



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

Spring/Summer 2022: Volume 26, Issue 2

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# PRESIDENTIAL COLUMN

Marsiol Perez, PhD

Arizona State University



Welcome to our 2022 Newsletter. I am honored and humbled to have been elected President of SSCP and want to share my vision for this year so that we may partner together to promote excellence in research, training and dissemination of clinical psychological science.

My leadership philosophy aims to further add to the mountain so that those that come after me are able to look out farther when they reach the top. In 2021, SSCP focused on moving towards greater inclusion and diversity, strengthening our partnerships with other organizations, and promoting clinical science. I would like to take this opportunity to share with you some goals for the upcoming year that build upon the accomplishments of last year and focus on the success of the organization and our members creating an environment that fosters opportunity and fulfilling potential.

First, at the organizational level, we continue to strive towards greater diversity and inclusivity. We had very successful membership drives the past two years including more individuals who are actively engaged in diversity, equity, and inclusion activities within psychology. Our Diversity Committee is regularly producing blog posts exploring issues and solutions related to diversity and inclusion in clinical science. We have expanded our awards to better showcase clinical scientists particularly those from underrepresented backgrounds who are making meaningful contributions to research, teaching, clinical practice and community engagement related to diversity, equity and inclusion. Through our Spotlight series, we showcase SSCP members and leaders in the field whose diverse and inclusive actions are making a difference in psychology. In addition, the diversity-related syllabi are regularly updated and provide

a wealth of knowledge for those seeking more information or needing materials for their own courses. The aim of all of these endeavors is to keep diversity, equity, and inclusivity at the forefront of our thinking and decision-making.

To maintain this momentum and increase reach, my first goal is to strive in the upcoming year to better disseminate information. For example, the Diversity Committee will be developing podcasts related to diversity, equity, and inclusion in clinical science. If you are interested in contributing to a podcast, please contact me. The successful increase in the diversity of our student members has driven the need for more connection, engagement, and mentorship with faculty representing diverse demographics. Thus, we seek to increase the diversity of our early- and mid-career faculty members.

**“At the organizational level, we continue to strive towards greater diversity and inclusivity... The aim of all of these endeavors is to keep diversity, equity, and inclusivity at the forefront of our thinking and decision-making.”**

The second goal will be to increase the benefits of SSCP membership. SSCP membership is inexpensive relative to other organizations in our field (i.e., full membership is only \$50/year). We provide a menu of resources that make SSCP membership a good value relative to cost, including:

- **Resources for students and post-docs** such as mental health resources, internship directory of training opportunities for Clinical Psychology Interns, post-doc job opportunities, internship and post-doc resource guides, and a directory of mentorship programs for a career in psychological science.
- **Resources for clinical psychologists:**
  - » Virtual Clinical Lunches which are talks posted online that can be used in gradu-

ate courses, seminars, or brown bag series by SSCP members. These can also assist clinical scientists in disseminating their research.

- » Translating Science to Practice series which is designed to help clinicians' access and use findings in basic science to guide their clinical work.
- » Continuing Education Initiative, developed to facilitate the science-base of APA Continuing Education (CE) programs whereby members can report CE programs that fail to fully meet APA's criteria of continuing education for psychologists.
- **SSCP listserv** - an area where we can share ideas, thoughts on current trends in clinical psychology, and directions for the future.
- **Awards for all stages** - through the many awards we give at all stages of training and careers, we acknowledge our members for their contributions to clinical science.

SSCP strives to be a resource for clinical scientists across their entire career. Thus, the Board is considering adding additional opportunities for development such as a summer grant writing workgroup, review mechanisms so that individuals can submit their promotion materials or job talk and receive constructive feedback, and we hope to expand our awards even further. Please contact me if you have other ideas or suggestions. As we roll out these new resources we will announce it on the listserv.

I joined SSCP many years ago to be part of a community that shared similar values of science being the bedrock of teaching, research, and clinical practice. Thus, my third goal is to continue to promote clinical science. One main mechanism through which we promote clinical science is through our partnerships. We have and will continue to work closely with the Coalition for the Advancement and Application of Psychological Science (CAAPS), Association for Psychological Science, Division 12 Society of Clinical Psychology of American Psychological Association, Association for Behavioral and Cognitive Therapies Clinical Psychological Science SIG, and others. Collaboratively working with other organizations, we can make a significant impact in the support and promotion of clinical science. A great example of this is when SSCP supported CAAPS position statement for the elimi-

nation of Rapid-Onset Gender Dysphoria due to the lack of rigorous empirical support for its existence. Working together we will elevate the voices of clinical scientists in the national conversation. Not only does SSCP work with other organizations to create space and dialogue related to clinical science, we also routinely promote our members into leadership positions at other organizations. Over the course of the year we will continue to strengthen our relationships with other organizations and promote clinical science.

Last, I want to highlight that leadership development of clinical scientists is another way to ensure science is front and center when decisions are being made for our field, local communities, and society. SSCP provides an excellent environment for individuals to practice and develop their leadership skills. This organization is a wonderful way for individuals to network and get their name known without committing to a huge service burden. Please contact me Marisol.Perez00@gmail.com if you would like to serve in our organization.

**“Leadership development of clinical scientists is another way to ensure science is front and center when decisions are being made for our field, local communities, and society. SSCP provides an excellent environment for individuals to practice and develop their leadership skills.”**

And finally, building this mountain is made possible by our Board members whose volunteer service is vital to the health of SSCP. We have several out-going Board members who led SSCP through unprecedented times: Drs. Joanne Davila (Past-President), Matthew Lerner (Treasurer), Michael Wheaton (Member-at-Large), Alexandra Klein (Student Representative), and Amy Stewart (Post-doc Representative). I want to acknowledge our continuing Board members whose creativity, leadership, and organization keep SSCP running: Drs. Rosanna Breau (Membership and Convention Coordinator), Shari Steinman (Division 12 Representative), Sarah Hope Lincoln (Member-at-Large), Lauren Khazem (Diversity Committee Representative), and Rachel Walsh (Student Representative). A big welcome to our newest Board members: Drs. Susan White (President-Elect), Sara Bufferd (Treasurer), Nancy Liu (Member-

at-Large), Jessica Hamilton (Media Editor), Nora Barnes-Horowitz (Student Representative), and Kaitlin Sheerin (Post-doc Representative). I can't thank these individuals enough for all they do for SSCP!

I want to give a big acknowledgement and thank you to our Past-President, Dr. Cindy McGeary. Cindy's steadfast leadership in 2021 assisted SSCP in healing and finding its equilibrium after enduring a difficult period due to the pandemic and the socio-political unrest due to racism. I have valued Cindy's mentorship in the transition of the presidency and appreciate her continued guidance throughout the upcoming year.

It is a privilege and an honor to serve our SSCP community this year. I am confident 2022 holds promise for all of us!

### About the Author

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

## New SSCP Awards

We are excited to announce that SSCP has launched two new awards to recognize the excellent contributions of our SSCP members:

### Rising Star in Social Justice

Award for assistant and associate professors who meaningfully contribute to social justice, in an acknowledgement to the early career researchers within the Sexual and Gender Minority Special Interest Group of ABCT who spoke out.

### SSCP Service Award

Award for SSCP member who has demonstrated sustained, significant, and outstanding service to SSCP.

SSCP service contributions include being an elected officer of SSCP, serving as a chair or member of an SSCP committee, serving as a representative of SSCP to other organizations, participating as a reviewer for SSCP awards, and judging student posters at APS.

Congratulations to Dr. Evan Kleiman (Rutgers University) as the inaugural award winner. Dr. Kleiman will be featured in our next issue.



## SSCP Letter of Support of ABCT and Sexual and Gender Minority Special Interest Group

Over the past few weeks, we have observed the discourse that has emerged due to ABCT's Apology for Behavior Therapy's Contribution to the Development and Practice of Sexual Orientation and Gender Identity and Expression Change Efforts: History and Next Steps. SSCP and ABCT are 'sibling organizations' that are highly collaborative and share a large number of members. We support ABCT's apology statement and the Silverstein Award. We also want to acknowledge and support the Sexual and Gender Minority Special Interest Group, whose hard work, courage, and assertiveness pushed the cognitive and behavioral therapy fields to center LGBTQ+ voices in decision-making. We recognize the fear, emotional pain, bravery, and strong advocacy it took to speak out effectively and create change.

On behalf of SSCP, we apologize for the complicit role SSCP had in the support or promotion of conversion therapies. We commit to assisting in the wide dissemination of the harms and lack of efficacy of conversion therapies, and the stopping of its use. The burden of stopping the practice of harmful therapies is shared by all organizations committed to clinical psychological science. We support a transparent and evidence-based approach in order to reduce the harmful impact of publications on conversion therapies. We acknowledge the pain that revelations regarding publications relating to sexual orientation and gender identity and expression change efforts have caused many members of the LGBTQ+ community both within our field and outside of it. We support the desire to stop the harm of such articles and disseminate the ineffectiveness and harm of conversion therapies. We call for LGBTQ+ voices within our community to be centered in discussions of a course forward in regards to these articles that will mitigate harm and promote healing.

On June 16, 2022 the SSCP Board met and focused on the actions SSCP could take to center the Sexual and Gender Minority voices and stop the practice of harmful therapies in our field. We will work on:

- Hosting alone or in partnership with other organizations webinars, workshops, or Virtual

Clinical Lunches on the harm of conversion therapies.

- Supporting state law bans for conversion therapy for all ages. Currently, only 20 states and D.C., have state law bans for conversion therapy for minors, with 5 additional states having partial bans. There are 22 states with no state law or policy and 3 with preliminary injunctions preventing the enforcement of conversion therapy bans ([https://www.lgbtmap.org/equality-maps/conversion\\_therapy](https://www.lgbtmap.org/equality-maps/conversion_therapy)).
- Creating a workshop with continuing education credit on harmful psychological interventions and offer this workshop via state licensing boards.
- Centering Sexual and Gender Minority voices in our newsletters and Virtual Clinical Lunches.
- Developing the Rising Star in Social Justice, an award for assistant and associate professors who meaningfully contribute to social justice, in an acknowledgement to the early career researchers within the Sexual and Gender Minority Special Interest Group of ABCT who spoke out.
- Taking strong stances and advocating against policies that will cause the LGBTQ+ community irreparable harm (e.g., engage in advocacy regarding bans on trans healthcare), consistent with our core scientific values.
- Promoting evidence-based psychological interventions and best practices for the care of Sexual and Gender Minorities.
- Creating a workshop with continuing education credit on best practices in sexual minority-affirming care and offer this workshop via state licensing boards.

**The SSCP Board commits to routinely discussing ways we can continue to advance clinical science, best practices, dissemination of clinical science, and mental health of Sexual and Gender Minorities.**

# Diversity Corner

## Updates from the SSCP Diversity Membership Survey

### SSCP Diversity Committee

The latest iteration of the Diversity Membership Survey included a number of revised questions to help encompass a wider range of identities and domains of diversity. Although this change makes it difficult to directly compare results with those of past years, it helps us provide a more detailed picture of diversity within SSCP membership. We previously shared results related to racial, ethnic, and age-related diversity within SSCP. In this newsletter, we focus on sexual and gender identity and disability status, two areas we revised to improve representation of answer choices.

#### Sexual and Gender Minority Status

Of SSCP membership responding to the survey, 27.5% identify as asexual, bisexual, gay, lesbian, pansexual, or queer, compared to 18.18% of respondents in 2014 (Rosmarin & Hankin, 2014), when the survey was introduced. In the 2021 survey, 3.7% of respondents identified as gender-nonconforming, genderqueer, or gender nonbinary, compared to 96.3% of cisgender participants (67.9% cisgender women; 28.4% cisgender men). However, no respondents identify as transgender, indicating an area of growth for improving diversity amongst SSCP members. Further, this was the first year that gender minority status was reported. These results represent a new baseline from which to gauge the success of diversity initiatives focused on recruiting and maintaining sexual and gender minority members. While we find that sexual and gender minority diversity within SSCP is rising towards US national LGBTQ+ population estimates (5.6%; Gallop, 2021), representation and perspectives of transgender members is still lacking.

#### Disability Status

Recent work by clinical scientists identified a “leaky pipeline” within the field for students with disabilities (Callahan et al., 2018). In response to this, disability representation is now included in the diversity survey so that we can better understand and support our members with disabilities. Unfortunately, we learned that compared to the national average of 26% (US; Okoro et

al., 2018), only approximately 14% of SSCP members identified as having any disability. Among those 14%, learning disabilities were the most prevalent, accounting for 23.1% of those with disabilities, but only 3.1% of the total survey respondents. Psychological/mental health/neurological disabilities (condensed to protect participant anonymity) represented 19.2% of disabilities endorsed by respondents, but only 2.6% of all respondents endorsed this form of disability. Lastly, 7.7% of respondents with disabilities identified as having a disability related to vision (1% of total respondents). No respondents reported having disabilities associated with being deaf or hard of hearing. Notably, seventy-six percent of respondents with disabilities are either graduate students or postdoctoral-level trainees. No advanced/senior career stage respondents identified as having a disability. These findings are consistent with findings by Callahan and colleagues (2018) indicating decreasing representation of people with disabilities in the field after the trainee stage. **This highlights a need, not just for increasing representation of members with disabilities within SSCP, but for identifying the needs of these individuals to ensure their success at higher career stages.** Along these lines, it highlights the importance of improving support, training, and accessibility for our members with disability and within clinical science more broadly.

#### Recommendations for Areas of Growth

Combined with the findings and recommendations reported in the Spring 2021 Newsletter (Wifred et al., 2021), there are several actionable areas of growth towards increasing diverse representation within SSCP. We are optimistic that taking these steps will further the organization’s mission of promoting clinical psychology as an applied science, while also increasing the reach and accessibility of the organization. Results also highlight that representation alone is not enough, if the support/accessibility is not available to ensure retention of our diverse members from trainee to more advanced career stages.

Given the robustness of SSCP membership, the organization is strongly positioned to partner with APA divisions focused on underrepresented groups within the organization. These partnerships would be beneficial to both parties. SSCP can work to promote the scholarly work of underrepresented clinical scientists and their respective APA divisions. At the same time, division-focused events, research, and insights, and the involvement of division members within SSCP, can help to improve identification of and support for the needs of SSCP's diverse members. Related to the topics covered in the current article, it would be ideal to develop and foster mutually-beneficial partnerships with **APA Divisions 44 (Society for the Psychology of Sexual Orientation and Gender Diversity) and 22 (Rehabilitation Psychology)**.

Another way to improve recruitment of and support for members of SSCP with diverse backgrounds is to form connections with the ever growing number of diversity committees housed within psychology and psychiatry departments. Connecting with the students and faculty who share the common goals of increasing diversity within psychological science and increasing access to culturally appropriate, empirically supported assessment and treatment modalities will increase the reach of SSCP and invite other expert perspectives.

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## SSCP Diversity Committee News

**We are excited to announce our new Diversity Committee members, who are integral to the success of our various new and ongoing initiatives:**

### Social Media Chair

Simran Bhola  
The Ohio State University

### Graduate Student Coordinator

Allison Bond, MS  
Rutgers University

### Diversity Education Coordinator

Merage Ghane, PhD  
University of Pittsburgh Medical Center

### Secretary

Francesca Gomez, BA  
Arizona State University

### Early Career Liaison

Autumn Kujawa, PhD  
Vanderbilt University

### Graduate Student Coordinator

Aislinn Sandre, PhD  
McGill University

### Research Chair

Erica Szkody, MS  
Mississippi State University

### Undergraduate Student Coordinator

Grace Tefend  
The Ohio State University

We sincerely want to thank our outgoing committee members for their service Danielle, McDuffie, Ilana Gratch, Stephanie Haft, Jennifer Pearlstein, Rebecca Revilla, Brandon Weiss, and Salome Wilfred.

Contact the diversity committee below:  
**[SSCPdiversitycommittee@gmail.com](mailto:SSCPdiversitycommittee@gmail.com)**



# Early Career Perspective

## Thinking Through the Next Steps in Your Career: Clinical Internship

Keanan J. Joyner, PhD  
University of California, Berkeley



During the pandemic, there has been widespread re-consideration of the structure of work, both inside and outside of the academy. In 2021, there were unprecedented numbers of workers voluntarily leaving or changing jobs, reaching a 20-year high<sup>1</sup>, coining the phrase “the Great Resignation.”<sup>2</sup> Academia was not immune to this movement; however, some have argued that it has manifested somewhat differently, in what they term “the Great Faculty Disengagement,” as academics reconsider the ways in which they engage with their jobs.<sup>3</sup> Call it whatever you like – the fact of the matter is that there is a transformation brewing in the way that academics approach our jobs. In the midst of this backdrop, one of the things clinical psychology trainees are reconsidering about their careers is the clinical internship period, and I was asked to write about my experience and decision process for opting out of it for this column.

I was finishing my fifth year of my clinical psychology PhD program at Florida State when the COVID-19 pandemic hit the United States. I had begun worrying about exactly how many clinical hours I had and had started leading a dialectical behavior therapy group to make sure I would have enough diversity of clinical experiences to match for internship, which I dreaded. As I sat inside my house with all the time

in the world to think, I realized something important for me – that I really didn’t want to do my clinical internship. I had joked about not looking forward to it before, but this feeling intensified during the pandemic, and I really, actually, didn’t want to do it anymore. Moreover, I realized that the last time I truly considered whether or not I would do this was when I was an undergrad deciding I wanted to do my PhD in clinical psychology, and accepting that clinical internship was a normal part of that process. I also realized how young I was at that point, and then it dawned on me – why would I trust my undergrad self with this important career decision now? As everyone is trying to determine the ways to engage in their careers in a fulfilling way, it’s important to evaluate what your current values and goals are. Just because you had a specific idea of how your career would go several years ago doesn’t mean that you must continue down that path. Your time earning your degree has given you an incredible number of skills and opportunities for how to make an impact in reducing the burden of mental illness on our society, and continuing through the traditional clinical internship path is only one of the many ways to do that.

**“As everyone is trying to determine the ways to engage in their careers in a fulfilling way, it’s important to evaluate what your current values and goals are.”**

There are many pros and cons to completing a clinical internship, and before making the decision, it’s important to consider which pros are most important to you, and which cons you can tolerate. Saliently, completing an accredited internship is often a requirement for graduation from most clinical psychology PhD programs. However, one can approach their faculty and request this requirement be waived, or to graduate with a more general psychology PhD degree (the latter of which is what happened in my case). Despite widespread belief, however, it is not true that there is no path to licensure without an internship in all cases – while



there are certainly requirements about number of pre- and postdoctoral supervised hours, state licensing boards vary in whether they specify a unique clinical internship period, and in what form. Check out the Association of State and Provincial Psychology Board's (ASPPB) "Handbook of Licensure and Certification Requirements" to find out more about state-level licensure requirements as a starting point. On the other hand, the financial cost simply to apply and interview for a clinical internship is extremely high, not to mention typically having to move twice in as many years. For individuals with significant others and families, or from low-income backgrounds, or with disabilities, these financial costs and logistical challenges alone may prove untenable and may not be worth the potential benefits of an internship.

Another thing to consider is what your intended career path looks like. If your intention is to go into academia, it is worth reading current job ads at the types of institutions you would like to work for one day; do they specify 'license eligibility' as a requirement? This will also vary as a function of whether clinical faculty routinely supervise students at an in-house clinic. Do you want to be in a clinical area, or are you open to other areas of psychology? Lastly, the advice of not letting your younger self make decisions for your current self also translates to you currently making decisions for your future self. It's important to consider how the choice of whether to do an internship impacts flexibility in other jobs you'd like to do if the first doesn't work out – do you need the flexibility in relation to clinical work? Data science and industry jobs seemed much more attractive to me than something that involved practicing, so I was comfortable with this potential reduced flexibility.

In my case, it was a difficult decision to forego internship, but in the end, it was the right one for me given my personal and professional goals. If I had been in a different program, at a different time in my life, I might have chosen a different path, but I wasn't, and I didn't. I don't think that it's always the solution to go on internship, or to always opt out of internship, but what I do know is that each person has to balance their individual priorities and goals with the reality of a clinical internship system that has remained largely unchanged for the last 50 years. Clinical scientists at all levels are raising significant concerns about the clinical internship system as it stands, and hopefully improvements will be implemented soon. But until that happens, each of us should consider if the current clinical internship model helps us individually achieve our

career goals. I hope the topics highlighted in this column help encourage trainees to consider talking about their current goals with their mentors, and if clinical internship still serves a function in achieving those goal

## References

- <sup>1</sup><https://www.pewresearch.org/fact-tank/2022/03/09/majority-of-workers-who-quit-a-job-in-2021-cite-low-pay-no-opportunities-for-advancement-feeling-disrespected/>
- <sup>2</sup><https://www.npr.org/2021/10/22/1048332481/the-great-resignation-why-people-are-leaving-their-jobs-in-growing-numbers>
- <sup>3</sup><https://www.chronicle.com/article/the-great-faculty-disengagement>
- <sup>4</sup>Berenbaum, H., Washburn, J. J., Sbarra, D., Reardon, K. W., Schuler, T., Teachman, B. A., ... & Lee, S. S. (2021). Accelerating the rate of progress in reducing mental health burdens: Recommendations for training the next generation of clinical psychologists. *Clinical Psychology: Science and Practice*, 28(2), 107-123.
- <sup>5</sup>Palitsky, R., Kaplan, D. M., Brodt, M. A., Anderson, M. R., Athey, A., Coffino, J. A., ... & Stevenson, B. (2022). Systemic challenges in internship training for Health-Service-Psychology: A call to action from trainee stakeholders. *Clinical Psychological Science*.

## About the Author

Keanan Joyner is an Assistant Professor of Psychology in the Clinical Science area at the University of California, Berkeley, and director of the Clinical Research on Externalizing and Addiction Mechanisms (C.R.E.A.M.) Lab. He received his BA degree from the University of Memphis, and his MS and PhD from Florida State University. His research focuses on the etiology of alcohol and drug addiction and broader externalizing psychopathology using a variety of methods, including human neuroscientific methods (e.g., electroencephalogram [EEG]), ambulatory assessment techniques (ecological momentary assessment), and biometric (behavioral genetic) analyses.

Twitter: @keanan\_joyner.  
Website: keananjoyner.com.

# Student Perspective

## Less (Paper) Talk, More Podcasts: A Call to Action to Improve Public Communication Efforts in Clinical Science

Kathryn Coniglio, MS  
Rutgers University



In his Invited Address at the Association for Behavioral and Cognitive Therapies (ABCT) 2021 Convention, Dr. Kelly Brownell used the largest platform of the conference sponsored by one of the leading professional organizations in clinical psychology to implore us to be better at communicating science. Clinical scientists, he admitted, are not often trained to

communicate their findings to anyone other than fellow scientists, but the importance of collaborating with non-scientist change agents to increase the impact of our field cannot be overstated (Brownell & Roberto, 2015).

Over the past few years, the importance of communication has become increasingly recognized by the scientific field broadly. Universities offer curricula, and even minors, in science communication; several peer-reviewed journals exist devoted solely to science communication; and social media savvy scientists can become “#sci-comm” influencers in their own right. Specific strategies for communicating science may differ slightly across fields, but there are several common principles at the core of any successful science communication effort: remove the jargon, turn your science into a story, and explain how that story impacts your audience.

Clinical science, however, requires a more detailed approach. For one, clinical science has two different target audiences. We need to capture the attention not only of prospective change agents but also of prospective healthcare consumers.

But clinical scientists have more experience with science communication than we may realize. We communicate science every day to our patients

in the therapy room when we provide psychoeducation. We may not receive formal training in science communication, but we do possess the skill of presenting science in an accessible way that motivates someone to make an exceedingly difficult behavior change (e.g., begin exposure therapy to their fears).

Despite that we may have a head start with our communication skill, there are also barriers to science communication that are unique to clinical science that require more creative solutions:

- **Clinical science is a relatively new science.** Academic communications departments are always in search of press release-worthy findings. But, in light of the credibility revolution (Lewis & Wai, 2021), does every empirical article in our field really deserve news coverage? Our field has fewer facts and far more unknowns compared to other scientific disciplines. Instead of rushing to feature “cutting edge” science, perhaps a wiser endeavor is to highlight the findings that percolate to the surface of our empirical investigations time and again.
- **Clinical science is sometimes at odds with clinical psychology.** Many psychologists believe that our field is not a science at all, but an art. When we are not aligned on what is considered high quality, dissemination-worthy science, the overall message suffers. Clinical scientists are doubly tasked not only with spreading information but also correcting beliefs about psychotherapy based on cringe-worthy TV and film portrayals.
- **Mental health is highly personal.** As clinical scientists, we have developed a necessary thick skin around investigating topics that are upsetting, traumatic, and emotionally exhausting. It's easy to forget that not everyone spends their days thinking about, and treating, individuals who are experiencing intense

distress. In addition to using plain language, we have the added burden of taking the sting out of the emotionally charged topics while still relaying our message.

- **Telling a story raises ethical considerations.** A few words can be worth a thousand pictures. Yes, you read that right! For most of the public, an impactful patient story is worth all the complex figures that rigorous data can generate. Moreover, in the absence of robust findings, products based on pseudoscience rely on emotional testimonials to inspire consumers to open their wallets. But, in clinical psychology, patient narratives pose an ethical gray area. Even if stories are de-identified, what worked for one person may not work for several others. These caveats, coupled with a faceless first name, may make the story less impactful.

As conscientious behavior therapists know, identifying prospective barriers to implementing behavior change is a necessary step to overcoming them. Perseverance in the face of these science communication challenges is especially critical right now, as the COVID-19 pandemic has unearthed the magnitude of the mental health crisis in the U.S. Public interest in mental health is high right now. Yet, because very little is known about evidence-based mental health treatments, clinical science has an opportunity, and a duty, to empower consumers to be better equipped to evaluate the quality of mental health services.

Despite that the conditions are ripe right now, science communication should still be a marathon, not a sprint. Likely, the most effective strategy in increasing public visibility of clinical science will be to incorporate science communication at multiple touchpoints (e.g., graduate curriculum, professional societies). To this end, several ongoing initiatives are worth highlighting:

- **ABCT Briefing Books.** The ABCT Public Education and Media Dissemination Committee has created a series of briefing books signed specifically for journalists on common mental health topics in the news (e.g., suicide, gun violence). These books are freely available, and journalists are directed to them upon contacting the ABCT media representative for comments from an area expert.
- **RU Communicating Clinical Science?** Program. At Rutgers University, Dr. Jessica

Hamilton developed a science communication curriculum that features speakers with a wide range of expertise (i.e., from individuals involved in advocating for science policy in government to faculty members in the Department of Performing Arts) to provide graduate students with additional tools to be better science communicators.

But smaller scale science communication should not be overlooked. The benefits to our field would be immeasurable if more clinical scientists chose to incorporate relatively low time burden communication activities more consistently in their work. Scientists interested in ramping up their communication to the public should ask themselves two questions: Who is the ideal audience for my message? And why should this audience care about my message? The answers to these questions will direct you to the appropriate tone, outlet, and medium for your message. If you wish to enact change in your community, for example, an op-ed to your local paper would be a much more effective dissemination tool than an incendiary thread on Twitter.

For those looking to incorporate science communication in a more systematic way, prioritize opportunities that involve a conversation instead of a platformed speaker proselytizing to a silent audience. After all, communication is, by definition, bidirectional. Consider strategies to increase political engagement. One-on-one conversations with potential voters are more effective than large-scale direct mail campaigns. Many of the venues we seek already exist, we just have to populate them:

- **Podcasts.** Creating consistent content is exhausting, and hosts are always looking for new guests. We have expertise that we often take for granted. And, when we don't pursue these media outlets, guest slots are filled with people who claim to have expertise but may not. Rather than waiting for a podcast host to reach out to you, sites like matchmaker.fm make it easy for guests to contact podcasts directly.
- **News.** Nearly all academic institutions have a media relations department that can help facilitate contact with local or national media. These departments can also connect you to reporters looking for an area expert on an issue in your professional wheelhouse.

- **Lobbying.** Perhaps you wish to inspire larger scale policy changes. Join an advocacy group related to your specific field (e.g., I am a member of the Eating Disorders Coalition, [eatingdisorderscoalition.org](http://eatingdisorderscoalition.org)) and keep an eye out for when they release calls to action to their membership.

Consistent pursuit of science communication may certainly require a slight reconfiguration of your time and effort. If this sounds unappealing, I encourage you to think for a moment about why you joined this field and what you hope to say you've accomplished when you leave it. Even if you tell just one other person today about your research and why it matters, then you are a science communicator, and you have helped increase visibility of the clinical science field in service of improving access to empirically tested mental health treatment.

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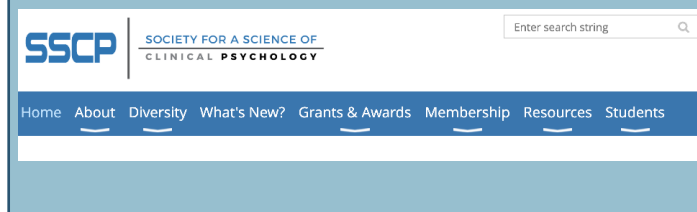
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### About the Author

Kathryn Coniglio is a 5th year doctoral candidate at Rutgers University and incoming pre-doctoral intern at the University of Pennsylvania Perelman School of Medicine. In addition to her clinical and research interests in eating disorders and pathological exercise, Kathryn is also enthusiastic about science communication. She is a member of the ABCT Public Education and Media Dissemination Committee and has appeared as a guest on several podcasts geared towards patients recovering from eating disorders. She currently maintains an Instagram account called bitePsyzed, of which the focus is to promote evidence-based information about clinical psychology.

**Visit our website to stay updated with the latest events, news, and award announcements to improve clinical science!**

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



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### Resources on Racism

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

#### Index

[Resources About the History of Racism in Psychological Science](#)

[Resources on Addressing Issues Related to Diversity and Racism in Research](#)

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[Field of Psychology and Academia Broadly](#)

[Anti-Racism Resources](#)

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**@SSCP\_Tweets**





# Awards & Recognition

## 2022 Distinguished Scientist Award

**Susan White, PhD**  
**University of Alabama**



**Dr. Susan White** is Professor and Endowed Chair in Clinical Psychology at The University of Alabama, where she directs the Center for Youth Development and Intervention, an interdisciplinary group of nearly 100 scholars engaged in research related to mental health advancement of youth and families. Her research primarily addresses psychiatric comorbidity, intervention design and evaluation, and dissemination and implementation of evidence-based interventions for youth and adults with autism spectrum disorder (ASD). Dr. White has worked in numerous settings including outpatient, residential, and private practice. Her program of research rests solidly at the intersection of science and practice. She is a Fellow of APA, SCCAP (Division 53), and ABCT, and she is board-certified in Clinical Child and Adolescent Psychology. She is co-author of several treatment curricula, widely published in high-impact scientific journals, and has co-edited several books, including the Oxford Handbook of Clinical Child and Adolescent Psychology. Susan is married to Dr. Bradley White, also on faculty at the University of Alabama, and has two sons, ages 14 and 12. When she's not working, Susan enjoys all manner of intensive physical activity including weight-lifting, hiking, long

distance running, and paddle-boarding. She is active in her sons' Boy Scout troop, volunteers at the local animal shelter, and loves to bake and create (e.g., jewelry, soaps, etc.). Promoting access to higher education for women and historically underserved groups is especially salient to Dr. White. She is adjunct faculty at Africa International University in Kenya, where she volunteers her time to teach graduate classes online.

### ECF and Student Advice from Dr. White

"I was asked to offer some advice specifically for students and early career folks. This is a humbling endeavor. I still have many mentors from whom I regularly seek advice, and I still have many days when 'imposter syndrome' rears its ugly head. Nevertheless, I find the three points below to support my work and sustain me, so I hope you find some utility here as well.

- **Academia is a marathon, not a sprint.** Intentionally build in down-time and protect it. Self-care is critically important. Motherhood has really taught me this- I am no good to others if I haven't put my own oxygen mask on first.
- **Lean into your growth edges.** As you get deeper into your careers, this becomes even more important. There is so much yet to learn. You play an important role in the collective effort to improve clinical science, alleviate suffering, and help people reach their potential.
- **Hold your purpose or goal as the North Star.** If we take ourselves and our careers and advancement too seriously, we can get discouraged. Having the products of our hard work torn apart or rejected (e.g., manuscripts, grants) is hard, and it will not get easier with time. I find that keeping the intention of what I am doing at the forefront makes the failures more tolerable, and sometimes even informative."

## Awards & Recognition

### 2022 Early Career Researcher Award

#### Jessica L. Schleider, PhD Stony Brook University



**Dr. Jessica L. Schleider** is an Assistant Professor in the Department of Psychology and Clinical Psychology Ph.D. Program at Stony Brook University. Dr. Schleider completed her Ph.D. in Clinical Psychology at Harvard University in 2018 and her Doctoral Internship in Clinical and Community Psychology at Yale School of Medicine. Her research on brief, scalable interventions for depression and anxiety in young people has been funded by the NIH, NSF, and HRSA and recognized via numerous awards, including the NIH Director's Early Independence Award; the ABCT President's New Researcher Award; SCCAP's Abidin Early Career Award; SSCP's Susan Nolen-Hoeksema Early Career Research Award; and in 2020, she was chosen as one of Forbes' 30 Under 30 in Healthcare. Dr. Schleider has published >75 scientific articles and book chapters and has created five open-access, single-session, digital mental health programs, which have served >10,000 teens and adults to date. Based on these programs, Dr. Schleider co-wrote a self-help workbook for adolescent depression (New Harbinger). She is also co-editor of a forthcoming handbook for

therapists, *The Oxford Guide to Brief and Low-Intensity Interventions for Children and Young People* (Oxford University Press) and is writing a nonfiction book (Little, Brown Book Group) on how brief interventions and meaningful moments can transform mental health.

#### ECF and Student Advice from Dr. Schleider

"Early career researchers get a lot of advice. In many cases, this advice reflects what happened to work for that particular advice-giver—not a universal truth. Their journey toward and definition of success might not look like yours, and that's okay. So, take advice with the grains of salt they deserve, and when in doubt, follow your values. From what I can tell, this is the only path to a sustainable, rewarding career."

**For more on our current and past award winners and  
call for 2022 awards:**

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

## Awards & Recognition

### 2022 Faculty Mentor Award

#### **Pamela K. Keel, PhD** **Florida State University**



**Dr. Pamela K. Keel** is Distinguished Research Professor and Director of the Eating Behaviors Research Clinic in the Department of Psychology at Florida State University. She completed her Ph.D. in Clinical Psychology at the University of Minnesota and clinical psychology internship at Duke University Medical Center. Dr. Keel is an expert on eating disorders with NIH funding for research on the nosology, biology, epidemiology, and longitudinal course of bulimic syndromes. In addition, Dr. Keel is co-Principal Investigator and co-Director of the NIMH-funded Integrated Clinical Neuroscience Training Program at Florida State University. Within her program of research, Dr. Keel defined and characterized Purging Disorder as a potentially new disorder of eating by demonstrating distinct postprandial gut peptide responses linked to purging in the absence of binge eating. This work contributed to Purging Disorder's inclusion in the DSM-5. Dr. Keel served as a standing member of NIH's Adult Psychopathology and Disorders of Aging review panel and participated in the NIMH Research Domain Criteria Positive Valence workgroup. Dr. Keel was elected as a Fellow of the Academy for Eating Disorders, the Association for Psychological Science, and the American

Psychological Association. She is Past-President of the Eating Disorders Research Society and the Academy for Eating Disorders. Dr. Keel received the Academy for Eating Disorders Leadership Award in Research in recognition of an internationally respected body of research yielding new knowledge about eating disorders and measurably advancing the field.

### Congratulations to the 2022 APS Student Poster Award Winners!

#### **General SSCP Student Poster Award**

**Suzanne Estrada,  
M.S., M.Phil.  
Yale University**

'Trajectories of Parental  
Harsness and Exposure to  
Community Violence across  
Adolescence Differentially Predict  
Engagement in Antisocial Behavior'

#### **SSCP Diversity Student Poster Award**

**Karen Rosado-Mercado,  
BA, CGG  
University of Puerto Rico  
Río Piedras Campus**

'Attention Bias and Interfer-  
ence of Emotional Valence  
Stimuli in Young and Older  
Hispanic Adults'

#### **SSCP Global Mental Health Student Poster Award**

**Lily Brouder  
University of Notre Dame  
(Undergraduate Student)**

'Theory Building through  
Generalizability: What Diverse  
Samples Can Teach Us about  
Cognitive Vulnerability to  
Depression'



# Student Awards & Recognition

## Outstanding Student Clinician Award

### Rafaella Jakubovic, M.A. Temple University



**Rafaella (Rafi) Jakubovic** is a fourth-year graduate student in the Clinical Psychology Ph.D. program at Temple University under the mentorship of Dr. Deborah Drabick. She is currently completing externships in the Pediatric Oncology Neuropsychology program at the Children's Hospital of Philadelphia as well as the Child and Adolescent Anxiety Disorders Clinic at Temple University under the leadership of Dr. Philip Kendall. Prior to her graduate training, she worked as a Clinical Research Coordinator at the Massachusetts General Hospital Home Base Program, where she focused on the dissemination of trauma-focused and resilience-building interventions for military families. In her clinical work, Rafi is dedicated to providing evidence-based care for under-resourced youth and families coping with chronic and traumatic stress. As a clinical scientist, her research aims to understand how contextual and cognitive factors interact to contribute to risk and resilience among disadvantaged youth, particularly those exhibiting

externalizing symptoms, and identify targets of change for prevention and intervention programs. In her career, she hopes to advance empirically-supported, trauma-informed care for vulnerable families.

### 1. What are your clinical interests?

Since my time as an undergraduate at Tulane University in New Orleans, LA, I have had a strong interest in the ways in which trauma can take hold and be passed down within families, as well as the incredible human capacity for resilience, particularly when bolstered by community support. After college, I had the opportunity to learn about exposure-based treatments for PTSD (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy) in my work at a clinic serving military families. In addition to trauma-focused interventions, my clinical interests have expanded to include other cognitive-behavioral, dialectical-behavioral, and acceptance-based approaches to the treatment of youth and families coping with chronic and acute stressors. During graduate school, I have been fortunate to lead Coping Power preventative intervention groups in an under-resourced school and help to establish a Dialectical Behavioral Therapy skills group program for adolescents and adults during my graduate training. I look forward to receiving

training in Trauma-Focused Cognitive Behavioral Therapy to serve youth with experiences of abuse at my upcoming externship placement.

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

A great number of youth have unfortunately experienced adverse or traumatic events, and few receive appropriate evidence-based care. Having seen the powerful change that can accompany bringing such experiences to light in a safe therapeutic environment, I believe our field has the capacity to serve and empower these children to harness their strengths and cope adaptively. I am inspired by the possibility of playing a role in the expansion of access to therapeutic resources to the families who need them most.

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

My mentor, Dr. Deborah Drabick, has been an incredible support and resource throughout graduate school, both in helping me refine my own interests and goals as well as in showing me



how one can use science in the service of those most vulnerable among us. I am indebted to the wonderful clinical supervisors at Temple University, including Dr. Margaret Sayers, Dr. Richard Heimberg, and Dr. Robert Fauber, who have helped me refine my clinical skills and instilled me with confidence to provide flexible, client-centered treatment. I have also gained much invaluable knowledge about how to integrate medical, neurocognitive, social-emotional, and contextual factors in conceptualizing the needs of children with complex histories from my supervisor at the Children's Hospital of Philadelphia, Dr. Megan Sy. Finally, I am influenced by the many psychologists who have dedicated their careers to developing and studying the treatments that have helped the children, adolescents, and emerging adult clients with whom I have worked, including Dr. Philip Kendall, Dr. Aaron Beck, Dr. Marsha Linehan, Dr. Patricia Resick, Dr. John Lochman, and others.

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

I would advise students to seek out and remain open to a range of learning opportunities. Being a graduate student involves balancing many responsibilities; however, I try to hold in mind that it is a great privilege to have access to mentors (formal and informal) who are invested in student development and are willing to teach what they know. Taking advantage of lectures and didactics offered inside and outside my program, whether related to my primary areas of interest or not, has helped me better understand the field more broadly and integrate various techniques and approaches in my clinical work. Though it can be intimidating, particularly early on, I would also encourage students to take the initiative if they identify a gap in their training or their clinical services (e.g., training in working with individuals with ASD, group therapy services). A student's proactive efforts to address a project that is meaningful to them can have a constructive ripple effect on other students and the community. Finally, I recommend periodically taking a moment to remember why you pursued the degree. Every clinical student I have had the pleasure to know has, at their core, the desire to improve quality of life for others. For me, keeping this intention in mind keeps me afloat during inevitable moments of stress and uncertainty!

### **Congratulations to the 2022 APS Student Distinguished Contributions!**

**Shuquan Chen, MS**

**Columbia University**

What Predicts Resilience and Psychopathology Following Strict Lockdown in the Greater Wuhan Area: A Four-Wave Longitudinal Study

**Ellie Gorman**

**University of Notre Dame**

**(Undergraduate Student)**

Tracking the Effect of COVID-19 on Symptoms of Depression and Anxiety

**Stephanie Gotsis, MS**

**The Australian National University**

Psychosis-Spectrum Symptoms Enhance the Ability of High-Frequency Transcranial Random Stimulation (hf-tRNS) to Induce Internal Neural Noise and Reduce External Noise Filtering

**Steven Kasperek, BA**

**Harvard University**

Differentiating between Us & Them: Intergroup Bias As a Novel Mechanism Linking Childhood Violence Exposure with Internalizing Psychopathology

**Delshad Shroff, MA**

**Virginia Polytechnic Institute and State University**

Understanding the Association between Spirituality and Mental Health Outcomes in Adolescents in India and the United Arab Emirates

### **Thank you to our Reviewers!**

General SSCP Student Poster -

Drs. Alex Crenshaw, Cindy McGeary, Cynthia Rohrbeck, Jennifer Cheavens, Jonathan Stange, Katie Burkhouse, Rosanna Breau, Samuel Winer, Thomas Ollendick, and Yevgeny Botanov

SSCP Diversity Student Poster -

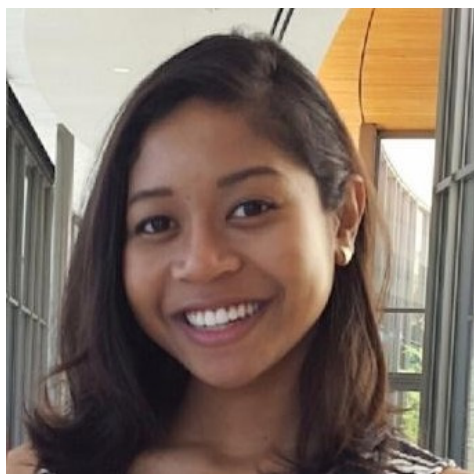
Drs. Amitai Abramovitch, Ashley Hart, Bethany Teachman, Marie Nebel-Schwalm, Marisol Perez, and Sylvia Wilson

SSCP Global Mental Health Student Poster-  
Drs. Daisy Singla, Marie Nebel-Schwalm, and Steve Hollon

# Student Awards & Recognition

## Outstanding Student Teacher Award

### Erika Roach, MA UC Berkeley



Erika Roach is a second-year doctoral student in Clinical Science at UC Berkeley. She received her B.A. in Psychology and Human Biology and her M.A. in Psychology from Stanford University. She has had the great privilege of serving as an Instructor in the Psychology Department at Stanford University and as a Graduate Student Instructor at UC Berkeley. She has also taught courses and workshops on humanistic design for treatment and reducing bias in clinical settings at Stanford School of Medicine. Her research as a PhD student at UC Berkeley elucidates the relationships between race and culture-related stress and trauma, emotion regulation, and developmental psychopathology.

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

My teaching interests have included courses on intergroup dialogue, reducing bias in clinical settings, and psychopathology. I've also taught a course on pedagogy and facilitation. In 2020, in the heart of the pandemic, I became interested in remote instruction and became a Graduate Remote Instruction Innovation Fellow at UC Berkeley. What was initially a daunting challenge—remote pandemic teaching—became an opportunity to identify affordances of online spaces that can actually enhance certain forms of communication and learning.

My teaching philosophy is grounded in the idea that the best teachers aren't the ones who are most knowledgeable about a topic, but the ones who are most aware of what's happening in the classroom and know how to respond. I think this is a fundamental, but often overlooked, component of effective teaching. Of course it's important to be knowledgeable of the topic we're teaching, but our expertise in a given area or how much preparation has gone into a lesson plan is futile if we don't have our finger on the pulse of what our students are (or aren't) learning in real time. This speaks to the importance of informal assessment and a willingness to shift our original plans. In my clinical work, I'm a proponent of progress monitoring and the same applies to my teaching. Furthermore, I believe that the best learning takes

place when people step outside of their comfort zone and aren't afraid to make mistakes. It's up to the instructor to create an environment that supports this. I've found that students will often refrain from sharing valuable commentary because they are either fearful of saying "the wrong thing", or worried they'll say something that comes across the "wrong" way. While I encourage students to be thoughtful in their responses, I also encourage substance over polish—meaning that the idea being shared is more important than its presentation. I've found that establishing this as a group norm early on deepens the content of in-class discussions as students take more risks. I also strive to create an inclusive learning environment and actively solicit non-dominant perspectives.

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

I love working with students. I learn so much from each new group of students and it's a fun challenge to figure out the best way to teach a topic. I enjoy the creative process of designing a course—from learning objectives to curriculum and experiential activities to assessment. I also get really into the details of designing an engaging and inclusive learning environment. My favorite environments are discussion-based although I think those can also be the most difficult to facilitate—especially if contentious topics arise. I embrace those discussions, though, because I think a lot of valuable learning can come from discussions that make us a little uncomfortable and place us in our learning edge.

As an instructor, my ultimate hope is that students will apply what they learn in the classroom to the real world and that they'll bring their real world experiences into the classroom. It brings me so much joy when students share the ways in which they've bridged their knowledge in the classroom with their lives outside of it.

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

Several come to mind! Dr. Hazel Markus and Dereca Blackmon at Stanford University have been major influences and mentors. They granted me my first teaching opportunities and taught me so much about instruction, curriculum design, experiential learning, and the art of effective, inclusive teaching. Dereca is a particularly masterful storyteller and facilitator. I'm so grateful for both of them. My former advisor, Dr. James Gross, his fellow Stanford professor, Dr. Robert Sapolsky, and Dr. Stephen Hinshaw (UC Berkeley) are also excellent storytellers who excel at activating prior knowledge and making complex topics accessible and engaging. It's a skill that I am always trying to hone! Dr. Rodolfo Mendoza-Denton's (UC Berkeley) care for students and his creativity with remote teaching were a big source of teaching inspiration during the pandemic. My clinical supervisor, Dr. Jacqueline Persons (UC Berkeley), is a great model and mentor for clinical teaching.

On a more personal note, my fiancé is completing his PhD in Education and I've learned a great deal about pedagogy and the science of learning from listening in on his Zoom teaching over the past couple years (thank you, Soren!).

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

I have an interdisciplinary background so I am biased, but I think it's important to talk through research questions with people from different disciplines and outside academia as well. Our research is often done in silos so if we want to have a more complete picture of an issue, it's often helpful to venture outside of our niche spaces. On a separate note, another student told me at the start of my PhD, "Life doesn't get started after grad school, it takes place while you're in grad school". That's been really helpful for me to remember. PhD programs can feel all-consuming and academia is a very insular field so I think it's important to remind ourselves that our PhD is just one aspect of our life (not our whole identity) and to set boundaries. It's hard to show up for others if we're not showing up for ourselves.

## **Virtual Clinical Lunch (VCL) Series**

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

### **Perspectives on Academic Work**

Dr. Andy De Los Reyes

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### **Future Directions in Adolescent Peer Relations Research**

Dr. Mitch Prinstein

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### **Whose Minds Matter? Sampling, Measurement, Inference, and Application Considerations as we diversify the Behavioral Sciences**

Dr. Neil A. Lewis, Jr.

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### **Cannabis - psychoses and schizophrenia**

Dr. Carsten Hjorthøj

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## **Check out all of our VCLs!**

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





# Awards & Recognition

## Outstanding Student Diversity Research Award

### Violeta Rodriguez, PhD Candidate University of Georgia



Violeta Rodriguez is a Ph.D. candidate in clinical psychology at University of Georgia. Violeta spent part of her youth living in Jinotega, Nicaragua until the age of 9 when she came to the U.S. as an asylee. She moved to Miami, Florida, where she pursued her bachelor's degree in Psychology at Florida International University and Master of Science in Education in Research, Measurement and Evaluation at the University of Miami. When Violeta was just 25 years old, she went to pursue her Ph.D. and a second master's degree at the University of Georgia.

According to Violeta, she initially wanted to pursue a very clinical path in psychology. She only began doing research as a requirement for her honors college at Florida International University, but she surprised herself with how much she enjoyed it. She loves to bake and cook, and she loves trying new recipes. Additionally, she is very passionate about strength training because it constantly challenges her to become a better version of herself.

#### 1. How do you define “diversity” in your research?

Involving people from different races or who have different cultures, with the word “culture” not necessarily being limited to races or ethnicities. In my research, this has been based on working with underrepresented segments of the population, or including people from other countries (i.e., global health).

#### 2. What populations has your work focused on?

My work has been focused on understudied, underserved, and underprivileged groups.

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

I think recruiting individuals who have been historically underrepresented or abused/exploited by academia, as it is the case with understud-

ied, underserved, and underprivileged groups, is generally difficult. I have tried to overcome this in my dissertation by using social media recruitment ads specifically targeting individuals from that particular group. For example, in recruiting fathers, who are traditionally understudied in parenting research, using ads asking for “parents” did not attract fathers. It required more specific ads, such as those eliciting responses from, for example, “Black fathers”, “Latino fathers”, and “Asian fathers”. However, this is a work in progress! In global health work, eliciting community perspectives and respecting community leaders is essential.

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

My dissertation, which uses a national sample to revise a validate a measure of parenting, is inspired by the increasing emphasis on more inclusive and equitable research on families and parenting. However, family-focused clinicians



# Awards & Recognition

## Outstanding Student Diversity Research Award

and researchers continue to be limited in the conclusions that they reach using extant family measures, as recent reviews of family measures (including my own, published at Assessment) note a lack of research examining the psychometric quality of these measures, and a lack of adequately diverse samples in measure development. The adequacy of extant measures and empirical approaches to family assessment are also faced with additional challenges, such as the rapidly changing social demographics of the nation, culture, history, family structure, immigration, and acculturation, which complicate the measurement process, but must be accounted for in both clinical and research settings. As such, my goal in research is to provide a more accurate or representative portrayal of the reality and experiences of marginalized communities to prevent inaccurate misattributions.

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

Developmental psychopathology is based on the premise that we cannot understand typical development without understanding atypical development. Cultural developmental psychopathology argues that we cannot understand developmental psychopathology without understanding all cultures, and this has been the focus of my research. It is impossible to understand deviations from typical development if we do not define what typical means cross-culturally.

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

I think that in studying diverse groups, we cannot just jump to studying populations from underrepresented groups. Instead, we need to be thoughtful in including them, considering wheth-

er the constructs we make hypotheses about are relevant to that group, and whether any of the methods need to be modified for the population. Inclusion does not only refer to merely including people in research, but doing it with the goal of actually contributing to the community. Otherwise, it can be exploitative.

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

I strive to view my clients from a developmental psychopathology framework, using aspects of multicultural psychology to recognize that thoughts, feelings, and behaviors may be relative to unique cultural contexts, generating a developmental-contextual perspective of clients' level of functioning. clients, informing my clinical practice from the very first moment a client speaks to me. For example, I would summarize my approach to case conceptualization as developmental-contextual. This involves different mechanisms by which psychopathology develops and is maintained, as well as how it may be experienced, described, and manifested depending on developmental and contextual factors. For example, a client's presenting symptoms may be characterized by a developmental course and intraindividual etiology, but how they are conceptualized and experienced by the client is likely to be influenced by contextual factors. The intersection of developmental psychopathology and multicultural psychology in conceptualizing cases helps identify typical and atypical behaviors and what constitutes impairment.

# Updates from Student Representatives

Rachel Walsh, M.A., Temple University

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

## Upcoming Student Award Announcements and Deadlines

- Outstanding Student Researcher Award: application solicitation will begin in August; applications due in **September 2022**.
- Dissertation Grant Award: announced in September, due in **November 2022**.

## Mental Health Resources

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

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

Results from the 2020 survey have also been submitted for publication to draw more attention to this important issue.

[http://www.sscpweb.org/resources/Documents/SSCP\\_Student\\_Mental\\_Health\\_Resources=pdf.pick3dnFQTVuzXbjj6lZdkYQ/viewform](http://www.sscpweb.org/resources/Documents/SSCP_Student_Mental_Health_Resources=pdf.pick3dnFQTVuzXbjj6lZdkYQ/viewform)

## Contact Us!

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

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

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

# Updates from Student Representatives

Rachel Walsh, M.A., Temple University

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

## 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-rK7F10v922MJFaSBo7xg6Hd-kBRZ1-UZu6DRPs/edit#gid=1042123783>.

If you know of a program that we missed, add it here: <https://docs.google.com/forms/d/e/1FAIpQLSdAyJ0oYUzjHeAN3eOwY3CA4t4pick3dnFQTVuzXbjj6lZdkYQ/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!

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

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