits, and acknowledge that they will change**

Prior to pregnancy, I could run a few miles (slowly,

but steadily), clumsily fall down the stairs and just laugh it off, or eat a big plate of pasta with bolognese sauce. Now, eight months pregnant, I get winded after a 20 minute walk. A minor fall means a call to the doctor's office. Tomato sauce gives me terrible, insomnia-inducing heartburn. My physical (and emotional) limits have changed, and I have had to adjust accordingly.

The same can be said about my transition from postdoctoral researcher to faculty member. My responsibilities seem to have tripled, and full days where I can spend writing without a meeting in sight are few and far between. Additionally, working remotely means I am trying to get to know colleagues and a new work culture from the comfort of my home desk. My capacity for meetings and other responsibilities shift as I continue to figure out (and then re-figure out) what I should be working on at any given moment. There have been several days where I needed to take a break from work to refresh myself mentally and emotionally - either due to run-of-the-mill burnout or because of the stress I was experiencing from the news or in my personal life.

Before this year, I would often find solace in immersing in work as a means to distract myself from difficult things happening in my life. I don't think this is true for me anymore, and that's okay - actually, more than okay, because I don't think for me personally this was a healthy means of coping. My own capacity to do work has been different, due to the various stressors of the world as well as my fluctuating energy levels throughout my pregnancy, and it's been a blessing in disguise to not be at 100% capacity during this formative year. I hope this is setting the stage for the future when, even if I have the capacity to do more work, I won't automatically fill my time with every single opportunity that comes my way. It's also been helpful for my own growth to positively reinforce students who tell me they need to take a break for their own well-being. I try my best to congratulate students on doing what they need to do to take care of themselves, which feels great to do when so much of academic life involves the opposite: complimenting someone who is able to work through their own struggles, something that is not bad by itself, but can reinforce un-



healthy habits. Through trying to show compassion to students, I hope that I can get better at turning it around on myself.

### **Ignore the mixed messages**

When so much of my life feels boundary-less I have found solace in maintaining what professional boundaries I can, such as how many articles reviews I will accept or committee duties I will engage in. People always give you the advice to “learn to say no,” which is really good advice, but it can be made more challenging when that same colleague or supervisor who gives you this advice is also the same person who constantly emails you different opportunities or service obligations. Often, a single “no” does not suffice, and there is always the worry that (especially as a woman) you will be viewed as hostile, aggressive, or difficult if you say no too many times. Academia can be filled with so many mixed messages like this, and it’s your responsibility to ignore those messages. The easiest way to do this is to know what your boundaries are and stick to them as much as you can.

**“...while recognizing that I live within a culture that positively reinforces productivity at all costs, to the detriment of everyone’s health and well-being.”**

Being a woman of color in academia means that these mixed messages are perhaps more frequent for me than for others. As a graduate student, I was told to speak up and advocate for myself and my needs one moment, then the next a supervisor would tell me that I should “know my place” when they viewed me as too outspoken. Everyone says it’s important to prioritize having a family in one’s career (if one chooses to do so), but then will simultaneously tell you that it is never a good time to try to have a baby (literally, at some point in my career, someone has listed every single stage in one’s academic career as the worst time to have a baby, outside of being tenured). Now, pregnant, new mixed messages come up. A colleague talks to me about how important it is for me not to do anything during my maternity leave, but then emails, asking me to do something during my leave. Someone else says, “You know, if you want to work during your leave, that’s okay, too!” which can feel like implicit pressure. Finally, we all know we have to limit how much service we can do at any given time, but that can be difficult when you’re one of the only people of color in a department - expectations are different,

as are your own motivations for wanting to do more. I have to constantly remind myself that it’s not my responsibility to try to enact structural changes during my first year on a job - that this is a marathon, not a sprint, and I will have plenty of opportunities to make a difference throughout my career in the ways that I choose to do so. Again, because I set firm boundaries for myself and am confident in my choices, it makes ignoring these mixed messages (somewhat) easier. As does complaining to a good friend when necessary!

### **Say no to the cult of productivity**

Even during non-pandemic years, I know how lucky I am to have a faculty job. I fully acknowledge that having a job you love is a privilege and has so many wonderful benefits. At the same time, I also know that my job is just that: a job. Jobs that center passion as the main incentive are great, but they also allow one to be exploited more easily. Your job will never love you back. It’s so easy, particularly in a job like in academia, to get sucked into thinking that your self-worth is based on your productivity. Throughout the pandemic and various social justice and political upheavals, I’ve had numerous instances where I will log into Twitter and see all the publications and grants people are publicizing, and I’ll feel these simultaneous emotions of righteousness (“How can you work at a time like this?!”), resentment (“Must be nice...”), and jealousy (“I wish I could be productive right now”), all while recognizing that I live within a culture that positively reinforces productivity at all costs, to the detriment of everyone’s health and well-being.

**“The important thing to remember is that even during times of huge transitions, while your priorities and your values may shift, you will always be you.”**

I’m constantly in the process of learning how to give up this cult of productivity. I take breaks from Twitter when I need to. I keep a running list of all the things I’ve accomplished, big and small, not to feel as if I’ve “earned” time off or to improve my feelings of self-worth, but to show myself evidence of the important work that I do that can easily go unacknowledged if it’s not a publication or grant. I chat with my husband and close friends outside of academia to gain perspective. I am intentional about when I decide to do work after-hours or on weekends - meaning I don’t thoughtlessly look at

the clock and realize that it's 9PM and I haven't stopped working and I haven't eaten dinner. It has taken time and lots of practice to get into these routines. Again, a spouse that does not subscribe to an academic schedule helps with this process, as does the anticipation of my entire world being turned upside down when I give birth to my first child. I have a lot of other things to do in my life that don't revolve around my job, which helps.

## In conclusion

My first year as a faculty member thus far has been a rollercoaster of liminality, and that probably won't really change in the next few years. I will go from "nonparent" to "parent" in the next few months. If I'm lucky, I will also transition from being an early career faculty member to something more in the coming years. We are always undergoing transitions, big and small. The important thing to remember is that even during times of huge transitions, while your priorities and your values may shift, you will always be you. **Be confident in your choices and in yourself, and sooner or later the ground will start to feel more stable.**

## About the Author

Jasmine Mote, Ph.D. is the director of the Mote Emotion and Social Health (MESH) Lab and an Assistant Professor in Occupational Therapy and Psychology at Tufts University. She received her B.A. in Psychology from Oberlin College and her M.A. in Psychology and Ph.D. in Clinical Psychology from the University of California, Berkeley. She studies the mechanisms of loneliness and the relationship between our emotions and social experiences, with a special focus on understanding these processes in people with serious mental illness.

Twitter handle (@jdymote) and my lab website: <http://sites.tufts.edu/meshlab/>

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## Reflection Questions from the SSCP Diversity Committee

### *For Those Engaged in Mentorship at the Undergraduate And Graduate Levels*

1. What strategies am I using to recruit people from underrepresented backgrounds as research assistants, graduate students, and postdoctoral fellows?
2. Am I encouraging Black mentees to explore career options in psychology and providing them supportive mentorship geared towards applying for graduate school, research positions, or clinical careers?
3. Am I providing opportunities for Black mentees to meet and network with my colleagues?
4. Am I actively encouraging Black students to submit their research to conferences or publish in scholarly journals?
5. Am I providing opportunities for Black students to be involved in manuscript writing and other professional development activities that will help elevate their career?
6. Am I checking in with my Black students and mentees and offering them extra space or even time off? If my students or mentees choose to participate in protests, am I offering support?

# Clinician Perspective

## The Role of Stigma in the Relapse in Patients' Recovery from Addiction in Bahrain

**Nawaf Matar**  
The University of Madras, India

I usually prefer to refer to addiction stigma as the No.1 killer of recovery, because it's one of the most powerful causes of relapse, at least in Bahrain. Stigma can be defined as a kind of rejection, the disapproval of or discrimination against a person or a group of people based on a difference. In the case of addiction stigma, it is based on behavioral deviation or the perception of an amorally repugnant behavior as it is perceived by the Bahrainian society/social environment. Addiction stigma is conceptualized as relating addiction with dangerous behaviors, crimes, theft, gang organizations and violence. This type of stigma may be similar for recovered patients in the Western world as it is in the Eastern. However, in the East, Middle East and North Africa, recreational use of alcohol is highly forbidden and prohibited by the social norms which abide by the main religion in those societies: Islam. Consequently, Muslims in these countries may exhibit bias towards an individual who uses alcohol, especially if s/he was a Muslim, and even if s/he wasn't a habitual drinker.

I have encountered some cases of relapse caused by social stigma during my short experience as a counselor and psychology practitioner at some drug addiction rehabilitation centers in my country, Bahrain. After recovery and when people go back to live within the society, society has rejected them to some extent. They are excluded from work opportunities, and in some cases, also from families and marriage. Because in such societies, people give more importance to the family's reputation, especially on the side of the girl's family, the addiction might reflect poorly on the family.

I have encountered, too, some cases of self-stigmatization, in which the patient stigmatizes him/herself because of their view of the use of drugs. This self-stigmatization can cause depression, self-devaluation and disappointment.

All of the reasons mentioned above, alongside self-stigmatization, can cause relapse to drug use in order to cope with the distress and depression from which the patient suffers. This may be especially important for female patients. Female cases are very sensitive in the Middle East, including Bahrain, although in Bahrain the problem

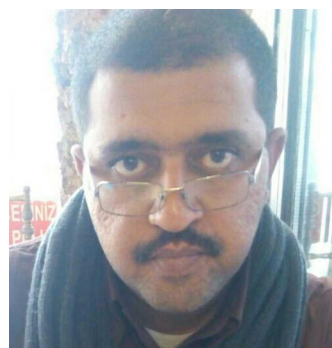
is less excessive or intense. For example, in my own experience working in this field, I have seen only ONE female recovered patient! There are fewer females in treatment likely due to the societal expectations placed upon females and their families. Seeking treatment is similar to a "Social Death Penalty". Consequently, females may not seek help because seeking help may be viewed as shameful for them, their families and relatives.

Ramifications of addiction stigma could be:

- Relapse
- Bullying and isolation
- Negative Mental health outcomes, including suicide
- Physiological disorders caused by stress hormones (Cortisol, Norepinephrine) resulting from stress, anxiety, isolation related to addiction stigma

In regard to these ramifications, and to help patients recover from addiction, there are several movements to overcome such ramifications, which are regularly led by youth and some professionals and activists. These movements strive to correct and naturalize the recovered patients' coexistence in relation to their communities, job sites, and families. Improvement in society's attitude towards individuals diagnosed with substance abuse disorders, especially individuals who have recovered, can provide significant motivation and support toward continued recovery.

### About the Author



Nawaf Ahmed Matar is a graduate psychology student. Studied counseling in Yarmouk University, Hashimite Kingdom of Jordan. Earned B.S in Psychology from the University of Madras, India. Born and living in the Kingdom of Bahrain. Interested in, biopsychology including addiction studies, evolutionary studies and

counseling and psychotherapy. APA Student Affiliate. Member of the executive board and the membership officer of the Applied Evolutionary Psychology Society "AEPS".



## Student Perspective

### A Student Perspective on Promoting Mental Health for Clinical Psychology Graduate Students Historically Excluded from Institutions of Higher Education

Alyssa R. Palmer, MA  
University of Minnesota



I am a fifth-year graduate student in the Developmental Psychopathology and Clinical Science program at the University of Minnesota. I am also White, from a low-income background, and the first member of my family to go to college. In fact, my father did not graduate from high school and

my mother - pregnant with me - graduated only to fulfill her mother's dying wish that her daughter would earn a high school diploma. My demographic background and life experiences make it fairly improbable that I would have made it to a top tier clinical psychology Ph.D. program. As of 2015 only about 20% of Pell-Grant recipients going to public four-year institutions received a bachelor's degree in four years, and only 40% did so in six years (Goldrick-Rab et al., 2016). Due to systemic racism, these prospects are even less likely for students of color, with one study reporting that 38% of Black students who entered a college or university in 2010 completed degrees in six years (Shapiro et al., 2017). However, too often the conversation about successful outcomes stops there because student's that have earned bachelor's degrees are viewed as the ones who have "made it". Generally, I have found that the health and social costs that under-represented students pay to reach their academic and career goals are not acknowledged.

Psychology graduate students are suffering from a mental health crisis (e.g. Rummell, 2015). Much of this crisis has been related to students' experience of increased stress, lack of financial resources, and feeling a lack of belongingness in their programs. I would argue that all of these experiences, while

valid across all graduate students, are even more pronounced among students who have been historically excluded from institutions of higher education. Underrepresented students often experience even higher levels of financial strain due to a lack of familial financial support and at times an obligation for them to provide financial support to family members. Many students are also experiencing guilt that they do not yet have substantial financial means to help their family. Additionally, it is strenuous for students to learn and navigate the cultural rules of upper-middle-class white America as well as the hidden curriculum of academia. This often results in additional social-emotional labor for students forced to learn the ins-and-outs of this new social sphere. Further, underrepresented students are experiencing multiple levels of separation from family and friends. Collectively, this often results in students feeling disconnected to their cultural heritage, practices, and community supports. Moreover, it is likely that the COVID-19 pandemic has disproportionately exacerbated these issues for underrepresented students (see the diversity corner article in the SSCP Winter 2020 Newsletter by Danielle McDuffie)

Prioritizing and promoting mental health among underrepresented students should be a priority for clinical psychology programs. First and foremost, the psychology program governing board has exerted a commitment to diversity (American Psychological Association, 2017). Additionally, in 2020, after the murder of George Floyd and the subsequent Black Lives Matter Movement, many individual graduate programs released public statements about their commitment to diversity and fighting systemic racism. These efforts and commitment need to translate to not just recruiting diverse students but finding ways to support them in an institution that presents many challenges to student's personal well-being.

Below I offer my perspective on ways to promote social connection, belongingness, and ultimately mental health in the context of clinical psychology

graduate education. Given my belief that institutions should play a central role in mitigating these difficulties, I make both recommendations for institutions and for students. I center these recommendations around experiences that have helped me and other students I have talked to, as well as knowledge about ways to promote mental health among individuals who have experienced adversity. I also make these recommendations with the caveat that there are many other avenues that I do not touch upon here, and not all of these recommendations will be beneficial for all students.

### Institution Recommendations

- 1) Funding to assist students with the move to graduate school – there are many unexpected and very steep costs associated with relocating for school.
- 2) Talk about the importance of student mental health at program orientations and in courses. Make it a value and priority of your programs. (see Zahniser et al., 2017)
- 3) Clearly and prominently provide information about how to access mental health resources in your city and institution.
- 4) Create emergency/crisis funding opportunities for students.
- 5) Provide space and resources to promote student community building

*Facilitate the creation of specific spaces for students of color and other underrepresented students to engage with each other.*

- 6) Hire diverse faculty. Encourage and facilitate cross-level mentorship.
- 7) Provide talks and workshops for graduate students about the academic hidden curriculum (e.g., dress code, how/when to engage in scientific debate, how university funding works (and fellowships!), how the get involved with ongoing projects and network, etc.).

### Clinical Student Recommendations

- 1) Find and engage with a therapist.
- 2) Prioritize your health and wellbeing – sleep, eat well, and move your body
- 3) Find and/or make community

a. Prioritize spending time on a hobby or passion that is unrelated to graduate school

b. Create a book or journal club to explore issues of diversity in psychological science or just to kick back and read/discuss a good fiction book with a group.

c. Twitter/social media

i. APA List-Serves: <https://www.apa.org/apags/resources/listservs>

*Many schools have programs and groups to reach out to, email with, and hang out with in person. You could even start your own!*

ii. Great Twitter Hash-Tags to Check Out: #AcademicMentalHealth, #FirstGen, #FirstGenAcademic, #BlackinStem, #BlackintheIvory, #ILookLikeAProfessor

d. Participate in mentorship programs (as a mentor and mentee!)

i. There are fantastic formal and informal structures for promoting mentoring for students and professors who have similar experiences. I have found it extraordinarily helpful to be a mentee in these sorts of programs. As a mentor, I have also found meaning and a sense of competence from sharing all of the information I had gathered.

Some programs to consider:

1. Ronald E. McNair Program:

<https://mcnairscholars.com/about/>

2. Next-Gen Psych Scholars Program:

<http://meriahdejoseph.com/grad-school/announcing-the-next-gen-psych-scholars-program-npsp/>

4) Celebrate successes – big and small!

*Celebrations can look as simple as a “kudos-corner” email that goes around your graduate student list-serve and even real-life or zoom celebrations with drinks and food!*

5) Engage in meaning making

*Remind yourself the reason you pursued a clinical psychology degree, and prioritize work that addresses those reasons. Dr. Devin Banks, the winner of the Outstanding Student Diversity*

*Research Award, suggested writing this down somewhere that you can come back and look at to stay true to your priorities (see the Fall 2020 SCCP Newsletter)*

## 6) Develop an ethical narrative

I've recently read a book called "Moving Up without Losing Your Way: The Ethical Costs of Upward Mobility" by Jennifer Morten. She argues that students should spend time reflecting on their own ethical narratives. This process consists of identifying the real costs of upward mobility to the student and their community, and which things they are willing to choose to sacrifice within the context of their evolving identities and contexts. This idea allows students to have an honest story about their experiences without idealizing only the simple external and monetary indicators of success.

*Hidden Brains Podcast Discussion of The Book:*  
<https://www.stitcher.com/show/hidden-brain/episode/between-two-worlds-79255008>

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## About the Author

Alyssa Palmer is a Ph.D. Candidate at the University of Minnesota's Institute of Child Development. She studies how protective systems across multiple levels (biological, behavioral, relational, and socioecological) promote early childhood mental health in the context of poverty. Follow her on Twitter (@A\_R\_Palmer) and check out her website: [alyssarpalmer.com](http://alyssarpalmer.com).

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**[sscpweb.org](http://sscpweb.org)**



Home > Diversity > Resources on Racism

## Resources on Racism

**Please note:** Many of these resources are living documents that are not curated, reviewed, or evaluated. Please evaluate the science of the various articles and blogs, and use them in whatever manner you see fit.

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# Article from the Clinical Psychologist

## CE News: Society of Clinical Psychology Teams with the National Institutes of Health Science of Behavior Change Program

J. Kim Penberthy, PhD and Michael W. Otto, PhD

**1. On behalf of the Society for Clinical Psychology CE Committee, I am very pleased to announce that our Division has established a new liaison with the National Institutes of Health (NIH) Science of Behavior Change (SOBC) program.**

The NIH SOBC program is devoted to improving understanding of human behavior change across a broad range of health-related behaviors. The core mission of SOBC is to bring basic, clinical, and translational scientists across disciplines together to identify the underlying neural, cognitive, affective, interpersonal, and environmental mechanisms that bring about behavior change. The NIH SOBC has proposed a rigorous experimental medicine approach to serve as the framework for identifying the mechanisms that drive behavior change and for communicating scientific advances across disciplines.

**2. What is our new SCP association with the NIH SOBC?**

We are joining with the SOBC to aid their goal of communicating scientific advances as well as the frame of inquiry that is represented by the experimental medicine approach. Through our CE program we are targeting this communication to psychologists in general and to our SCP members in particular. Specifically, we have become the CE provider for the NIH SOBC grand round and speaker series. In addition to state-of-the-art information on research and clinical advances, one task for the SOBC is to change how we think about clinical science, and the core importance of understanding the mechanisms behind treatments – addressing the question of why treatments lead to beneficial effects. Indeed, the SOBC Resource and Coordinating Center

offers resources to facilitate the investigation of treatment mechanisms and the development of new mechanisms through a process of: (1) identifying hypothesized mechanisms of behavior change, (2) developing reliable measures of those mechanisms, (3) conducting experiments to influence those mechanisms, and/or (4) testing whether influencing a hypothesized mechanism indeed yields behavior change. All clinical scientists interested in viewing, downloading, or contributing measures for use in behavioral science, or related fields, should visit the SOBC Repository (<https://measures.scienceofbehaviorchange.org/>). Also, as is often apparent in NIH grant applications, use of an experimental medicine approach is encouraged or required across a wide range of NIH Institutes for clinical research (see <https://commonfund.nih.gov/behaviorchange/related>).

**3. In sum, we welcome this tighter relationship between NIH SOBC and the SCP and we look forward to including their excellent programming in our CE offerings.**

The first of these CE presentations came on-line for us on January 6, 2021, with a very timely webinar on the “Roles for Behavioral Science in COVID-19 Vaccination Efforts.” As a reminder, all SCP members now access to our CE program for free. Please make use of this excellent benefit of being an SCP member!

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# HONORING SCOTT LILIENFELD



## Scott Lilienfeld, Ph.D. Emory University

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**The Committee that prepared the  
following was:**

### **Chair**

Ashley L. Watts  
University of Missouri

### **Members**

Madeline Bruce  
Saint Louis University

Thomas H. Costello  
Emory University

Jonathan Huppert  
The Hebrew University of Jerusalem

**Following Scott Lilienfeld's death in September 2020, the SSCP Board, with input from the SSCP membership, convened a committee to prepare a listing of Scott's most important works as a way to honor his contributions.**

**Although not all SSCP members agree with all of Scott's views, it is clear that his body of work has had a profound impact on clinical psychological science.**

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## **Research Contributions**

Dr. Scott Lilienfeld was a leader in the field of clinical science, specifically in the domains of scientific thinking in psychology, pseudoscience in psychology, evidence-based practice, classification and diagnosis, and personality disorders. Over the course of his career, he co-authored over 350 publications, served as the editor-in-chief of *Clinical Psychological Science*, was the president of the Society for a Science of Clinical Psychology and the Society for the Scientific Study of Psychopathy, and received the APS James McKeen Cattell Fellow Award in recognition of his lifetime contribution to applied psychological research. Perhaps most importantly, Lilienfeld dedicated much of his career to the dissemination of evidence-based practice and psychological science more generally to the public. Listed below are Dr. Lilienfeld's major first-authored papers organized by content area.

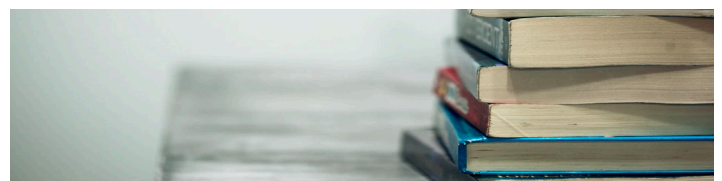
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# Awards & Recognition

## 2020 Clinical Science Visionary Award



**Gerald C. Davison** is Professor of Psychology at the University of Southern California. He received his B.A. from Harvard in 1961 and his Ph.D. from Stanford in 1965. He is a past-president of the Association for Behavioral and Cognitive Therapies and a Distinguished Founding Fellow and Certified Supervisor of the Academy of Cognitive Therapy. He has also served as president of the clinical division of the American Psychological Association and as chair of the board of directors of the Council of Graduate Departments of Psychology. Among his more than 150 publications, his book *Clinical Behavior Therapy*, co-authored in 1976 with Marvin Goldfried and reissued in expanded form in 1994, is one of his two publications that have been recognized as Citation Classics by the Social Sciences Citation Index. His textbook *Abnormal Psychology*, co-authored with John Neale and translated into many languages, has been a widely used abnormal text in North America and around the world. Among his many awards is the 2003 Lifetime Achievement Award from the Association for Behavioral and Cognitive Therapies; and in 2010, the Evelyn Hooker Award for Distinguished Contribution by an Ally from APA Division 44, Society for the Psychology of Sexual Orientation and Gender Diversity. His publications emphasize experimental and philosophical analyses of psychopathology, assessment, and therapeutic change.

In December 2020, the SSCP Board decided that it would be in keeping with the high honor of the Clinical Science Visionary Award to have, listed on our website, a short list and description of the recipient's most significant contributions.

You can find information on our most recent awardee, Jerry Davison, linked to his 2020 Clinical Science Visionary Award on the award page: <http://www.sscpweb.org/visionary-2020>

### Congratulations again Jerry!

Gerald C. Davison, Ph.D., of the University of Southern California is the 2020 recipient of the Clinical Science Visionary Award from SSCP. Among Dr. Davison's many outstanding contributions to the field over the past 50+ years, a few highlights:

1. Dr. Davison was an early advocate of the view that researchers should prioritize understanding principles of change rather than overemphasizing the study of comparative efficacy of multiple-component treatment packages. This focus began with the 1968 publication of his dissertation and

has been advocated by him in many other publications since,

2. Dr. Davison has long been associated with behavior therapy, ultimately receiving ABCT's Lifetime Achievement Award in 2003, but he remains open-minded about the value of empirically-grounded contributions from systems of psychotherapy outside the CBT framework, conceptualizing behavior therapy not as a set of predetermined principles and methods but as a broad scientific approach to the study of psychopathology and intervention. His highly-cited collaborative

# Awards & Recognition

## 2020 Clinical Science Visionary Award

book with Marvin Goldfried, *Clinical behavior therapy* (1976), highlighted this issue for generations of CBT practitioners and scholars.

3. Dr. Davison's empirical work has had important implications for the cognitive trend in behavior therapy. His own influential early research with Valins in the late 1960s on internal attributions for improvement as a favorable predictor of maintenance of change provided a compelling example of the need to include cognitive variables in the evolution of behavior therapy into what came to be called cognitive behavior therapy. His 1970 research with Geer and Gatchel demonstrated that the perception of having control over one's pain, even if the control was not real, allowed individuals to tolerate greater discomfort. Perceived control has become a central concept in clinical, social, and health psychology. In addition, his extensive program of research on cognitive assessment, beginning in the early 1980s, using his "articulated thoughts in simulated situations" think-aloud paradigm, has had transdiagnostic influence on cognitive conceptualizations and has provided an alternative, situation-specific way to assess cognition and affect that supplements traditional retrospective and generalized methods like interviews and questionnaires.

4. Dr. Davison has extended his impact through his tireless commitment to the education of the clinical scientists of the future. He started with John Neale in 1974 an extremely successful undergraduate abnormal psychology textbook, more than a dozen editions of which, in both English and many other languages, have conveyed to many thousands of students around the world not only the substance of theory and research on psychopathology and treatment but also a full appreciation for the philosophical and methodological factors shaping the search for new knowledge. These efforts, along with his own award-winning teaching and mentoring as well as numerous important papers about

the Boulder model of graduate training and the pressing need to bring a scientific perspective to bear on continuing education for clinical psychologists, earned Dr. Davison in 1997 the ABCT award for Distinguished Contributions by an Individual for Education/Training Activities.

5. Dr. Davison has focused attention on the crucial ethical dimension of therapy research and practice independent of our more typical consideration of therapy efficacy. His 1974 presidential address to the Association for Advancement of Behavior Therapy, inspired by Dr. Charles Silverstein and later published along with invited commentaries in the *Journal of Consulting and Clinical Psychology*, argued that therapists should no longer offer "conversion" programs aimed at helping gay and lesbian people become heterosexual. Decades later, the world (initially of organized psychology and psychiatry but more recently many states and countries) caught up to Dr. Davison's thinking on this issue, but he was hardly in the majority at the time. His courageous leadership has since been widely recognized, including with his receipt in 2010 of the Evelyn Hooker Award for Distinguished Contribution by an Ally from APA Division 44, Society for the Psychology of Sexual Orientation and Gender Diversity. The recognition for his work on LGBT issues continues, and a soon-to-be released documentary entitled "Conversion" provides an account of Dr. Davison's contribution to changing societal attitudes to sexual minorities and highlights more generally the constructive nature of clinical assessment and the inherent role of ethics in how we conceptualize psychological problems and their treatment.

For more information about Dr. Davison's career and contributions to clinical science, please see his chapter:

[Personal Perspectives on the Development of Behavior Therapy and Cognitive Behavior Therapy. In O'Donohue, W., & Masuda, A. \(Eds.\) \(in press\). Behavior Therapy: First, Second, and Third Waves. New York: Springer.](#)



# Awards & Recognition

## 2020 Clinical Science Visionary Award: Interview Dr. Gerald C. Davison

### 1. What advice do you have for students and faculty who are pursuing training and careers in clinical science?

I would advise my colleagues to conceptualize “clinical science” in terms not only of traditionally defined research but also in terms of application. It’s useful to remember that the Boulder Model (which I have always seen as equivalent to “clinical science”) can be implemented in applied settings, not just in those emphasizing “pure science.” The science-practitioner model speaks not only to the importance of clinical science as the heart of responsible and effective practice but also to how a clinician thinks about their applied work and the extent to which they try as much as possible to justify their activities in terms of the best available science. It’s the latter that I wish to emphasize here. Over the course of my 55-year career, I have always lamented the degree to which ambitious universities under-appreciate if not actually denigrate Ph.D. clinical psychologists whose professional efforts are primarily or entirely directed to helping the public in direct, hands-on ways. In my view this reflects a serious misunderstanding of what a relevant behavioral science means.

Many of my publications address the science-practice dialectic and try to lay out the inextricable interplay between clinical realities and controlled research. Attempting to conceptualize the oft-overlooked role of clinical practice, Arnold Lazarus and I put the argument this way many years ago:

*“While it is proper to guard against ex cathedra statements based upon flimsy and subjective evidence, it is a serious mistake to discount the importance of clinical experience per se. There is nothing mysterious about the fact that repeated exposure to any given set of conditions makes the recipient aware of subtle cues and contingencies in that setting which elude the scrutiny of those less familiar with the situation. Clinical experience enables a therapist to recognize problems and identify trends that*

*are usually beyond the perceptions of novices, regardless of their general expertise. It is at this level that new ideas come to the practitioner and often constitute breakthroughs that could not be derived from animal analogues or tightly controlled investigations. Different kinds of data and differing levels of information are obtained in the laboratory and the clinic. Each is necessary, useful, and desirable”*

Davison, G. C. & Lazarus, A. A. [1994]. Clinical innovation and evaluation: Integrating practice with inquiry. *Clinical Psychology: Science and Practice*, 1, 157-168. P. 158; based on Lazarus, A. A., & Davison, G. C. [1971]. Clinical innovation in research and practice. In A.E. Bergin and S.L. Garfield (Eds.), *Handbook of psychotherapy and behavior change* (pp. 196-213). New York: Wiley.)

### 2. What do you hope to see in the future of clinical science?

I hope that the future of clinical science will be embedded in the more general study of the human condition. Let me put it this way: I have long believed in the importance of a solid liberal arts education as the foundation for all fields of graduate and postgraduate specialization, including and most especially clinical psychology. Whether it makes the more hard-nosed amongst us uncomfortable or not, both researchers and clinicians – to the extent that there are sharp differences between them – have to be *Menschenkenner*, people who know and understand people, including themselves. I believe that a broad education -- in addition, no doubt, to some inborn abilities of empathy and interpersonal sensitivity -- can contribute to the ability to figure out the vagaries of human conduct and how to devise effective and ethically proper methods of change.

An immersion in the hurly-burly of applied work can help make our scientific efforts relevant to society. Beyond the need to be methodologically and statistically rigorous, our young science – more so even than more established disciplines like physics and chemistry – should

# Awards & Recognition

## 2020 Clinical Science Visionary Award

appreciate and value what I believe is at the core of all human knowledge-making, namely the generation of a hypothesis, theory or even a paradigm, perhaps the most exhilarating and certainly the least discussed and least understood part of the scientific enterprise. It is sometimes asserted, for example, that a scientist formulates a theory or a paradigm simply by considering data that have been previously collected and then deciding, in a rather straightforward fashion, that a given way of thinking about the data is the most economical (cf. Occam's razor) and useful.

Although probably most theory-building follows this course, not all of it does. Indeed, I would aver that the most significant does not. Seldom appreciated are the creativity and inspiration of creating a new way to conceptualize things, the kind of "aha" experience that we sometimes experience when suddenly something becomes clear to us, a hunch, an intuitive guess that suggests that maybe you have come upon a novel and more useful way of looking at things than currently exists. A theory or even a paradigm sometimes leaps from the scientist's head in a wonderful moment of insight. New connections are made. New ideas occur. What formerly seemed obscure or even meaningless makes (a new kind of) sense within the framework of a new theory or paradigm. In other words, ideas are important, not just the methods regarded as legitimate at a given time and in a given place. And good ideas require not just rigorous science but deep and broad and exposure to the subject matter.

I believe that these considerations relate to the critical importance of the liberal arts. The liberal arts provide breadth of knowledge and perspectives, encouraging us to reflect on and appreciate the complexity of human experience, on the role that the humanities, the social sciences, and the natural sciences play in our efforts to understand our world. Most importantly, "Liberal education teaches the importance of tempering profound convic-

tions with a measure of tolerance and a judicious sense of humility." (Freedman, 2003, p. 58). Such study, which I believe is of overriding importance in the education of clinical psychologists, requires students as well as credentialed professionals to engage in areas of inquiry that might seem not to be directly relevant. I believe that students and professionals alike need to be generally well-educated people who can think across a spectrum of disciplines, who appreciate the broad historical and philosophical context in which our fledgling science is embedded, who can ask penetrating and relevant questions about the human condition.

These acquired abilities, these habits of careful, analytical critical thinking are the keys to all kinds of intellectual and professional success, particularly at the higher levels of professional achievement, where judgment and imagination, analysis and synthetic thinking are prized over specific training in the customary ways of doing business. These habits of thought can also, I would suggest, facilitate creativity and wisdom.

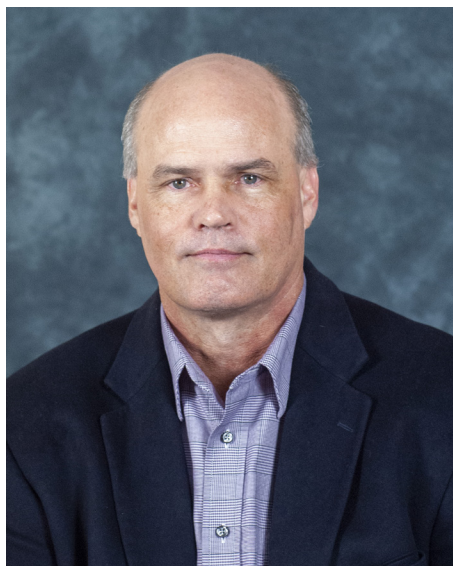
Finally, I hope that the moral and ethical foundations of our applied psychological clinical science will command the attention of future scholars, as I argued more than forty years ago in my proposal to end sexual reorientation treatments for gay people (Davison, G. C. [1976]. Homosexuality: The ethical challenge. *Journal of Consulting and Clinical Psychology*, 44, 157-162). Science, both pure and applied, is focused on the is and the can, but just as important is the ought and the should (Davison, G. C. [1978]. Not can but ought: The treatment of homosexuality. *Journal of Consulting and Clinical Psychology*, 46, 170-172). My fervent hope for the future of psychological clinical science is that we won't forget the moral core of what we study and for what purposes our knowledge is directed.

Freedman, J.O. [2003]. Liberal education and the public interest. Iowa City: University of Iowa Press, p. 58

## Awards & Recognition

### 2020 Distinguished Scientist Award

#### **Thomas Joiner, PhD** **Florida State University**



THOMAS JOINER grew up in Georgia, went to college at Princeton, and received his Ph.D. in Clinical Psychology from the University of Texas at Austin. He is The Robert O. Lawton Distinguished Professor in the Department of Psychology at Florida State University (FSU), Tallahassee, Florida. Dr. Joiner's work is on the psychology, neurobiology, and treatment of suicidal behavior and related conditions. Author of over 745 peer-reviewed publications, Dr. Joiner is the Editor-in-Chief of the journal */Suicide & Life-Threatening Behavior/*, and was awarded the Guggenheim Fellowship and the Rockefeller Foundation's Bellagio Residency Fellowship for work on suicidal behavior. Early career milestones included the Young Investigator Award from the National Alliance for Research on Schizophrenia and Depression (NARSAD), the Shakow Award for Early Career Achievement from the Division of Clinical Psychology of the American Psychological Association, the Shneidman Award for excellence in suicide research from the American Association of Suicidology, and the Award for

Distinguished Scientific Early Career Contributions from the American Psychological Association. More recently, he received the Dublin Award from the American Association of Suicidology for career achievement in suicide research as well as research grants from the National Institute of Mental Health, Department of Defense (DoD), and various foundations. The Lawton Professorship and the Dublin Award are the single highest honors bestowed, respectively, by FSU and the American Association of Suicidology. In 2017, he was named a Fellow of the American Association for the Advancement of Science, and in 2020, was given the Distinguished Scientist Award by the Society for a Science of Clinical Psychology and the James McKeen Cattell Award for lifetime contributions to the area of applied psychological research by the Association for Psychological Science.

He is a consultant to NASA's Human Research Program, and is the Director, with Pete Gutierrez, Ph.D., of the DoD-funded Military Suicide Research Consortium, a \$70 million, ten-year project.

Dr. Joiner has authored or edited eighteen books, including */Why People Die By Suicide/*, published in 2005 by Harvard University Press, and */Myths About Suicide/*, published in 2010, also with Harvard University Press. The book */Lonely at the Top/* was published by Palgrave MacMillan in October, 2011, and the book */The Perversion of Virtue: Understanding Murder-Suicide/* was published by Oxford University Press in 2014. The book */Mindlessness: The Corruption of Mindfulness in a Culture of Narcissism/*, came out in 2017, also from Oxford. He runs a part-time clinical and consulting practice specializing in, among other topics, suicidal behavior, including legal consultation on suits involving death by suicide.



# Student Awards & Recognition

**Congratulations to the 2020 SSCP Dissertation Award Winners!**

## **Laura Curren**

“Testing the Perinatal Health Promotion Model in  
Underrepresented Mothers Postpartum”

Boston University

Mentor: Martha Thompson, PhD

**Diversity in Clinical Science Dissertation Grant Award**

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## **Paula Floyd**

“Personality and Psychopathology Correlates of  
Institutional Misconduct among Juvenile Offenders”

University of Southern Mississippi

Mentor: Nora Charles

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## **Jolin Yamin**

“Experiential Training in Disclosure Elicitation and  
Emotional Awareness and Activation:  
A Randomized Test”

Wayne State University

Mentor: Mark Lumley

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## **Katherine Musacchio Schafer**

“Reducing Suicidal Ideation: A Pilot Randomized Control Trial  
of a Brief Web-Based App to Target Perceived Burdensomeness”

Florida State University

Mentor: Thomas Joiner

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# Student Awards & Recognition

## Outstanding Student Diversity Researcher Award

### Steven Kasperek Harvard University



**Personal Bio:** Steven (he/they series) is a second-year Ph.D. student in the clinical science area at Harvard University. He was born and raised in Ferguson, Missouri and around other parts of the greater St. Louis area. Steven is a first-generation college graduate and will be the first person in his family to earn a doctorate as well. As a multiracial individual born to a Black father and a White mother, Steven's journey with and experience of race is complex and ongoing but rewarding. Additionally, he identifies as gender-fluid, and he enjoys feeling into new ways of expressing his self in this regard. Steven also identifies as queer and finds that the queer community is one in which he has experienced tremendous healing and acceptance mostly irrespective of other facets of his personhood. Though he does not want to be defined solely by his background and identities, Steven appreciates the intersectional identity-space he finds himself in and recognizes the importance of highlighting his background as a signal to others who are underrepresented in these spaces that there is indeed space for them to show up as their full selves.

**Current Research Interests:** Steven's research interests have converged on questions related to neural and behavioral mechanisms underlying associations of childhood violence exposure and the development of impulsivity, aggression, and other-directed violence in adolescence. He is particularly interested in how aberrations in reward processing may contribute to these associations. Further, Steven is interested in bridging the worlds of clinical science and social psychology to better understand how children who have experienced violence manifest social information processing biases, such as intergroup bias, and how much and what types of information they require to make group classifications and what kinds of biases, behaviors, and mental health difficulties may result.

**Diversity-Related Interests:** Given Steven's background, identities, and research interests, he is quite passionate about diversity, equity, and inclusion efforts both in his department and beyond. In his department he has been particularly involved in actualizing the inaugural PPREP (Prospective PhD and RA Event in Psychology) event that took place in the fall to offer application guidance to underrepresented students interested in pursuing doctoral training in psychology. He was also very involved in pushing for and organizing a pre-admission interview event for prospective students and is part of a team conducting a thorough audit of Harvard Psych's admissions process with the goal of establishing more streamlined and equitable processes for future application cycles. He is a co-founder and member of the new multi-disciplinary GSAS student group HEAL Co. (Healing and Empowerment through Activism and Leadership Collaborative), through which he and the other co-founders, Franckie Ramirez, Osiris Rankin, and Grant Jones, hope to create space and community dedicated to nourishing the personal and professional development of BIPOC and other underrepresented students in the social sciences. He is also a new member of a coalition of scholars in clinical science, ranging from graduate students to senior faculty at institutions across the country, who have been given a platform at several journals (JCCAP, PNAS, CPS) to write about envisioning and enacting an antiracist clinical science. If interested, please see the original Call to Action for an Antiracist Clinical Science piece that sparked the formation of this coalition (yet to be named). Finally, Steven serves as a residential tutor for Harvard undergraduates in Dunster House, and through this role provides mentorship around race relations, BGLTQ identity, and first-generation/low-income college experiences.

## 1. What are your research interests?

Among many things, I am interested in how aberrations in neurodevelopmental mechanisms that scaffold reward processing may contribute to the emergence and maintenance of cycles of violence: namely, associations of childhood violence exposure with aggression and other-directed violence in adolescence and young adulthood. Further, I've recently begun exploring whether distinct social information processing heuristics, such as intergroup bias, constitute a novel mechanism linking childhood violence exposure with psychopathology. I am currently concluding a project examining how youth who have experienced violence manifest implicit and explicit intergroup bias for novel group members, and whether differences in intergroup bias mediate robust associations of childhood violence exposure with internalizing and externalizing psychopathology. I plan to delve deeper into these questions in the coming years, exploring topics such as how much information violence-exposed youth require to develop in-group trust or out-group distrust, what types of information they require to make such decisions, and whether distinct types of violence exposure (i.e., interpersonal abuse vs. witnessing community violence) are differentially related to these outcomes.

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

Since I took my first psychology course on morality in undergrad, I've felt a strong pull toward both clinical science and social psychology. After all, so much of the development and expression of psychopathology is rooted in social and environmental context. My current line of work attempts to bridge these two fields which heretofore have not communicated particularly well. That is part of why this work excites me.

I am additionally energized by this line of work because I have a deep connection to the topic, much in line with the old adage that "research is me-search". I was born in Ferguson, Missouri and spent the first decade or so of my life living in a small apartment just walking distance from the same QuikTrip gas station Michael Brown was murdered in front of in 2014. Michael was only two years younger than I. As cliché as it may sound, violence was anything but abnormal where we grew up. And yet, what I became curious about as I went off to college was the variability in outcomes among my peers, most of whom grew up in similar areas in similarly struggling families. While some of us thrived in high school and went on to college and now find ourselves on promising career trajectories, others have never left the neighborhood, and some have themselves become justice-involved due to violent crime. So, my budding research program pro-

vides me with an opportunity to try to make sense of these trends I first noticed anecdotally, and to hopefully make a positive impact on the communities that raised me because though they are imperfect in many ways, they nevertheless deserve grace, opportunity, and wellbeing.

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

My first real mentor in science was Dr. Clarissa Parker, Associate Professor of Psychology and Neuroscience at Middlebury College. After performing well in her psychological statistics course, the first class she ever taught at Middlebury, she took me under her wing. She encouraged me to apply for my first ever research experience through the Amgen Scholars Program, which I highly recommend for any current undergraduates interested in biomedical sciences or social and affective neuroscience/psychology. After spending the summer at Stanford in Dr. Ian Gotlib's lab, she invited me to join her lab, which provided me with foundational research experiences that cemented my interest in the scientific process, and skills that paved the way for every opportunity I've been fortunate to receive since. I owe her a huge debt of gratitude for her tireless support and investment in me. She struck the perfect balance between high expectations, scaffolding and support, and genuine warmth and kindness.

I was fortunate to have another stellar mentor at Middlebury, Dr. Laura Basili, a professional child psychologist and adjunct professor. She taught the psychological disorders course that first put clinical psychology on my radar. Further, Laura helped me to envision how I could connect my passion for research with what can best be described as a "gut feeling," a strong sense of calling, to be a helper and healer. Her perspective and wisdom were instrumental in informing the opportunities I pursued after graduating from Middlebury, and I'm fortunate to continue to benefit from her guidance as I navigate each new turn along this path.

Truth be told, many members of the Middlebury psychology department faculty made a lasting impact! Dr. Kim Cronise taught such and engaging Intro Psych course that I declared a psych major within weeks and asked her to be my advisor; Dr. Jason Arndt made cognitive psych extremely approachable and exciting, and pushed me to think outside of the metaphorical box. Dr. Rob Moeller provided a powerful example of how to show up in academia as a proud gay man, something I hadn't seen prior and that emboldened me; Dr. Martin Seehuus taught courses at the intersection of psychology, sociology, and physiology, and additionally provided the first course on theories of clinical psychol-



ogy that catapulted me into this field; and last but not least, Dr. Carlos Veléz-Blasini was himself proof that I could be a respected scientist and an academic as a racial minority. In addition, he taught social psych and psychology of racial and ethnic minorities, two classes that informed my lasting interests in social psych and bridging social and clinical psychological research. He also advised my senior honors thesis, and in doing so encouraged me to discover my own agency and to trust in my ideas. In short, the Middlebury Psych Department raised me, and I am so very grateful!

Now shifting to the present, my current mentor, Dr. Katie McLaughlin, has had a profound impact on my development as a student, scientist, writer, public speaker, mentor, and person. Before matriculating to Harvard as her graduate student, I worked in her lab as a coordinator and lab manager for two years. During that time, she encouraged me to tackle challenging projects, pursue my interests, and dream big for myself even when I had doubts about whether I could see myself in this field. I don't think either of us planned or expected that I would later become her graduate student. I was fortunate to interview widely when I applied, and those interviews simply confirmed what I already knew deep down: that I would be a fool to pass on the opportunity to work alongside Kate. It seemed that at least one grad student or faculty member at every interview site said those exact words to me at some point or another. I decided to listen, and I'm beyond grateful that I did. Kate is an incredible scientist and a generous mentor. Beyond her demonstrated scholarly excellence, perhaps what I admire most about Kate is how she has adapted to meet the needs of the moment: to support and create space for students and trainees from a wide array of backgrounds and circumstances, especially in the midst of such a cultural reckoning regarding equitable access to opportunity and wellbeing. To me, that is one of her most impressive qualities.

Looking ahead, there are many scientists who inspire me and whose work I am always excited to read. One person I am thrilled to be collaborating with is Dr. Mina Cikara from our very own department. To me, she represents the kind of scientist I hope to be. She is a fierce advocate and ally for trainees; her work boasts innovative, thoughtful, and bulletproof methods; and she wields her science masterfully to shed light on some of the most pressing social and cultural issues we face today. Other scholars I draw personal and professional inspiration from include: Dr. Craig Rodriguez-Seijas, Dr. Luke Hyde, Dr. Fiery Cushman, Dr. Ian Gotlib, Dr. Dylan Gee, Dr. Enrique Neblett, Jr., Dr. Kristina Olson, Dr. Thomas Olino, Dr. Arielle Baskin-Sommers, Dr. Mark Hatzenbuehler, Dr. Matthew Nock, Dr. Mahzarin Banaji, and Dr. Shawn Jones, just to name a few!

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

**Find a deep connection to your work.** That passion looks different for everyone, but the unifying thread is that we all have a passion for making progress toward uncovering answers to some of our toughest questions regarding the human experience. Find that itch that must be scratched!

That said, **balance truly is key!** If you try to sprint the entire way, at worst you'll run out of steam, and at best, you'll simply miss the joy of the moment. Follow your curiosity, even if it's a meandering road, and savor all of the small feats along the way. Indeed, celebrating the processes instead of the outcomes will help you stay the course.

It's also important to **maintain other passions and develop new ones along the way!** I continue to sing and make music with friends, pre-pandemic I would go out dancing, I have a growing collection of plants I tend to, my partner and I love to cook and bake together, I still make time for my favorite shows, and most importantly, I prioritize spending time with people I love. It's true what our parents, mentors, guardians warned us about: the work will always be there – don't grow up too fast!

Despite our best efforts at achieving balance, the going gets tough at times. **Learn to lean on others around you.** Though independence and PhD may seem to go hand-in-hand, science is hardly an isolationist sport – it's predicated upon teamwork. Ask questions of others, seek out collaborations, build up a network of friends and colleagues whom you respect and admire and strive to emulate. Knowing when and how to ask for help is perhaps one of the most important skills to learn, and one I'll add I'm still working on everyday myself.

Finally, to my fellow minorities, to those who are underrepresented in our field, in academia more broadly, and/or in the world at large,

**I have to tell you that there is space enough for you to join this table too. Don't believe for a second that you don't belong.**

Though I'll admit it can be hard to see exactly how or where you'll fit in, space can always be made. And yes, sometimes you'll have to make space for yourself, but I really hope you will. There's a little saying, a nugget of wisdom, my grandmother used to say to me when I felt shy or timid, too meek to shine my brightest: "fortune favors the bold." I hope you'll keep that in your back pocket.

# Student Awards & Recognition

## Outstanding Student Researcher Award



**Shirley Wang A.M.**  
Harvard University

Shirley Wang is a fourth year PhD Candidate in clinical psychology with a secondary in computational science and engineering at Harvard University. She works with Matthew Nock and is funded by the National Science Foundation Graduate Research Fellowship Program. Shirley's research examines why people engage in behaviors that are harmful to themselves, including eating disorder behaviors, nonsuicidal self-injury, and suicide. She is particularly interested in using mathematical and computational models to formalize theories in psychopathology. Outside of lab, she loves hiking, board games, practicing figure skating and contortion, and trying new recipes.

### 1. What are your research interests?

Given the fundamental human desire to avoid pain and injury, why do millions of people each year engage in self-harming behaviors? Despite decades of research, eating disorder behaviors, nonsuicidal self-injury, and suicide continue to be leading causes of death worldwide. The overarching goal of my research is to use both data- and theory-driven computational methods to advance our understanding, prediction, and prevention of self-harming behaviors. Regarding data-driven methods, I use machine learning and other computational approaches to predict self-harming behaviors, often using real-time monitoring data to understand how to best model and predict these behaviors as they unfold in the real world, in real time. Right now, I'm also particularly excited about theory-driven approaches such as formal modeling; my new NIMH F31/NRSA project aims to build and evaluate a formal mathematical model of suicidal thoughts and behaviors.

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

We have many theories of suicide and other self-destructive behaviors, but unlike other areas of science (e.g., ecology, physics), our theories in clinical science have been instantiated verbally. This renders them underspecified by nature due to the inherent imprecision of language. Instantiating theories mathematically and computationally can provide greater precision and specificity in our understanding and prediction of self-destructive behaviors – and also requires us to make our assumptions about these behaviors (and the processes by which they change over time) explicit. In addition, formal theories can be used to simulate artificial theory-implied data, which can be compared to empirical data in an iterative cycle of theory development, evaluation, and refinement.

Working in this research area has also provided a great opportunity to spend time in applied math and computer science classes, which have challenged me to step

outside my comfort zone and energized me with all the exciting possibilities that come from interdisciplinary science. I'm also lucky to learn from brilliant collaborators across psychology, psychiatry, engineering, math, and ecology, including Drs. Alexander Millner, Donald Robinaugh, Rebecca Fortgang, David Sondak, and Marten Scheffer.

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

I am grateful for the mentorship from an amazing team of scientists throughout graduate school, including my PhD advisor Dr. Matthew Nock, as well as Drs. Jennifer Thomas, Kamryn Eddy, Ann Haynos, and Kathryn Fox, who have all been incredibly generous with their time and support. I am also fortunate to have had outstanding undergraduate mentors who first inspired and encouraged me to pursue a research career, including Drs. John Ruscio, Ashley Borders, Carlos Grilo, and Joanna Herres. I hope to provide the same dedicated mentorship and support to the students I'm lucky to work with!

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

First, don't be afraid to invest time in things that may not pay off immediately! This applies to both research and classes – it can be easy to get caught up in a pressure to publish and produce large quantities of work, but I've found the most joy in projects that involve slower, deeper thinking about a problem and taking incremental steps to figure it out. Second, normalize mistakes and not knowing. It's completely normal to feel lost or confused, especially when starting a new project or learning a new method. Asking for help is the first step towards making progress. Finally, find collaborators and friends who lift you up and make you excited to do science. Graduate school is a marathon and I truly believe that having a strong support network helps us do better work and be happier people!

# Awards & Recognition

## Outstanding Student Teacher Award

**Alexandra Wojda, M.A.**

**University of North Carolina at Chapel Hill**



Alexandra Wojda, M.A. is a 4th year doctoral student in Clinical Psychology at the University of North Carolina at Chapel Hill. Her research interests center around couples who face acute and/or chronic stressors, including those internal to relationships (e.g., intimate partner violence, psychopathology) and external to relationships (e.g., poverty). She seeks to understand not only how such stressors affect dynamic interpersonal processes (e.g., emotion co-regulation, dyadic coping); she also aims examine how couples build resilience in the face of such stressful circumstances. Currently, she is embarking on her dissertation, which will include an exploration of the cognitive processes that influence individual and dyadic coping among low-income couples. Clinically, she is committed to administering culturally-sensitive, empirically-based therapy to individuals and couples. She approaches her clinical work using a cognitive-behavioral perspective, integrating third-wave orientations as needed. Thus far in graduate school, she has enjoyed working with variety of populations with complex presentations (e.g., individuals with multiple diagnoses, relationship distress, medical concerns, trauma) and hope to continue this work beyond her time at UNC. When she's not working, she thoroughly enjoys spending time with her partner and their two little furry friends, Cashew and Creamsicle.

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

As an instructor at UNC, I have found that I am a clinical teacher at heart. Helping my students develop as critical thinkers is highly rewarding—whether they are undergraduates learning about psychopathology or my graduate peers learning about empirically-based interventions. Fundamentally, I am highly motivated to help my students think transdiagnostically and in a principle-based way about psychological disorders and treatment. In my undergraduate Psychopathology course, it is important for me to encourage students to think about mental health contextually. I attempt to debunk their misconceptions by emphasizing that people are a function of their individual vulnerabilities and strengths, relationships, and broader environment. I develop students' ability to think through this lens through discussions of culturally-informed clinical applications and group projects—not rote memorization of diagnostic criteria. Furthermore, with clinical trainees, I emphasize techniques that help them understand the theoretical model for the treatment they are providing, communicate its principles clearly, and develop a high level of skill in its interventions. Simply put, I believe that when students can see clinical phenomena within a broader theoretical framework,

this affords them the ability to think richly, complexly, and in a more integrated fashion—all of which can help them become better consumers of clinical material and better clinicians.

### **2. What do you enjoy most about teaching?**

I really value when students share how my class has changed the way they view psychological disorders. Many undergraduates in my Psychopathology course start the semester believing that mental health concerns are largely “brain diseases” in need of medication. To see their conceptualization of psychopathology grow—taking into account cognitive, emotional, behavioral, and contextual factors—has been incredibly fulfilling. When a student says they are able to make sense of psychological phenomena in new and complex ways, and even share their knowledge with friends and family, I have to say, that's pretty darn cool! Additionally, developing and maintaining relationships with students across semesters has been a truly rewarding experience. In every meeting with students, I strive to build positive connections by expressing interest in their lives and accomplishments, all while maintaining professional boundaries. I believe my students are able to feel how I genuinely care about their well-being: Since my first semester of teaching, my



## Awards & Recognition

students consistently ask to meet outside of class. Some even email me semesters later, simply offering a “hello” or wanting to connect about paths to graduate school. It feels really good to know I can offer the type of support they are looking for!

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

Two names that immediately come to mind include my UNC advisor, Dr. Donald Baucom, and Dr. Jeanne Loeb, the head of undergraduate studies in the Department of Psychology & Neuroscience at UNC. Primarily, Dr. Baucom has influenced the way I think about teaching, both in terms of content and process. By observing his teaching style, I have learned so much about content delivery, how to be engaging in a room, and how to be attentive to the ways in which students digest new material. What’s more, he and I have had countless discussions about how to conceptualize psychopathology from a trans-diagnostic lens and how to deliver interventions in a principle-based fashion, all while grounding students’ thinking within a theoretical framework. All of these experiences have been highly invaluable; I am thrilled to keep learning from him in the years to come. Additionally, I worked with Dr. Loeb in my very first semester at UNC in her 400-student Intro to Psychology course. Her command of the room was unlike anything I had previously seen! Her playfulness and use of active-learning strategies with such a large group inspired me to do the same with my own classes. Together, Drs. Baucom and Loeb are exemplary models of teaching—I can only hope to stand in their shoes one day.

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

At the risk of sounding trite, I’d strongly encourage other graduate students not to be afraid of exploring new domains—whether within teaching, clinical work, and/or research. In graduate school, teaching was a new endeavor for me. Certainly, I questioned whether I would be an “effective instructor” (however one may define that); imposter syndrome was a major hurdle to overcome in this area. However, after pursuing several opportunities to teach in different capacities at UNC, it’s hard to imagine clinical instruction not being a part of my future. So, network with others, gather information about new opportunities, and advocate for yourself and your goals—I anticipate it will go a long way.

### Virtual Clinical Lunch (VCL) Series

SSCP’s Virtual Clinical Lunch offers an opportunity for the entire field to discuss clinical science research together.

**Check out all of our VCLs!**

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

#### January 2021

Dr. Jonathan Abramowitz, “Recent Advances in Exposure Therapy for OCD”

#### Fall 2020

Rosaura Orengo-Aguayo, “Promoting Psychological Recovery after Hurricane Maria in Puerto Rico: A Multi-Tiered, Trauma Focused Approach.”

Nicholas Eaton, “Exploring the HiTOP Model: Applications to Marginalized Communities”

Katherine W. Phillips, Columbia University, [“Is Psychological Science A-“Understanding and Capturing the Value of Diversity: A Special Look at Gender”](#)

Jennifer Richeson on [“The Paradox of Diversity: Promise, Pitfalls, and Implications for Racial Progress”](#)

#### “Diverse Perspectives in Psychological Science”

Chair: Thomas M. Olino, Temple University  
Presenters: Lisa M. Diamond, The University of Utah; Joseph P. Gone, University of Michigan; Michelle R. (Mikki) Hebl, Rice University; Enrique W. Neblett, Jr., The University of North Carolina at Chapel Hill

<https://www.psychologicalscience.org/video/symposium-diverse-perspectives-in-psychological-science.html>



# Updates from Student Representatives

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

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

## **Outgoing SSCP Student Representative: Ana Rabasco, M.A., Fordham University**

Thank you to Ana Rabasco 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. We're looking forward to continuing working together in your ongoing role as a campus representative!

## **Incoming SSCP Student Representative: Rachel Walsh, B.S., Temple University**

My name is Rachel Walsh and I am a second-year graduate student at Temple University in the Dr. Lauren Alloy's Mood and Cognition Lab. After graduating from Carnegie Mellon in 2015 with a BS in psychology, I completed a two-year post-bacc at NIMH in the Genetic Epidemiology Branch working on a family study of mood and anxiety disorders led by Dr. Kathleen Merikangas. I then moved to Rhode Island to take a position at Bradley Hospital of Brown University in the Adolescent Mood and Behavior Lab. Under the mentorship of Richard Liu, I helped coordinate studies examining the underlying mechanisms of teen suicidality. We specifically examined how impulsivity, life stress, neurocognitive indices confer risk for self-injurious thoughts and behaviors (SITB). Broadly, I am interested in using ambulatory assessment methodologies like ecological momentary assessment (EMA) and actigraphy to understand how sleep and circadian rhythms increase risk for mood episodes and help predict SITB in adolescents. I can be reached at [rachel\\_walsh@temple.edu](mailto:rachel_walsh@temple.edu) or on academic twitter ([rachel\\_\\_walsh](https://twitter.com/rachel__walsh))!

## **Student Award Announcements and Opportunities**

Congratulations to the winner of the SSCP Outstanding Student Researcher Award! Please see the awards section in this issue of the newsletter for a feature on our SSCP Outstanding Student Researcher Award winner.

### **Outstanding Student Research Award**

Shirley Wang, A.M.  
Advisor: Dr. Matthew Nock  
Harvard University

### **Outstanding Student Teacher Award**

Alexandra Wojda, M.A.  
Advisor: Dr. Donald Baucom  
University of North Carolina, Chapel Hill

## **Upcoming Events and Initiatives**

- **SSCP Student Mental Health Initiative:** The campus representatives are currently working to develop mental health resources for graduate students and graduate programs.
- **Membership Drive:** Look out for more information on this in the future. Be sure to spread the word to your colleagues about SSCP!

## **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!

Ali Klein: [abk67@case.edu](mailto:abk67@case.edu)  
Rachel Walsh: [rachel\\_walsh@temple.edu](mailto:rachel_walsh@temple.edu)

# Updates from Student Representatives

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

## Professional Resources

**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-rK7F10v922MJFaSBo7xg6Hdk-BRZ1-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>.

**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/>) 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!

Ali Klein: [abk67@case.edu](mailto:abk67@case.edu)  
Rachel Walsh: [rachel\\_walsh@temple.edu](mailto:rachel_walsh@temple.edu)