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Presidential Column

The Mental and Behavioral Health Registry - An Opportunity to Bring Science to Practice
Dean McKay, Ph.D., Fordham University

Last summer, I attended the first in-person meeting of the American Psychological Association's Mental and Behavioral Health Registry (MBHR) committee, whose task was to develop a quality clinical data registry (QCDR). Frequently when I attend professional meetings, I communicate some details to my research lab to keep them apprised of developments in the profession. When an email went out to my lab regarding the meeting of the MBHR, the first reply that came back was "What is a Quality Clinical Data Registry?" My student seemed like a plant for this column! Further, it seemed a fair question, and one that you, dear reader, may have on your mind but hesitate to ask.

Psychologists who participate in some insurance panels, notably Medicare and Medicaid, have begun to hear about QCDRs. Other participating providers, specifically psychiatrists, already rely on QCDRs as part of a system of quality assurance mandated by these insurance panels. In order for psychologists to be in compliance with the mandated reporting of outcomes, a two-year exemption was provided to our profession while measures were identified for inclusion in a QCDR (Hartman-Stein, 2017). Hence, we have the formation of the aforementioned MBHR committee. There will be a dedicated webpage for the MBHR shortly through APA.

As a practical matter, the formation of the MBHR does not inherently lead to greater scientifically informed clinical interventions. However, it does lead to practitioners relying, for the first time, on a systematic and required (in the case of participating providers for two major insurance programs) outcome reporting system. While the mandate for this kind of outcome reporting is limited to Medicare and Medicaid, undoubtedly other insurers will follow. In the end, this is an incremental gain for individuals seeking behavioral healthcare.

Psychiatrists already rely on QCDRs, with several measures entered into their registry. The American Psychiatric Association's Patient Registry Online (PsychPRO) serves as a means for psychiatrists to enroll in the registry and engage in quality assurance (interested readers can learn more at https://www.psychiatry.org/psychiatrists/registry). As psychology is getting started on this, one of the first tasks the MBHR took up was to identify assessment domains that represent common clinical metrics of outcome and/or process related to treatment. There are numerous important candidate domains: sleep, general functioning, depression, anxiety, quality of life, to name just a few. As any putative

measure for the MBHR must be brief in order that it can be administered regularly, the pool of potential scales quickly narrows.

Ultimately, the MBHR committee settled on identifying and surveying the literature on candidate measures for anxiety. The Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006) emerged as a measure possessing the qualities of a suitable measure – short, and although named for a specific diagnosis, is really an assessment of anxiety overall and not indicative of a specific diagnosis. After reviewing the literature, it was determined by the MBHR committee that the GAD-7 has good psychometric properties for the registry. The committee is now working on identifying suitable measures for general functioning and quality of life.

The development of the MBHR should be viewed as a very positive development for integrating science into professional psychology. The following are just a few potential benefits of this development for clinical psychological science:

Pooling Outcome Data For Everyday Practice Effectiveness: Group clinical practices often seek to evaluate the effectiveness of their interventions. This is particularly true if it is a specialty center, or if there are especially novel cases for which the broader profession would benefit from case or multiple case reporting. With the advent of a set of readily available measures administered routinely to clients, reporting on the treatment and outcome of these kinds of cases could be provided.

Availability of Outcomes with Greater Representativeness of Samples: Researchers have noted that treatments for some conditions have a large empirical base, but on samples that are comparably lacking in diversity. For instance, a widely accepted evidence-based treatment for obsessive-compulsive disorder is exposure with response prevention. However, the samples from randomized controlled trials were over-represented by Caucasian participants (91.5%) compared to other ethnic minority groups, limiting the generalizability of this intervention (Williams et al., 2010). A comparable problem exists with panic disorder, for which cognitive-behavior therapy represents an evidence-based approach but likewise has had over-representation of Caucasian participants in treatment trials (Mendoza et al., 2012). Although not a solution to the problem of inadequate sampling in controlled trials, examination of treatment data from the MBHR could bridge the gap

in the research on effectiveness, and should limitations exist, place a focus on areas of research need.

Assessment of Constructs Along Common Metrics: Consider the following scenario: two randomized controlled trials are conducted, evaluating the same intervention package and applied to the same disorder. The outcomes are different, with one showing a strong effect and the other no difference. However, the two trials also relied on different measures to assess outcome. This all-too-common scenario creates a problem in drawing a meaningful conclusion regarding whether the treatment being evaluated is beneficial or not. And while some take solace in pooling effect sizes across a larger body of trials for quantitative analysis, this does not relieve the fundamental problem of assessing potentially different aspects of a common construct, or the treatment targeting parts of the construct and not targeting others. A common pool of measures relied on by practitioners could move researchers to select from this set of scales as part of intervention trials in order to directly translate their findings to everyday practice. This has an immediate benefit of demonstrating applicability in practice settings rather than solely in the treatment trial setting.

Benchmarking – Within Practice and In Comparison to Published Outcomes: Before discussing this, a broader perspective one benchmarking per se is in order: clinical practice is often humbling. We rely on scientifically derived principles of behavior change, approach clients with complex problems, and outcomes sometimes do not 'look' the way we might expect after reading the published research. Or the outcome is positive on the main presenting symptom measure, but the client still reports difficulties in a wide range of other areas that were not part of the original presenting problem. Going this next step, by comparing your performance between clients represents important personally relevant feedback that can bolster performance, so long as you are prepared to receive it.

Benchmarking has become an important area for organization quality control (i.e., Lueger & Barkham, 2010) and in comparing everyday clinical service delivery to controlled treatment investigations (i.e., de Beurs, et al., 2016). The availability of a systematic online collection of outcome data will greatly facilitate future benchmarking studies, which in turn should enhance the generalizability of evidence-based treatments. It should be acknowledged that, given the aforementioned humbling nature of direct service delivery for mental and behavioral health, providers may also be nervous about the kind of tracking associated with the MBHR. It will be essential for organizations and large group practices to adopt constructive methods of relying on data from the MBHR in order to promote the best evidence-based care for clients while also providing a means for ensuring clinicians do not feel threatened by the ongoing measurement of client change. That is, as with any system or setting, context matters, and outcomes achieved could be significantly affected.

Concluding Thoughts: The developing MBHR serves as a valuable forthcoming means for improving quality of care for thousands of individuals seeking behavioral healthcare. Beyond reporting outcome, the potential for investigating a wider variety of interventions, through everyday practice, group settings, or in larger health service provider groups, is immense. Benchmarking studies and other investigations of novel clinical problems are sure to be enhanced with the availability of a developing database of client outcomes. Interested readers should feel free to send correspondence with additional ideas on how the forthcoming MBHR for psychologists may be beneficial to the science of clinical practice.

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Diversity Corner

Diversity Spotlight: Monnica Williams, Ph.D.
Joya N. Hampton, M.Ed., M.A. and Yara Mekawi, M.A.

We had the pleasure of interviewing Dr. Monnica Williams, the director of the Laboratory for Culture and Mental Health Disparities at the University of Connecticut. As a researcher, therapist, professor, and speaker, she incorporates clinical psychological science pertaining to stigmatized racial and ethnic minority groups in all that she does. Originally from San Jose, California, Dr. Williams attending MIT for her undergraduate degree in Electrical Engineering with a specialization in biotechnology. She first took psychology courses at UCLA as a part of a post-baccalaureate program. She attended the University of Virginia for her Master's and Doctorate degrees. As an MIT undergraduate, she describes herself as being "steeped in research from day one." She has published over 75 peer-reviewed articles, book chapters, and scientific reports mostly focused on cultural differences in anxiety-related disorders. Her papers have appeared in scientific journals such as JAMA Psychiatry, Behavior Research and Therapy, Clinical Case Studies, and Depression and Anxiety. She is also on the editorial board of The Behavior Therapist, The Journal of Obsessive-Compulsive and Related Disorders, and Cognitive Behavior Therapy. Her work has been funded by funding outlets such as the National Institutes of Health and the American Psychological Foundation. She has written and contributed to several popular press outlets such as NPR, The Washington Post, The New York Times, and The Huffington Post.

She also has a blog on Psychology Today called "Culturally Speaking." Notably, when Dr. Williams was at the University of Louisville, she was the first woman of color to become tenured in the department's 108-year history. Here is what Dr. Williams had to say about her work related to racial and ethnic minority issues in Clinical Psychological Science…

1. How do you define "diversity" in your research?

There are a multitude of ways that people can be diverse, including race, ethnicity, culture, age, religion, gender, disability, sexual identity, etc. My focus is on stigmatized ethnic and racial minorities in the US, but I think all forms of diversity are important.

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

One of the biggest barriers is that clinical psychology is very White as a field, and ethnic minority mental health is not considered as important as the mental health of White people. As a result, much of the basic foundational work needed to understand mental health in people of color in this country has not yet been done. For example, if our gold standard measures of psychopathology have not been validated in people of color, we don't know if the outcomes of our RCT's are generalizable to those populations.

When researchers decide to get involved in minority issues, if they haven't worked to improve their own cultural competence and understand their biases, difficulties with perspective-taking can result in incorrect and even harmful conclusions. I think some of this is happening right now with respect to microaggressions research, where Whites have a particularly hard time understanding how harmful these are because they don't see or experience them, and the term itself is off-putting to many White people.

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

I think the most important thing I am learning is the profound and damaging effect of racism in all its forms on the mental and physical well-being of people of color. Stigmatization and discrimination appear to be psychopathogenic, and we see evidence of this in ethnic minority groups and LGBTQ communities as well. People with intersectional identities, such as LGBTQ people of color, appear to be the most at risk. We have 20 years of research underscoring the harms of both overt discrimination and everyday discrimination, and we are now in the process of amassing evidence sur-

rounding the harms of microaggressions as well.

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

I could write a whole book about that! But in a nutshell, I'd say we need to diversify our field. Diverse groups promote learning for everyone and press the issue of inclusion in our programs of research. Our society is becoming increasingly diverse, and if we don't keep up with the times, we risk becoming a fringe discipline in the service of Whites only, with little relevance to the rest of society. One reason we see so few minorities making use of mental health care is because it doesn't resonate, and for good reason – it wasn't designed for them.

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

I think it is critical to do a culturally-informed assessment of all people of color, as well as for those from different cultural groups. This means including measures and interviews tapping into experiences of racism, ethnic identity, and culture. I use the research to inform report writing, as norms for people of color are often different than norms for Whites. Also, I make sure to invite discussions of culture in the therapeutic process. Unfortunately, we have few empirically-supported treatments that have been properly validated in people of color. Therefore, we are often modifying EST's on the fly to make them culturally appropriate, which is not optimal.

Join us in San Francisco...

SSCP Events at APS

Friday, May 25th

11:00-12:00 AM
SSCP Student Poster Competition

1:00-2:20 PM
Global Mental Health: The Who, How, What, and Why of Effective Psychological Treatments

2:30-3:50 PM
Diversity in Clinical Science: Where Do We Go From Here?

4:00-4:50 PM
SSCP Distinguished Scientist Address
David Miklowitz

5:00-5:50 PM
SSCP Meet Your Mentor Event

Awards & Recognition

Susan Nolen-Hoeksema Early Career Award Winners

Richard Liu, Ph.D completed his Ph.D. in clinical psychology at Temple University, pre-doctoral internship at the University of Illinois-Chicago, and post-doctoral fellowship at Brown University. He is currently an Assistant Professor (Research) in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University. His work aims to characterize dynamic processes of risk underlying onset and recurrence of self-injurious thoughts and behaviors (i.e., suicide and non-suicidal self-injury) and depression in youth. The primary focus of his work in this regard is to clarify temporally delimited and state-sensitive risk factors, with the ultimate goal of addressing the question of when individuals are most at risk for depression and self-harm, and thereby directly to inform risk assessment strategies. His research has been funded by the American Foundation for Suicide Prevention and the National Institute of Mental Health.

Matthew Lerner, Ph.D completed his PhD in Clinical Psychology at the University of Virginia and clinical Internship at the University of Chicago Medicine, and is currently an Assistant Professor of Psychology, Psychiatry, and Pediatrics in the Department of Psychology at Stony Brook University. His work focuses on understanding social deficits in children and adolescents (particularly those with Autism Spectrum Disorders), as well as development, evaluation, and dissemination of evidence-based approaches for ameliorating those challenges. His lab utilizes multi-method assessment (e.g., electrophysiology; observation; ecological momentary assessment) and contemporary analytic techniques (e.g., multilevel modeling; machine learning) to identify suites of neural, cognitive, and behavioral mechanisms that are linked to functional outcomes and then targeted in interventions. Dr. Lerner has published more than 60 articles and chapters, and his research is funded by organizations including the National Institute of Mental Health, the Brain & Behavior Research Foundation, the Simons Foundation, the Autism Science Foundation, and the American Academy of Arts & Sciences.

Awards & Recognition

Outstanding Student Diversity Research Award Winner
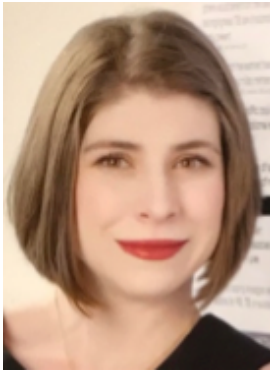
Lauren Khazem, M.A. is a fifth-year doctoral candidate in clinical psychology at the University of Southern Mississippi and is currently completing her pre-doctoral internship at the Minneapolis VA Medical Center. She obtained her B.A. in psychology from Texas Tech University and her M.A. from the University of Southern Mississippi. Lauren's research is focused on increasing understanding about mechanisms contributing to suicidal ideation and behaviors in individuals with physical disabilities- including feelings of burdensomeness and perceived stigmatization- with a secondary interest in suicide prevention in veterans and military personnel. Lauren's research has been supported by grant funding from the American Psychological Foundation and the Military Suicide Research Consortium.

What drew you to your current research interests?

While I was an undergraduate research assistant at Texas Tech University, I designed and implemented a study focused on suicide risk in undergraduate students with physical disabilities. While my initial literature search yielded a disappointingly limited amount of research in this area, the data indicated a heightened risk of suicide for those with physical disabilities. Furthermore, most of the research I found did not examine the factors contributing to this heightened risk of suicide within an empirically supported framework. At that point, I set out to develop my program of research focused on pinpointing mechanisms prompting suicidal ideation and behaviors in those with physical disabilities.

What is one step our field can take towards increasing diversity and inclusion in psychological science?

The accessibility of mentorship for students from underrepresented groups is a crucial and often overlooked aspect of increasing diversity in psychological science. To increase access to opportunities in psychological science, potential mentors might personally reach out to promising undergraduate students from these backgrounds and afford them opportunities to become involved in becoming involved in research. At the departmental level, mentors and students should serve as advocates for these students by creating or serving on committees focused on increasing diversity in their own departments at the graduate and undergraduate levels. It can also be helpful to reach out to people who have had success implementing similar committees in their departments for advice.

What is one piece of advice you wish you had gotten before you started graduate school?

It's perfectly acceptable to not have all the answers to the questions in your area of research. After all, not knowing all the answers is what being a scientist is about! There have been numerous times when people had asked me questions that I did not immediately have the answer to and times at conferences when I did not provide as eloquent of a response to an audience member's question as I would have liked. During these times, it can be hard not to feel embarrassed or even like an imposter, but these are the moments that have spurred some interesting conversations, connections with other researchers, and new research ideas.

Who have been your mentors or scientific influences?

I feel privileged to have been introduced to the field of suicide prevention research during my time as an undergraduate student by Dr. Kelly Cukrowicz at Texas Tech University. My mentor at the University of Southern Mississippi, Dr. Michael Anestis, has been a never-ending source of encouragement in developing my program of research and has fostered my growth as a scientist. He serves as a role model for the kind of mentor and scientist that I aspire to be. I am also privileged to be mentored by Dr. Paul Arbisi during my predoctoral internship at the Minneapolis VA. He has encouraged me to further expand my program of research.

Outstanding Student Teacher Award Winners

Ziv Bell is a 4th year doctoral candidate in Clinical Psychology at The Ohio State University. Originally from Seattle, WA, Ziv earned his B.A. in psychology at Willamette University in Salem, OR. Ziv's research and clinical work focus on developmental models of externalizing psychopathology and behavior management training interventions for children with disruptive behavior disorders.

What are your teaching interests and/or teaching philosophy?

I taught music before I taught psychology and I loved conducting because my students were completely in charge of their learning. If students never practiced outside of rehearsal, I couldn't play their parts for them. In fact, I never even made a sound on the podium while conducting. I now teach Abnormal Psychology, but I still feel more like a band director than a lecturer because in the same way I couldn't play for my students, I can't apply psychology for my students. There is no amount of me talking at my students that will allow them to practice implementing important applications of psychology in their own lives, so every class I direct activities that put my students in charge of their learning. For example, I want my students to be able to refute myths their family members believe about psychopathology, explain why correlations don't prove causation, and advocate for evidence-based treatments. So that is what we practice during class: students role play responding to questions laypeople ask about psychopathology, they critique articles in the media that conflate correlation and causation, and they search for local clinicians and evaluate whether they provide evidence-based treatments.

What do you enjoy most about teaching?

Given the profoundly high lifetime prevalence rate of psychopathology in the US, virtually every student I teach will have either a personal or familial connection to psychopathology. I love how my students learn to think differently about development, psychopathology, themselves, and their community. For example, in the beginning of the semester, many students believe that psychological disorders are caused by either nature or nurture. In reality, psychopathology is almost always the complex result of a combination of genes, neurochemistry, cognitions, behaviors, and environmental factors. By the time students complete my course, they no longer think in terms of either-or, but in terms of and. I know that statistically, most of my students will not pursue careers in psychology, but I am firmly convinced that the ability to contemplate multiple, complex causal factors simultaneously—instead of focusing on unitary, simple explanations—will serve them well in any career and is a hallmark of an educated citizen.

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

The staggering amount of information available online for free! I assign videos for my students to watch before they come to class and then we spend the class time putting that information to practical use. In particular, the Crash Course Psychology series is phenomenal! The videos cover the essentials of Introduction to Psychology courses and much of the foundations of Abnormal Psychology. I also find videos that show real patients with psychiatric disorders and treatment sessions. These videos help students understand typical presentations of various disorders and empathize with the people experiencing those symptoms. Students enjoy the videos because they know exactly how long the videos take to watch, and they can pause and rewind the videos at any time. I compiled the videos I show my class as well as in-class activities at go.osu.edu/FlippedAbnormal and hope they might be of help to other instructors!

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

I certainly don't feel like I have all the answers, but I wrote a blog for NOBA with some ideas that have helped me work on my teaching while still accomplishing what I need to in grad school! In short, record and save positive feedback, and make time for self-care. Positive feedback can be a rare commodity in many graduate programs, so create a folder with nice emails from students, PDFs of your publications, brief reminders of clients who improved under your care, etc. and look back on it occasionally to remind yourself of all your successes!

Outstanding Student Teacher Award Winners

Alexandra Werntz, M.A. is a fourth year clinical psychology student at the University of Virginia. Broadly, her research focuses on promoting evidence-based treatments for anxiety disorders. She is interested in learning how we – as psychologists – can teach the public what evidence-based treatment means and how they can access these treatments. Her clinical interests lie in working with older adults coping with illness and end-of-life issues. She is currently part of a multi-disciplinary neurology team at the University of Virginia Hospital that focuses on memory disorders. She does assessments and therapy with dementia patients and their families. When she's not doing research, clinical work, or teaching, she spends time cuddling with her cats.

What are your teaching interests and/or teaching philosophy?
Given my background as a clinical psychology student, I use rapport-building techniques at the beginning of each course to get students to "buy in" to what I'm teaching, and then go from there. In all of my courses, my main goal is to get my students excited about psychological science. I love teaching students how to evaluate research, question media portrayals of studies, and learn how to incorporate basic research findings into their day-to-day lives.

What do you enjoy most about teaching?
Learning from my students. Not only do I appreciate feedback on my teaching abilities, but I love hearing about how students incorporate the knowledge from my classes into their everyday lives. For example, I taught Design Your Life to upper-level undergraduates; it was rewarding hearing how the students incorporated cognitive restructuring techniques into their approach for choosing a career following graduation.

Who are/have been your mentor(s) or other influences on your teaching?
My research advisor, Bethany Teachman (this year's winner of SSCP's Lawrence H. Cohen Outstanding Mentor award!). She cares about the growth of each of her students, and I try to replicate that in my own teaching.

What advice would you give to other students pursuing their graduate degree?
Pay attention to what makes you happy and what gives you energy. I never expected to enjoy teaching, but I found that showing students how important psychological science is (and watching them learn it!) makes me smile. As I continue in my graduate career, by following the pieces of graduate school that make me happy (communicating results to peers, collaborating, clinical work) I've created a path that I'm thrilled to be on.

2018 Varda Shoham Clinical Scientist Training Initiative Winners

We are pleased to announce the winners of the 2018 SSCP Varda Shoham Clinical Science Training Initiative Grants Program. This was the 8th year of the Program, and the fifth year in which it has been named in honor of Dr. Varda Shoham, President of SSCP when the Initiative began, and champion of Clinical Science.

Winners were awarded in one of three Tracks: 1) Conducting science in applied settings, 2) Innovation in clinical science training, and 3) Value-added to the program. We received over 30 applications across these categories, and we believe the winning proposals exemplify each of these cornerstone values of clinical science training. Thanks to the generosity of the SSCP Board, we were pleased to be able to make four awards across the three tracks this year.

Conducting science in applied settings

Drs. Ashley Muskett and Jordan Albright
Virginia Tech
Improving access to appropriate assessment for children with minimally-verbal autism in rural areas

AND

Dr. Emily Becker-Haimes
University of Pennsylvania
Center for Mental Health Policy and Services Research
Embedding clinical training into community mental health to expand the reach of evidence-based practices for pediatric anxiety disorders

Innovation in Clinical Science Training

Drs. Rosaura Orengo-Aguayo and Regan Stewart
Medical University of South Carolina
Increasing access to evidence-based trauma treatment for under-served, monolingual Spanish speakers via training in evidence-based practices using interpreter services

Value Added to the Program

Dr. Shireen Rizvi
Rutgers University
Expanding a comprehensive DBT training clinic to treat adolescents and their families

Updates from 2017 Varda Shoham Training Award Winners

Training Graduate Students in Parent-Child Interaction Therapy (PCIT): An Opportunity to Increase Accessibility of Evidenced-Based Treatment for Families in the Bronx
Greta Doctoroff, Ph.D., Yeshiva University

Funding provided from the Varda Shoham Clinical Scientist Training Initiative Grant has allowed Dr. Doctoroff to provide didactic training to graduate student clinicians to prepare them to engage in supervised experience conducting PCIT, a treatment that relies on a parent coaching model through a one-way mirror with bug-in-the-ear technology for the therapist to guide the parent in real time. The grant has allowed Dr. Doctoroff to purchase improved cameras, walkie talkies, and microphone technology to facilitate treatment, adding to the quality of care and training provided in the Parnes Clinic, a training clinic serving families in the Bronx. In addition, the grant has allowed Dr. Doctoroff to provide students with treatment resources (coding manuals, treatment manuals). The funding provided has allowed for continued development and improvement of our fledgling PCIT program within the Cognitive-Behavioral Treatment for Youth (CBT-Y) practicum.

Bridging the Research-Practice Gap in Adult Clinical Training
Lisa Starr, Ph.D., University of Rochester

The Varda Shoham Clinical Science Training Initiative Award, coupled with matching departmental funds, supported an expansion of training opportunities in adult cognitive behavioral therapy for clinical psychology students at the University of Rochester. In August 2017, we hosted a two-day training workshop in the Unified Protocol for Emotional Disorders, led by Dr. Shannon Sauer-Zavala, Director of the Unified Protocol Institute at the Center for Anxiety Related Disorders at Boston University. The workshop drew over 40 attendees, including a mix of clinical psychology graduate students, faculty members, and supervisors from a variety of local training sites, including Rochester Institute of Technology Counseling and Psychological Services (RIT CaPS), Mt. Hope Family Center, University of Rochester Counselling Center, University of Rochester Medical Center, and Rochester Psychiatric Center. This "train-the-trainer" model was intended to allow for sustained training opportunities for our students. Beginning in Fall 2017, several of our students have started a new Unified Protocol externship placement at RIT CaPS, using skills honed at the workshop to treat anxiety, depression, and related problems in college students, under the supervision of RIT CaPS clinicians who were also trained at the workshop. This externship has already enrolled new students for the upcoming 2018-2019 academic year, and we expect that it will become a fixture in our program's training opportunities. Students and clinicians are also implementing skills at other externship sites. We thank the SSCP for allowing us to extend this opportunity to our students, faculty, and supervisors, and for helping expand access to this effective empirically supported treatment within the greater Rochester community.

Clinical Science Early Career Path

Dana McMakin, Ph.D. Florida International University

IIn the mid 90's I was a reasonably accomplished high school senior with a solid GPA, a supportive family, and a cadre of task-oriented friends who were all applying to university. Yet, my tendency toward independence somehow allowed me to fly under the radar and completely miss first deadlines for university applications. To my surprise (?), I did not gain acceptance into a university. Through a series of panicked events, I ultimately landed a spot as a provisional student at Penn State University during the summer after my senior year. If I did well, I could matriculate with the rest of my cohort in the fall. I enrolled in two courses—Intro to Psychology and English Literature—and I worked hard to capitalize on this second chance. The effort paid off. Two lessons from this experience shaped my future. First, I learned to take responsibility for my education rather than sauntering mindlessly behind the herd (and occasionally wandering off course). Second, I identified a genuine passion for psychology.

At Penn State, I pursued a dual major in Psychology and Spanish, and gained acceptance into the Schreyer's Honors College where I completed a thesis with Dr. Keith Crnic. Keith was a positive force who educated me on the process of graduate school applications in child clinical psychology, and helped me to secure a position as a Post-Baccalaureate Intramural Research Training Awardee (post-bac IRTA) at the National Institutes of Health (NIH).

I spent two years as a post-bac IRTA at NIH. There was a delay in the initial clinical project for which I was hired, so I conducted bench work in the Laboratory of Membrane Biochemistry & Biophysics (LMBB). Although a step away from the clinical research experience I had anticipated, I found the experience in biochemistry to be an important complement to my training in psychology. I recall a moment when an interviewer in the lab asked me earnestly, "You have a degree in psychology; what makes you think you can do hard science?" I responded with sufficient conviction to get the job. But, throughout my time in the position, I pondered this question. Ultimately, I concluded that the designation of "soft" or "hard" science was a false dichotomy, and that what really differentiates the quality of science is a clear question, methodological rigor, and the scientific method. This conclusion confirmed my desire to pursue a PhD in a child clinical science program that emphasized these aspects of science.

I completed my PhD in child clinical psychology at the University of Denver with Dr. Stephen Shirk. Stephen, who retires this year, is an expert in adolescent depression, and examines not only how and why Cognitive Behavioral Therapy works, but also how nonspecific therapeutic factors (e.g. alliance) may enhance outcomes. Stephen mentored with enthusiasm, socratic questioning, exceptional editing, good humor, and a genuine desire to support students' developing interests. With Stephen's guidance, I developed a research niche by conducting experimental studies that characterized deficits in positive emotion regulation in depressed youth, and then translating findings into intervention strategies. I also completed a specialization in developmental cognitive neuroscience, and became fascinated by brain-behavior-development interactions. My graduate training culminated in an F31 National Research Service Award (NRSA) from National Institute of Mental Health (NIMH), which allowed me to gain broad exposure to how developmental neuroscience could inform my treatment development work.

One critical outgrowth of my NRSA was the opportunity to meet with expert consultants (Ron Dahl, Greg Siegle) in neuroscience at Western Psychiatric Institute (WPIC), University of Pittsburgh. After I completed internship at UCLA, these NRSA connections led to a post-doctoral T32 position at WPIC. I became heavily involved in the Child Anxiety Treatment Study (CATS), a center grant from NIMH focused on neurobehavioral correlates of treatment response in youth with anxiety. I learned about how to apply developmental neuroscience tools (fMRI) and frameworks to treatment innovation, and joined the faculty with support from a K23 Career Development Award (2010-2015) that aimed to deepen this training. My mentoring team was multidisciplinary and exceptional: Dr. Ron Dahl deeply shaped (and continues to shape) my understanding of adolescent neurodevelopment (and sleep); Dr. Greg Siegle taught me how to use fMRI in clinical trials; and Dr. David Brent helped me to keep this work relevant to clinical questions in adolescent psychopathology. In addition to my independent work, I was also involved in many grant submissions with this team and others, which provided indispensable training in grant writing and team-science.

In 2016, I began a tenure-line position as Associate Professor at the newly established Center for Children and Families at Florida International University (FIU) in Miami. I hold appointments in the programs of Clinical Science and Cognitive Neuroscience. I also hold a dual appointment at the Brain Institute at Nicklaus Children's Hospital where I see patients and lead a cross-institutional research program that aims to bridge research and practice. I feel at times like a Jack-of-All-Trades and a

Master-of-None, but I would have it no other way. The rush of being humbled by how much there is to know, and the subsequent satisfaction I derive from plodding up steep learning curves is what drives me. The most exciting thing I am working on now is an R01 (NIMH) that examines if/how memory consolidation during sleep shapes negative overgeneralization in anxiety, and whether it is possible to influence these processes during sensitive developmental periods. I work closely with my Co-PI, Aaron Mattfeld (an expert in the neurobiology of learning and memory), to lead our team in conducting this multi-method project. Aaron and I both acknowledge that neither of us could conduct this work without the other, and it is a mutually gratifying experience. I credit my past training and mentorship for the preparation I needed to get to this exciting time in my career—I truly believe that our team's collaborative and interdisciplinary work is worth more than the sum of its parts, and I hope it will lead to positive public health impact.

Each stage of my training and career is marked by a set of take-home lessons that I keep with me; I will share some here. From graduate school, two lessons are most salient to me. First, ideas are important, and it takes time and iterative feedback to develop ideas into viable and worthy research pursuits. I completed my PhD with fewer publications than is ideal by current standards, but also with a set of ideas shaped by a stimulating academic environment. These ideas fueled my post-doctoral and early career work not only in terms of science, but also in terms of my own enthusiasm and clarity on next steps in my training. A second lesson echoes a comment made by Vijay Mittal in a prior column: It is important to have a career plan, but also to be present and enthusiastic about the process. This is it—life does not start later. Life is happening now. Being a graduate student can be a blast if you can manage to be mentally present for most of it. I had opportunities to take a breadth of courses, conduct research, complete clinical practica, develop and teach my own courses, and complete a research/training grant. I recommend that students try to find the scholarly path they enjoy more often than not, build relationships, turn curiosity into empirical questions, and enjoy the journey as often as possible.

My years as a post-doc and early career faculty member at WPIC were intense in terms of scientific growth as well as learning how to work within a large academic system. I have two key lessons to share from this time. First, I learned that feedback and mentorship at all stages of career are essential, and one of the best parts of being in academia! I deeply value the time my colleagues and mentors spent on me. Within this mentoring structure, I also think it is important to exhibit agency—that is, to take all of the (sometimes conflicting) feedback, think about it deeply and openly, and then make your own final decisions. Trying to make

all mentors and critics happy can lead to muddled work, or send you in a direction that does not align with your goals. Second, I learned about the value of interdisciplinary science. Sitting in a conference room and developing ideas with 5-10 investigators spanning psychology, psychiatry, biology, statistics, anthropology, etc., have been some of the best moments of my career. Not only were they intellectually stimulating, but these activities promoted my awareness of where there are nexus points across fields, which helps me to focus my own research questions. I deeply believe that our next generation of science and public health impact will be rooted in these team-based approaches. I am thrilled to be part of it.

In my current position, I am learning about the pros/cons of tenure-track arts and sciences positions versus soft-funded medical school positions. I am far too new in this position to have a clear set of take-home lessons. However, I can see already that there is no perfect answer for which environment is "better"—it depends on a host of factors (funding priorities, colleagues, family priorities, etc.) and how they intersect with stage of life. Remaining open minded about settings, and exploring pros/cons of each may be the best route to determine the best fit.

As I reflect on my early career, I can see that each stage provided invaluable learning opportunities on scientific, personal and professional levels. I am also struck that my narrative is resoundingly positive. I suppose I could tell this narrative from a more negative angle, and it would also be "true." However, despite some difficult moments, I wake up nearly every day with appetitive drive for my roles as a clinician, teacher, supervisor, mentor and scientist. Perhaps part of sustaining academic enthusiasm comes from choosing to consolidate a personal narrative that features the truth that inspires us most, focuses attention on our most meaningful goals, and highlights our deepest moments of gratitude for this profession and the wonderful people who work in it.

About the Author: Dana McMakin, PhD, is Associate Professor of Clinical Science and Cognitive Neuroscience in the Center for Children and Families at Florida International University, and holds a dual appointment at the Brain Institute, Nicklaus Children's Hospital. Dr. McMakin directs REMEDY (Research Exploring Motivational and Emotional Development in Youth)—an interdisciplinary research group that uses developmental neuroscience frameworks to inform interventions for adolescents with, or at risk for, problems related to controlling emotion and behavior (e.g. depression, anxiety, sleep problems).

Student Perspective

Rules of Engagement: Becoming Involved in Leadership and Service as a Psychologist-In-Training
Nicholas R. Morrison, M.S. & Gennarina D. Santorelli, M.S., University of Massachusetts Amherst

As psychologists-in-training, we have a considerable number of demands on our time. Complete this course project, conduct this empirical study, contribute to this theoretical chapter, co-facilitate this therapy group, teach undergraduates these introductory topics. The list goes on and on. Not only do these demands exist, but our programs ask us to excel in most, if not all, of these areas. Given these many responsibilities and limited time, many trainees focus on achieving their programs' recommended benchmarks: complete required coursework, pass comprehensive exams, meet or surpass the required number of publications and presentations, engage in a healthy number of intervention and assessment hours, etc. Although these benchmarks serve as critical buoys when navigating the seemingly endless sea of graduate school requirements, especially early in training, they can sometimes prevent trainees from considering broader opportunities which might serve them well in the future. This is perhaps most pronounced in the areas of leadership and service, as many programs do not articulate clear guidelines or benchmarks in these areas. However, as clinical scientists continue to play increasingly important roles in leadership positions across careers in psychology, it is crucial for trainees to cultivate these skills in tandem with their clinical and research competencies. Thus, we would like to offer some guidelines for those looking to become more engaged in professional leadership and service.

The Benefits of Professional Leadership and Service

The benefits of professional leadership and service to trainees are numerous. While an in-depth discussion of all of these benefits is beyond the scope of this article, we would like to highlight a few that we ourselves have both experienced and observed in our peers who have actively engaged in these pursuits. First, engagement in leadership and service can foster the development of effective communication, collaboration, and networking skills, and encourages initiative and creative thinking through teamwork. Indeed, qualities we associate with "leaders" – flexible problem-solving, interpersonal effectiveness and team-building skills, charisma, and good self-regulation – are initially developed through experiential and observational learning, which trainees can obtain through service positions (Lord & Hall, 2005).

Moreover, individuals who engage in professional service often experience a stronger sense of belong-ingness in their field (Thomas, Inniss-Richter, Mata, & Cottrell, 2013). As a student leader or representative in an organization, trainees have the opportunity to exchange ideas with (sometimes interdisciplinary) peers and faculty from across the country or even the world, play a primary role in enacting change and progress in their field/subfield, and gain increased recognition in their field. Academia can sometimes be isolating; we often get stuck devoting all of our time to our own niche research areas of our very specialized subfields within the larger field of psychology. Not only can this be detrimental to our research, it can be harmful to our emotional health (University of California Berkeley, 2014). Conversely, active engagement in professional organizations can increase feelings of connectedness with other trainees and professionals.

General Considerations When Pursuing Leadership and Service Positions

We feel it is important to emphasize the point that opportunities tend to breed opportunities, and that leadership and service experiences tend to "snowball" into additional and more prominent experiences. As such, we encourage trainees early on in their graduate training to become involved with internal opportunities offered through their programs, which will allow trainees to springboard to external opportunities as they progress through their programs. That being said, we would advise trainees to consider limiting the number of committees, professional organizations, and other service-related opportunities they pursue. The name of the game is quality, not quantity. For example, rather than pursuing generic membership in 10 professional organizations, consider cutting that number in half and serving as a student representative or other subcommittee member in a couple of the organizations you consider to be most important to you and your professional interests. The trainee's level of engagement with the leadership or service position, regardless of whether it is internal or external, is what they will be able to discuss when they apply for the next position, and is what their peers and supervisors will remember when advocating for that individual in the field.

Internal Opportunities

Given these considerations, we encourage trainees to become engaged in leadership and service early in their training through a variety of avenues. For example, many programs have positions that already exist for

trainees to pursue. First and second year students might become involved by serving as representatives for or liaisons to faculty committee meetings. Alternatively, positions might exist for trainees as planners and/or coordinators of their program's yearly interview weekend for prospective students, or as advisory board representatives to the training program's in-house clinic. If these positions are not in place, trainees might benefit from dialogue with their advisors, clinic directors, or directors of clinical training about ways in which students can become more involved. Additionally, trainees might consider forging their own opportunities just outside of their graduate training programs. For example, for those students completing their graduate education in a university setting, they might consider reaching out to the dean of students office or other administrative bodies to facilitate awareness of their program's clinical services. There may also be other committees that meet to discuss campus needs, such as the university's counseling services, disability services office, or residence life staff. Sometimes a trainee's initiative to foster these connections can lead to a productive outreach event, and sometimes a position on one's curriculum vitae as a consultant or committee liaison.

External Opportunities

The aforementioned opportunities will ultimately help prepare trainees for service and leadership positions in regional, national, and international organizations. These external service positions give trainees a voice that can have a broader impact. The trainee perspective is invaluable not only for addressing student/trainee-specific challenges in the field, but also for introducing fresh ideas to tackle other issues that continually plague psychology and clinical science (e.g., underrepresentation of ethnic minority faculty in psychology, gender pay gap in the field). It also gives trainees the opportunity to develop skills in translating research (possibly even their own work) into policy change.

A challenge for many trainees interested in leadership and service in national organizations is finding these positions. We will admit that identifying external leadership/service roles is often not as easy as learning about research (e.g., grants and awards) and clinical (e.g., externship placements) opportunities; resources regarding these latter opportunities are frequently distributed by programs, individual research mentors, clinical supervisors, and peers. Therefore, we would like to identify some potential sources for trainees to find service positions of interest. First, trainees should consider asking their research mentors directly if they are aware of any service openings for students. Most graduate program faculty are required to engage in professional service; many do so in organizations related to their (and likely your) research interests. In some cases, the organizations in which your mentor is most active have

student-specific positions (e.g., student representative on a committee or subcommittee of that organization). Your mentor therefore might be the best first person to reach out to in your search for these opportunities! Many trainees learn about leadership and service opportunities through their memberships in professional organizations. Openings for student positions in these organizations are often announced via listservs and posted on organizations' websites. One of us even discovered an announcement about a student leadership position posted in a society's trainee-specific Facebook group! Trainees may also consider volunteering at conferences as an initial way to get involved in leadership and service. Responsibilities typically include registration/front desk assistance, CE workshop coverage, room set-up, and A/V support. We believe conference volunteering is a great way to get involved in service and to begin gaining experiences and making connections that can open doors to leadership opportunities. Lastly, we encourage trainees to consider the scope and aims of the professional organizations in which they choose to participate. Major professional bodies, such as the American Psychological Association (and its 54 divisions) and the Association for Psychological Science, present numerous leadership and service opportunities at the trainee level that involve interacting and networking with individuals across and within subdisciplines of psychology. On the other hand, students may prefer to become involved in smaller, special interest organizations that are more directly related to their research or clinical interests; as discussed above, trainees can typically learn more about these organizations and their service opportunities from their mentors and supervisors.

Concluding Thoughts

Engagement in leadership as a trainee can be extremely rewarding. We have found that it fosters both professional and personal development, increases a sense of belongingness in one's field, aids in the establishment of a professional identity, and perhaps most importantly, gives trainees a voice. Students may choose to create or initiate internal service opportunities, or seek out external opportunities in regional, national, and international organizations via their mentors or online resources provided by those organizations. Perhaps our best piece of advice to our fellow trainees is to engage in professional leadership and service that excites you and makes you want to make a difference!

About the Authors: Nicholas and Gennarina are doctoral candidates at the University of Massachusetts Amherst. Nicholas studies psychotherapy process, outcome, and integration, and Gennarina studies cognitive and emotional changes across adulthood.

Student Perspective

Should I stay or should I go? Factors to consider when planning time to degree completion
Shannon M. Blakey, MS., University of North Carolina at Chapel Hill

In my last semester of undergraduate studies, I was torn between going directly to a clinical psychology PhD program and working as a full-time research assistant before matriculating into graduate school. I consulted one of my recommendation letter writers for advice: "You should start a PhD program as soon as you're able," he said. "If you end up wanting more training, you can always stay for an extra year." I had no idea why he would say such a thing. According to my *Introduction to Clinical Psychology* textbook, prior to internship, PhD students took several classes, conducted a few research studies, and obtained the necessary hours of supervised clinical work in four years—five at most. Graduate student stipends may not cover basic living costs and hours spent working toward the PhD extend far beyond a typical 40-hour work week. Why would anyone want to prolong the process? Yet having taken an "extra" (sixth) year prior to internship after all, I better understand the words that puzzled me once before.

I have consulted with students who left for internship after four to six years when preparing this column, but its contents are inevitably influenced by my personal experiences. As such, it is only fair that you know my background and biases. I began graduate training at the University of Wyoming (UW) the semester after receiving my bachelor's degree. Two years later, my UW faculty mentor accepted a position outside the country, prompting me to transfer to the University of North Carolina at Chapel Hill (UNC). Most UNC students leave for internship after five years of training, but—for many reasons described in this column—I elected to take a sixth year. Though a difficult decision at the time, staying an additional year was the right move for me and I would do it again in a heartbeat. Given that deliberating whether to deviate from a program's modal years to degree completion is not uncommon among graduate trainees, I discuss several issues I encourage graduate students to consider when determining whether to hasten or postpone applying for internship.

Reasons to Leave a Year "Early"

In observing and speaking with students who applied for internship before other members of their incoming cohort, I have come to appreciate the many professional and personal reasons to leave a year earlier than is typical in one's graduate program.

Similar to how faculty mentors are often the primary reason a student accepts an offer for admission to a gradu-

ate program, they might also influence a student's decision to leave that program sooner than anticipated. For instance, whereas I elected to transfer PhD programs when my UW advisor moved away, a more advanced student in my lab chose to apply for internship ahead of schedule. As another example, students who have unproductive relationships with their graduate mentors might prefer an accelerated graduation timeline over switching labs or institutions. Other students might consider leaving early because the duties unique to being a graduate student (e.g., serving as an undergraduate course teaching assistant) outweigh the privileges. Regarding this last point, I would caution students to keep in mind that every profession and work environment is likely to have its own set of annoyances or service requirements; rushing through graduate school might not always be the best long-term solution.

Some students are fortunate enough to be in contact with organizations that intend to hire them once they obtain their PhD. In such cases, students might perceive pressure from their future employers to become hirable as soon as possible. Similarly, students could be aware of desirable employment opportunities that would only be available to them if they hasten their training timeline. Other students might simply be eager to move on with their lives; there can be a stark contrast between the life of a graduate trainee who does not start their first "real job" until their thirties and those of friends who launch careers much sooner. The financial advantages of completing graduate training can also be a major factor in planning time to degree completion, as the sooner one obtains the PhD, the sooner one can earn a real salary. This issue can be especially salient to trainees who carry student debt or who are financially supporting children or other family members.

On a broader level, some graduate students may not enjoy living in whatever town or city their graduate school is located (e.g., too big, too small, too hot, too cold). Alternatively, some students may simply be eager to move closer to friends and family. I have also known students whose partners had to relocate for their own career; although some students pursued a "long distance" relationship under such circumstances, others chose to finish on-campus training one year early and complete their clinical internship close to where their partner needed to move.

Reasons to Take an "Extra" Year

Parallel to the potential benefits of leaving one year "early," there are several professional and personal advantages to staying a year longer than is typical in one's graduate program.

The most influential factor in my decision to take a sixth year was the ability to conduct additional research in my area of interest. Not only did the supplementary 12 months of productivity contribute to a more competitive CV when I ultimately applied for internship, but the extra year also allowed me to broaden my research connections and experiences. This can be especially beneficial for students who have changed graduate programs, faculty mentors, and/or research interests at some point in graduate training. Furthermore, the "buffer" year afforded me the chance to pursue a more ambitious dissertation study. Specifically, I wanted experience acting as principal investigator on a randomized controlled trial; I simply would not have been able to complete a dissertation project of this scope prior to internship without the extra year on campus. Finally, I have encountered students who decided to take an extra year after being awarded an NSF, NRSA, or other research fellowship that augmented the potential benefit (or at least minimized the potential burden) of extending their graduate training.

Alongside research-related factors, there might be desired clinical experiences that warrant an additional year of graduate training. For example, many accredited predoctoral clinical psychology internship sites require a minimum number of intervention and assessment hours to be eligible for consideration; students with insufficient clinical hours, therefore, might need an additional year's practicum to cross this threshold. Alternatively, it could be that a student had limited opportunities during graduate training to gain experience in various clinical settings or treatment modalities. Although the internship year is an excellent way to broaden one's professional skills, some students may prefer to develop specific clinical competencies prior to internship (e.g., to inform internship training goals and application lists).

It is also possible that certain graduate program requirements are difficult to satisfy "on time." For example, if a required course is only offered in alternating years and a student did not complete a mandatory course within the anticipated time frame, he or she may have no choice but to stay on campus another year in order to take the class. Drawing from my own experience, not all of my UW course credits transferred to UNC; as such, I appreciated having a longer period of time to satisfy my degree requirements (and adjust to a new environment) without feeling overwhelmed. Students might also be better able to practice "self-care" and "work-life balance" amidst competing graduate school

requirements if they know they have an additional 12 months to meet their training milestones.

Finally, there might be circumstances outside of a student's control that influence time to degree completion. For example, although a partner's needs might prompt a student to leave early (as noted above), it could instead be the case that a partner's job requires that they remain in their current town or city of residence. Therefore, a student might wish to remain in graduate school for an additional year in order to stay close to their partner. I have also spoken with students who chose to delay applying for internship because they wished to plan a wedding or start a family—goals that would be too difficult or stressful to meet while remaining "on track" in their graduate program. Serious physical or mental health issues affecting a student (or a student's loved one) might be another reason to delay leaving for internship and/or take a medical leave of absence from graduate training.

Conclusion

I have outlined several reasons graduate students may pursue an accelerated or elongated training timeline, yet I have likely overlooked many other reasons. In addition, there might be realistic barriers that would complicate (or even negate) a student's decision to leave "early" or take an "extra" year. Potential obstacles include a lack of departmental funding or physical resources, faculty mentors who cannot accommodate the student's timeline preferences, the job market, or needs of a student's family/partner. Ultimately, planning time to degree completion is a personal decision—an important and meaningful one, to be sure, but unlikely one that will "make or break" a student's career. Seeking career advice, engaging in regular self-reflection, and having honest discussions with trusted mentors helped me to plan out my own training timeline. I hope that a similar strategy proves helpful to other students deliberating whether to deviate from their program's modal time to degree completion as well.

About the Author: Shannon M. Blakey, MS, is a sixth-year clinical psychology graduate student at the University of North Carolina at Chapel Hill. Her research interests center on the cognitive-behavioral mechanisms involved in the maintenance and treatment of anxiety and related disorders. She will complete her predoctoral clinical internship in 2018-2019 at VA Puget Sound, Seattle Division.

Updates from Student Representatives

Kelly Knowles, M.A., Vanderbilt University
Joya Hampton, M.Ed., M.A., Emory University

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

Conference and Networking Events

Please join us at the APS Annual Convention from May 24-27, 2018 in San Francisco!

The SSCP Student Poster Competition will be held on May 25th from 11:00AM TO 12:00PM. It is a great opportunity to view science conducted by your peers and meet with other student members!

Student Award Announcements and Opportunities

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

The award committee has completed its review of applications, and was very impressed by the phenomenal candidates and their exceptionally advanced clinical contributions. Winners were selected based upon their interest, dedication, and exceptional performance in their clinical work. We are very pleased to announce the two winners of this award! Interviews with our two award winners will be featured in the Fall newsletter. Check out the Award and Recognition section (pgs. 8 and 9) for interviews with our SSCP Student Teaching Award winners, Ziv Bell and Alexandra Werntz.

Kimberly Z. Pentel, M.A.
Advisor/Supervisor: Donald H. Baucom, Ph.D.
University: University of North Carolina at Chapel Hill
Expected graduation: Spring 2020

Amy R. Sewart, M.A.
Advisor/Supervisors: Michelle G. Craske, Ph.D.
University: University of California, Los Angeles
Expected graduation: Spring 2020

The next Outstanding SSCP Student Award is the Researcher Award. Applications are due by September 15, 2018. Please visit our website for more information: http://sscpstudent.blogspot.com/p/student-awards.html

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! If interested in sharing ideas, please also visit our website under student initiatives and complete the "What else can we do to help?" form.

Kelly Knowles: kelly.a.knowles@vanderbilt.edu
Joya Hampton: joya.hampton@emory.edu