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Presidential Column

Don't Just Talk Amongst Yourselves, Talk to Someone New

Bethany Teachman Ph.D., University of Virginia

I want to thank you for the opportunity and honor to serve as the President of SSCP.

I plan to focus my term as president on the goal of dissemination of clinical science, broadly defined. I think that this will necessarily involve not only dissemination of the products of clinical science, such as evidence-based assessment and treatment approaches, but also dissemination of clinical scientists. I don't mean we should send Tom Ollendick, Lee Anna Clark, and Rick Heimberg off to a remote island (though perhaps they wouldn't object given the recent cold temperatures!). I mean that we need to talk more to people who do things differently than we do, or have chosen to do different things with their training. We need to connect and share ideas and listen more.

I want to let you know about one initiative that SSCP and the Association for Psychological Science (APS) are pursuing to help meet this goal, and ask for your help. In partnership with APS, we are preparing to launch a new job mentorship web site, the "Psychological Science Job Mentorship Match."

Remember Mike Myers famously telling us to "Talk amongst yourselves" in his "Coffee Talk with Linda Richman" sketches on Saturday Night Live? I worry that we do this too well. We are so busy keeping our labs, classes, and/or practice going, myself included, that it is easy to stay in our own bubble and just talk amongst ourselves. I talk regularly with other clinical scientists who are in academic and research positions. I do not talk often with those who are in practitioner, or policy, or teaching-focused positions. I do not think I am alone in the bubble. My hope is that SSCP can help to build more connections with people who use their clinical science training in different ways.

This is important for many reasons – it will help us do better research, it will help the public learn about and receive better health services, it will help psychological science be in a stronger position within the broader health care field, and it will help us be better advisors and mentors. I consider this latter benefit in this column.

One of our many roles is to help our students and junior colleagues figure out the right career path for them. I can (hopefully!) give them useful advice about how to pursue an academic position and what that entails, but I know far less about how to be successful in other careers. While many of our program's graduates choose academic paths, I still routinely have students ask me how they can learn more about the diverse ways they can use their training and associated skills. I have tended to connect these students to the friends I happen to have who work in private practice, as a science writer, in a counseling center, in a liberal arts college, etc., but this means my students only have access to the people I happen to know. Clearly, this is not an efficient system – either I need a bigger friendship network (no, I am not active on Facebook), or we need other ways to connect people!

The Psychological Science Job Mentorship Match site is designed to connect psychological scientists working in a variety of jobs and settings (e.g., clinical practice, research, teaching, administration, consulting, etc.) with early career psychologists seeking to learn what different psychological science jobs involve. At this stage, we're asking potential mentors to sign up (we're not yet ready to invite mentees, but this will come soon).

Here's the part where I ask for your help because this initiative will not work without you. Please take a moment to sign-up as possible mentor: http://aps.psychologicalscience.org/join-renew/home.cfm. With many mentors, this can be a rich resource for students and early career professionals. This project has been in development for some time, and we wish to note that it was a true partnership with APS. The committee working on the program was comprised of half SSCP and half APS staff/board members, and APS was

incredibly generous in paying for the programming staff that worked on the site development.

So, please help us to disseminate clinical science and clinical scientists…don't talk amongst yourselves, talk to someone new!

I am looking forward to working together over the next year, and am very appreciative that this position has been made much easier by the great work and guidance from our past presidents. After many years of service to SSCP, Rick Heimberg leaves the Board, having just finished his term as past-president. He has been a steady voice of reason and insight, and will be greatly missed. Happily, Michelle Craske, our immediate past-president, will remain on the Board and we are thankful for all of her work to promote the Delaware Project and SSCP's contributions to this important endeavor to enhance clinical science training.

We are also saying goodbye to our student represent- ative Kristy Benoit, who brought tremendous initia- tive and dedication to the role, offering a number of new resources and services for our student members. Thank you to Kristy on behalf of the Board and our student members. We will also miss the many thoughtful comments from Sherryl Goodman, who has finished her term as member-at-large. Fortu- nately, we will be helped during this transition by our wonderful new Board members. Congratulations to Mitch Prinstein, our President-elect, who has already stepped into a critical leadership role as Chair of the newly-appointed Task Force to examine SSCP's affiliation with APA. We are also very pleased to welcome Benjamin Hankin, our new member-at- large, and Rosanna Breaux, our new student representative.

That's all for now - I'm all verklempt.

Society of Clinical Psychology (SCP)/Division 12 report

Douglas Mennin, Ph.D.

Hunter College

The board of Division 12/Society of Clinical Psychology met in Ft. Myers, FL, on January 31-Feb 2, 2014. We were welcomed by our new president and SSCP member, David Tolin, as well as our past president and SSCP member, Mark Sobell, and our future president and SSCP member, Terry Keane. Mark has done a great job of updating the bylaws to emphasize clinical science as well as increasing crosstalk between sections and divisions. David spoke about his interest in emphasizing science during his presidency, particularly by updating the practice guidelines to reflect transdiagnostic approaches and common behavioral treatment principles. Terry also spoke about the importance of involving new members and will be hosting a Boston area conference where graduate students will be able to meet prominent clinical psychologists who will discuss their work and professional development. The board also agreed that a number of initiatives are necessary to show the field that "D12" is an important advocate for clinical psychology and clinical psychological science. There was discussion to host an annual conference that would be aimed at young professionals and invite leaders in the field to discuss research and cutting edge treatment and assessment approaches. A mentoring program for young professionals was also discussed and will be developed. It was recognized that continuing education is an important initiative for the organization and there will be steps to increase workshops that support empirically supported treatment approaches. There was also a suggestion that special interest groups be formed to help members congregate around neglected but important topics. Although conference programming at APA is shrinking for the division and its sections, I suggested a proposal that each section get 1 hour of dedicated programming but that the remaining programming in the division be given to one topic that a section such SSCP could partner with the board of D12 to accomplish in a given year. This may increase the potential for a larger and better attended program. SSCP could also then take a more active role in emphasizing and ensuring a scientifically based program.

I suggested that in its interest in being seen as a more independent organization that advocates for clinical psychology and clinical psychological science, that the Board and the organization begin referring to themselves as "Society for Clinical Psychology" exclusively and not as "Division 12" or "D12" to emphasize the organization's interests beyond their APA affiliation. This was unanimously supported.

The issue of SSCP remaining as part of D12/SCP and APA was raised. The D12 board members expressed strong desire that SSCP should stay with SCP.

SSCP Treasurer's Report
Stewart Shankman, Ph.D.
University of Illinois-Chicago

BALANCE as of February 13, 2014
$32,818.98

FINANCIAL HIGHLIGHTS:

EXPENSES: Network solutions web hosting (-$53.98); Div12 processing fees of our dues/paperwork (-$126.52)

INCOME: Dues from Division 12 (+$3653.00)

PENDING: 5 dissertation award winners (+$2500...plus $1500 [total] for their travel to APS); $2,000 for the Delaware Project.

Notes: Our Division 12 IRS tax information for 2013 has been submitted.

SSCP would like to congratulate its newly elected board members:

President-Elect:
Mitch Prinstein, Ph.D.
University of North Carolina at Chapel Hill

At-large Member:
Ben Hankin, Ph.D.
University of Denver

Student Representative:
Rosanna Breaux
University of Massachusetts Amherst

CLINICAL SCIENCE EARLY CAREER PATHS SERIES I
JANE MENDLE, PH.D.

Here is an understatement: I was hardly the savviest applicant the field of clinical science has ever seen.

When I decided to apply to graduate school, I was twenty-three years old and living in Queens. Every morning, to get to the subway, I would walk past the old U.S. Open stadium in Forest Hills. Blackberries grew wild along the side of the stadium fence and it never failed to astonish me that in the midst of this teeming, sometimes tumultuous, city there would be a space for something so delicate to flourish on its own.

My job at the time was a nominal one: I was the "story editor" for a film company owned by one of the most iconic actresses of the 20th century. At this point, she was mostly retired and I don't think she had much – if any – knowledge of who I was. My primary job duty was to mark articles I found interesting in Variety with small plastic tabs. The job was reportedly a great stepping stone for someone who wanted to work in film, and it was abundantly clear to me that I was probably not that person.

I loved college. I had gone to a small liberal arts school in New England, where there was plenty of old brick and a view of mountains and small classes taught by brilliant and generous faculty. I toyed with majoring in literature or art history, but ultimately psychology felt right. I saw it as an antidote to the boundlessness of the world and now, post-college, I liked the idea of returning to school and a career which brought salience to even the smallest crevices of life.

I applied to a small number of graduate programs and was not particularly focused in my research interests. (Persistent readers will learn below that I still hold extremely broad research interests.) I had immeasurable benefits from my liberal arts education – namely the ability to write and deconstruct on demand – but I had somehow managed to graduate without ever hearing the words "cognitive behavioral therapy." It was only once I became a faculty member and reviewing applications myself that I realized how unsophisticated my applications had been.

These days, I spend my time surrounded by a cadre of bright and ambitious undergraduates. They are used to success and the admissions rates for clinical programs daunt them. I tell them what I've learned from my own application naivete: It may be comforting and rewarding to have lots of options, but you do not need to get into every graduate program (or an interview at every internship site, for that matter). You simply need to get into one program which you like and where you can learn, and for me, the University of Virginia was that place. I was fortunate that my advisor, Eric Turkheimer, was similarly diverse in his interests and the product of a liberal arts education himself. The "interview" I had with him simply felt like a really good conversation.

Graduate school can be filled with ups and down but, for me, it was a gift. Very few people have the chance to spend six years studying something they like, surrounded by friends and mentors interested in the very same thing. I also adored Charlottesville, VA: a town bursting with history and ivy, and a half-hour thunderstorm arriving like clockwork every afternoon at 4 pm. The clinical program at UVA is distinguished by a strong balance of research and clinical work. In addition to our department clinic, I completed practica in a neuropsychology clinic, a state psychiatric hospital, a domestic violence shelter, and worked as a therapist for Bethany Teachman's anxiety studies. Along the way, I had the

opportunity to train in multiple theoretical orientations; few things were as important to my evolution as a clinical scientist as understanding alternative approaches to treatment.

I also grew as a scholar. Eric Turkheimer and Bob Emery were exceptional mentors, who worked collaboratively and creatively with their students. I drew as much inspiration from the ideas and insights of my talented lab mates – Brian D'Onofrio, Jennifer Hill Cruz, and especially Paige Harden -- as the empirical literature. Our lab at the time was a little unusual in that each person had their own independent conceptual focus; what linked us was use of behavioral genetics methodology. I became interested in how different aspects of puberty – its timing and tempo, its early-life antecedents, and the ways that children, peers, and family members perceive and understand it – lay the groundwork for future adjustment or maladjustment. Because puberty is a transition which spans biological, social, and emotional domains, the topic was inherently interdisciplinary; my research – both then and now – integrates developmental psychopathology with behavior genetics, public health, evolutionary psychology, and epidemiology.

While still on internship at Weill Cornell Medical College, I tested the waters of the academic job market. I had different back-up options if this didn't work out, but was surprised and extraordinarily lucky to be offered a job as an assistant professor at the University of Oregon. Like Virginia, Oregon was a research-oriented program filled with faculty and students who truly cared about clinical science. After three years, I returned to the East Coast as an assistant professor in the Department of Human Development at Cornell. There are several other clinical scientists in my department, but we have no clinical Ph.D. program (our graduate students receive their Ph.Ds in developmental psychology). In many ways, I miss the process of clinical training but in other ways, my interests fit quite well within the department, which emphasizes and appreciates interdisciplinary perspectives.

At the end of the day, I think there is no "right way" to become a clinical scientist. I have arrived at my current place more by gut than by mind: by following opportunities and experiences I would enjoy – whether choosing a practicum or internship rotation, working with certain collaborators, creating a new class to teach, or writing an article on a particular topic. I have learned that it is the least grand moments which sometimes become the most pivotal. Staying late at practicum to write a report, I could never have envisioned how much my neuropsychology training would help me as a faculty member – just as I could not have predicted that a casual hallway conversation would form the foundation of some of my favorite research projects. When I think of this career path, I am struck most by the utility of its meanders. I value the discoveries I've made – about psychology and about myself – along the way.

About the Author: Dr. Jane Mendle is an assistant professor in the Department of Human Development at Cornell University. Her research interests include how early childhood experiences relate to pubertal development, as well as how individual differences at puberty predict adolescent psychopathology.

CLINICAL SCIENCE EARLY CAREER PATHS SERIES II
JOSHUA MAGEE, PH.D.

On any given day, the hallway outside my office might echo with a physician advising family practices about medication adherence, a NASA conference call on telemedicine, a statistician explaining regression to a medical student, or an anthropologist reviewing items assessing patients' mental health. In my Department of Family and Community Medicine, there is a "generalist" feel to the collective research interests, echoing the array of problems family physicians must identify and treat. My professional interests as a clinical scientist fit nicely within this setting, although my path here requires some explanation.

I trace my original interest in clinical science to an undergraduate seminar led by David Uttal and Wendi Gardner at Northwestern University. It was an incredible opportunity for undergraduates to be introduced to a variety of departmental research interests and propose individual projects linked to a faculty member. I was encouraged to think across areas of psychology, and became fascinated by the clinical implications of social psychology work investigating why people had difficulty putting thoughts out of their minds. Rick Zinbarg kindly supervised my green researcher self as we developed and completed a study applying thought suppression to social anxiety.

Energized by this experience, I next completed a Ph.D. in clinical psychology in Bethany Teachman's lab at the University of Virginia (UVa). Within months of working with Bethany, I knew I wanted to emulate two exceptional skills of hers: 1) her approach to ideas, which is simultaneously curious, probing, rigorous, and fair; and 2) her ability to distill new literatures quickly down to their core ideas and relate these back to her main areas of expertise. Bethany was and continues to be a kind, wise mentor who is in my opinion the embodiment of a clinical scientist. In this period, I developed my main content focus on intrusive, unwanted thoughts, which are distressing, difficult to control, and central to a range of health problems. My research examines why intrusive thoughts occur for nearly every younger and older adult, but only become clinically impairing for some individuals. While I initially studied intrusive thoughts within the context of anxiety, I have since broadened my work to include transdiagnostic investigations and the application of intrusive thinking models to novel areas like craving in substance use disorders.

During my second year of graduate training, I also began work with Lee Ritterband and his colleagues at the UVa School of Medicine. Lee introduced me to the world of psychologists in medical settings, as well as the value of health technology at a time when the use of the Internet and other electronic mediums addressing mental health was still in its infancy. I adopted the use of health technologies as a tool that allows measurement and intervention within patients' everyday lives in appealing, accessible, and personalized ways. These initial experiences allowed me to develop transportable skills that I have since applied in a series of Internet, handheld computer, and text messaging interventions addressing substance use disorders, insomnia, sexual health, pediatric encopresis, and diabetes. While an increasing number of researchers are adopting these technologies, I've found that skills in the implementation of health technologies have smoothed my transition to medical settings by enabling more possibilities for collaboration.

The final seminal experience I'll highlight from graduate school was a 2-year fellowship with the Max Planck International Research School on the Life Course (LIFE). This fellowship involved participation in a joint international organization of multidisciplinary lifespan researchers from American and European institutions. Through this fellowship, I received intensive exposure to lifespan theories of development, advanced quantitative methods, and research perspectives from other disciplines and cultures. I often felt amazement over the diversity of disciplines (and cultures) represented, and the experience stimulated introspection about the assumptions underlying my discipline and favored research paradigms. Over time, I grew more open to learning about unfamiliar methods and analytic techniques that I now value as complementing my more 'comfortable' approaches. On the content side, this fellowship led to my interest in examining how age-related changes in emotion regulation, cognitive functioning, and goal orientation lead to meaningful differences in intrusive thinking.

During these training experiences, I discovered several themes in my professional interests that influenced my subsequent choices and characterize my current work. First, I received dual training in theoretically-based experimental work and (to a lesser degree) applied training in behavioral health. Because I knew that I wanted to attempt a translational focus relating those two worlds, I chose to emphasize applied training (and grantsmanship) on internship (UIC) and postdoctoral fellowship (Brown Medical School). Second, I find tremendous enjoyment and inspiration in the "mining" of ideas from other areas as tools for clinical psychology. This could be achieved in many settings, but I find that everyday interdisciplinary interaction facilitates the process for me. Third, it is invaluable to have quality mentorship at key times. My mentors' guidance and modeling of professional competence across different settings had a lasting effect on my dedication to finding a non-traditional but properly-fitting career path. While I was fortunate to receive excellent mentorship from my official advisors, it is well worth searching for additional mentors to ensure quality, individualized mentorship.

Consistent with these themes, in 2012 I chose to accept a faculty position with the Department of Family and Community Medicine at the University of Cincinnati College of Medicine. Within my department, I am one of only two psychologists among a large group of faculty from other disciplines. Because many Family Medicine practitioners are generalists who are interested in a wide variety of health areas, I'm provided the daily opportunity to exchange knowledge with researchers with very different backgrounds and pockets of knowledge. Given that my department has existing strengths in geriatrics and health technology, there is significant overlap with my interests. In terms of other roles, I have the opportunity to teach medical students at critical junctures of their training, and to advocate for current psychological evidence in research that impacts patient care in the hundreds of community practices that are connected to our department.

While this fit is enjoyable for me, every career choice comes with opportunities and challenges. First, for my position, it should be considered that I am sacrificing some degree of research depth for additional breadth. Due to this balance, it is especially important to carefully define my research interests and prioritize projects so as not to lose focus. Second, a significant challenge is the stress of working in a 'soft money' environment in which I generate funding for my position. As a partial solution, I negotiated to have 20% of my funding covered via my clinical work. In addition to being a role I enjoy, this lessens the pressure of funding my salary solely through grants and contracts. Third, each of my research foci (intrusive thinking, lifespan development, and health technology) have the ability to be translated fairly painlessly to new health areas. Not all clinical scientists pursue similarly adaptive content or have the desire to do so.

Despite these challenges, the opportunities available in Family Medicine align nicely with the themes I've chosen to emphasize in my professional path. Whether it be a psychology department, medical school, consulting service, private practice, or otherwise, take the time to explore settings that allow you to prioritize the right professional themes for you!

About the Author: Dr. Joshua Magee is a Research Assistant Professor in the Department of Family and Community Medicine in the University of Cincinnati College of Medicine. His research evaluates intrusive thoughts across the adult lifespan and tests novel uses of health technology for improved assessment, intervention, and dissemination.

STUDENT PERSPECTIVES SERIES I

FUNDING OPPORTUNITIES FOR GRADUATE STUDIES IN CLINICAL PSYCHOLOGY:

THE NATIONAL SCIENCE FOUNDATION GRADUATE RESEARCH FELLOWSHIP PROGRAM

BRIAN A. FEINSTEIN, M.A.

When thinking about funding opportunities for graduate studies in clinical psychology, many students are aware of the pre-doctoral fellowships available through the National Institutes of Health. However, students may not be aware that the National Science Foundation (NSF) has a similar pre-doctoral fellowship program – the NSF Graduate Research Fellowship Program (GRFP) – that may be another funding opportunity to consider. The NSF GRFP is the nation's oldest graduate fellowship program that supports graduate studies in science, technology, engineering, and mathematics fields. Given that the NSF has funded over 48,000 Graduate Research Fellowships since 1952, why do clinical psychology doctoral students often overlook it?

Many clinical psychology doctoral students may not consider the NSF GRFP as a potential funding source because there are certain areas of clinical science that are ineligible to receive funding through this mechanism. For students who are interested in pursuing patient-oriented research, epidemiological and behavior studies, outcomes research, and health services research, the NSF GRFP is not a viable funding option. However, clinical psychology is a broad field that includes basic research on cognitive, affective, behavioral, and interpersonal processes. There are many instances where students with clinical interests are also interested in less applied research questions. For instance, although I am interested in risk and protective factors for psychopathology among sexual minorities, I was able to develop a research proposal for the NSF GRFP that focused on cognitive, affective, and behavioral responses to sexual orientation-related stress among sexual minorities. Thus, if there are less applied research questions that relate to your interests, then you might be eligible for the NSF GRFP.

As a current fellow, I hope to pique interest in the NSF GRFP and provide tips to help future applicants. There are several unique features of the NSF GRFP that make it an appealing funding opportunity. First, it targets early-career graduate students, or students who have not yet completed the fall term of the second year of graduate school. Given this focus on early-career graduate students, the program seeks to identify individuals with outstanding potential. While strong academic and research backgrounds are important, the NSF GRFP is particularly interested in applicants who demonstrate the abilities to develop a strong research plan, succeed with their graduate studies, and have broader impacts on society. Second, although applicants are asked to submit a research proposal and designate a specific program of study and advisor as part of the application, the fellowship is meant to be flexible and it allows fellows to change their choice of project, program, and advisor. Further, it is portable and can be used at any accredited United States institution. Third, it provides three years of financial support, including a $32,000 annual stipend and a $12,000 annual educational allowance to the institution. Of note, the three years of financial support can be flexibly used over a five-year

period. Thus, the NSF GRFP is a flexible funding opportunity for early-career graduate students who demonstrate the potential to excel in their graduate studies and beyond.

In 2013, the NSF GRFP reviewed 12,000 applications and awarded 2,000 fellowships, which amounts to a 17% success rate. Given the competitive nature of the program, how can you make your application stand out and increase your chances of receiving funding? First and foremost, know your audience. The individuals who review applications (referred to as panelists) are academic and research experts in your general discipline, but not necessarily in your specific research area. Thus, it is critical that you present your ideas in a clear and concise manner that will be comprehensible to someone who may not be familiar with your specific research area. Second, know what your audience is looking for. Panelists will rate your application on two criteria – the potential to advance knowledge (Intellectual Merit) and the potential to benefit society and contribute to the achievement of desired societal outcomes (Broader Impacts). All of your application materials, including your essays and your letters of recommendation, should address your capacity to fulfill these two criteria. Make sure to give your letter writers your application materials and to inform them of the importance of addressing these two criteria in their letters. Third, talk to people who have experience with the program, including current and former fellows. The NSF GRFP website provides contact information for GRFP Resource Persons, or volunteers who have experience with the program, most of whom are current or past fellows, fellowship advisors, or professors. Finally, become familiar with the materials provided on the NSF GRFP website (www.nsfgrfp.org). The website provides a wealth of useful information for applicants, including tips for applying, frequently asked questions, instructions to find GRFP Resource Persons, and important links for the GRFP.

In sum, the NSF GRFP is an excellent funding opportunity for many clinical psychology doctoral students. It has afforded me the freedom to pursue an independent program of research without the additional demands of a teaching assistantship or a research assistantship on someone else's grant. As I near the completion of my third and final fellowship year, I am able to reflect on the academic achievements that would not have been possible without the support of the NSF GRFP. I have completed data collection for several studies related to stress and coping among sexual minorities, and I have disseminated my research findings by presenting them at conferences and submitting them for publication. I am proud to be a member of the emerging generation of clinical scientists and I hope that other clinical psychology doctoral students can reap the same benefits as I did from the NSF GRFP.

About the Author: Brian A. Feinstein, M.A. is a 5th year doctoral candidate in clinical psychology at Stony Brook University. His research focuses on the mechanisms underlying sexual orientation-related mental health disparities as well as risk and protective factors related to psychopathology among sexual minorities. He has received support for his research from the National Science Foundation Graduate Research Fellowship Program and the Society for the Psychological Study of Social Issues Grants-in-Aid Program.

STUDENT PERSPECTIVES SERIES II

APPLYING FOR A PREDOCTORAL F31 RUTH L. KIRCHSTEIN NATIONAL RESEARCH SERVICE AWARD

ANNE N. BANDUCCI, M.S.

I. Applying for a NRSA Fellowship

There are a number of advantages of having an National Research Service Award fellowship. There are the more immediate financial benefits of having your own funding, rather than relying on your department for your stipend and tuition. When you receive an NRSA, your salary is paid by the government to support the research you are conducting and the training you are receiving. The NRSA allows protected research time by covering your tuition costs, as well as your stipend. This might mean you will no longer have to be a teaching assistant, or a research assistant. The NRSA also includes funds to support conference attendance, or supplies needed for your project. Additionally, there are a number of longer-term benefits, including being able to prove to future employers that you are able to write grants and clearly describe your research ideas. Finally, it provides an excellent opportunity to see what it is like to write a grant. Because of all of these benefits, many students choose to apply for an NRSA, with the support of their mentors, during graduate school.

The application process can be overwhelming because of all the components you need to submit and instructions you need to follow. For NRSA grants for students pursuing a doctorate in clinical psychology, there are two types of predoctoral fellowships for which you can apply, the (1) Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellows (Parent F31) (PA-11-111) and the (2) Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research (Parent F31 - Diversity) (PA-11-112). Review the requirements for both and discuss them with your mentor to decide which would be most appropriate for you. Once you decide whether you will apply for PA-11-111 or PA-11-112, then decide which funding agency (e.g., the National Institute on Drug Abuse) within the National Institute of Health would be best suited to your project (participating agencies are listed on these webpage). I submitted my project to the National Institute on Drug Abuse because my research interests were most aligned with NIDA. As you develop a research idea that fits with either of these two funding mechanisms, discuss it with your mentor and check here http://projectreporter.nih.gov/reporter.cfm to be certain other researchers are not conducting a project similar to the one you are proposing. Of course, a thorough review of the literature will be necessary to also be certain your research is novel. As your research idea becomes crystalized, it can be helpful to contact a program officer within the funding agency you have chosen to discuss your idea. Program officers will be able to tell you whether your project idea fits within the funding priorities of a particular NIH agency (e.g., NIDA). Once you have a general idea of your project idea, a good knowledge of the literature, the approval of your mentor, and the support of a program officer, you can begin writing your grant proposal.

This article describes what I learned during the NRSA application process. Additionally, it conveys what I noticed when reviewing successful NRSA applications from other students in my program. I do not intend this to be the only information you refer to when applying for an NRSA,

but rather to be a useful guide that will make this process feel a bit less overwhelming. This is another guide for NRSAs that includes extensive useful information: http://www.pitt.edu/~gsiegle/Siegle-f31hints-BehaviorTherapist10_fordistrib.pdf

I suggest you ask other individuals in your department for support throughout the grant application process. Additionally, if individuals in your department have successfully applied for an NRSA grant, ask if they would be willing to allow you to read it. Seeing someone else's grant was the most helpful thing for me. Good luck!

II. The Application Process.

  Due dates. Before you start writing your application, it is helpful to develop a timeline to be certain you complete everything within a timely manner. Current due dates for F31 grants are April 8, August 8, and December 8 and April 13, August 13, December 13 for the diversity fellowship. Check here to confirm due dates: http://grants.nih.gov/grants/funding/submissionschedule.htm. Know when components of your project are due to your NIH funding agency, as well as to your graduate program. I needed my department and Dean to approve my NRSA. I was not the person who submitted my NRSA, rather I had to route the proposal through the Office of Research Administration at my university. Work backwards from the various due dates to figure out how far in advance you will need to submit your proposal to other individuals prior to submitting it to NIH. Ask your mentor how your university processes grant applications. Your entire application will be submitted and processed online through eRA Commons. A designated individual within your university will need to create an eRA Commons account for you at least one month before the application is to be submitted. An eRA Commons signing official at your university will need to register you and associate your profile with your organization in the system (this individual usually is someone in your central grants office).

  General formatting. I find it beneficial to appropriately format my proposal at the onset, so that throughout the process I have a sense of whether it is the correct length. My lab uses size 11 Arial font with ½ inch margins to maximize the amount of text we can include, while still following the guidelines about formatting described by NIH in the program brochure (a link to the brochure appears below). You can use APA or AMA referencing in all of your documents. Using AMA referencing can be a bit challenging because your citations are numerical, but it can save you a lot of text if you are over the page limits for certain sections within your research plan. This link http://grants.nih.gov/grants/grants_process.htm has some great tips about the grant application process.

  Completing the application. You will be applying for an F31 NRSA as a predoctoral researcher. Download the application packet here for the NRSA: http://www.grants.gov/web/grants/applicants/download-application-package.html (The funding opportunity number is PA-11-111 for the predoctoral NRSA or PA-11-112 for the predoctoral diversity NRSA). Once you have completed all sections of your grant, you will attach them to this pdf accessed through this link and then submit it as a whole. The fellowship application guide describing the application process is located here: http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_Fellowship_VerB.pdf

At 172 pages, it might feel a bit overwhelming, but it has all of the information you could possibly need about applying for an NRSA contained within it. The useful stuff starts on page 44, part: 3.5 Submitting the Application via Grants.gov. This includes a discussion of how to complete some of the initial sections of the application. Depending on how involved the Research Administration program is at your university, they might help you complete some of these sections. I was lucky because there was a grant management specialist within my lab who guided me through this entire process. Ask your mentor what type of support your university provides.

Below appears a checklist with all of the sections you will need to complete for your NRSA application, including page limits and where within the 172-page fellowship guide you can find information about completing the sections. I like to compartmentalize and think about the sections as either being a part of my "training plan" or as being a part of my "research plan". There also are some miscellaneous components that do not necessarily fit conceptually within either of these sections. I will discuss what you need to consider within these sections below and present a table here to give a general overview of all of the necessary components of your application. If a new fellowship guide is created and the page numbers change, you should search for the section titles within the new version of the guide.

CHECKLIST OF SECTIONS TO COMPLETE

http://grants.nih.gov/grants/funding/424/SF424_RR_Guide_Fellowship_VerB.pdf
RESEARCH PLAN
Specific Aims (1 page; instructions on page 91)
Research Strategy (6 pages; instructions on page 92)
Project Summary/Abstract (30 lines of text; instructions on page 68)
Project Narrative (2-3 sentences, instructions on page 68)
Protection of Human Subjects (discussion starts on 114).
Inclusion of Women & Minorities (instructions on page 95)
Targeted/Planned Enrollment (instructions on page 96)
Inclusion of Children (instructions on page 96)
Vertebrate Animals (instructions on page 96)
Resource Sharing Plan (instructions on page 98)
TRAINING PLAN
Goals for Training & Career (1 page; instructions on page 102)
Activities Planned (1 page; instructions on page 102)
Doctoral Dissertation & Other Research Experience (2 pages; instructions on page 103)
Respective Contributions (1 page; instructions on page 99)
Selection of Sponsor and Institution (1 page; instructions on page 99)
Sponsor Information (6 pages; instructions on page 104) Your sponsor completes this section.
Facilities & Other Resources (No page limits; instructions on page 69)
Equipment (no page limits; instructions on page 70)
Responsible Conduct of Research (1 page; instructions on page 100)
OTHER SECTIONS
Title of Project (limit 81 characters).
Bibliography/References (No page limits listed; instructions on page 69)
Biosketch (Page 76 has a template you need to use to complete your biosketch)
Sponsor Biosketch (instructions on page 81)
List of THREE Referees – cannot include sponsor (include referees names in cover letter; instructions on page 107 for referees to complete recommendation letters)
Other Attachments
Description of the grad program. Create a one page document describing the nature of your graduate program
Letters from consultants (these should be on letterhead and describe the consultants' role)
Only for Predoctoral Fellowships to Promote Diversity: certification letter (instructions on page 72)
Detailed Budget Worksheets (Discuss with grants specialists at your university whether they complete this for you; instructions on page 105)
Mandatory Cover Letter (see page 83 for requirements)

III. Research Plan.

Specific Aims. The *Specific Aims* section (page 91) is the centerpiece of your NRSA. If you want to write an NRSA fellowship grant, this is the first section you should attempt to complete. Of course, as you work on other sections of your grant, this section will likely be modified. However, this is the section where you first identify a public health problem and how your research could lead to a solution or better understanding of this problem. Everything in your grant will follow from the *Specific Aims* section. For this section, you want to have a few short paragraphs outlining a particular public health issue and what is known about this issue thus far. Then, you want to clearly describe the gaps in the literature. Finally, you want to concisely describe your project and how it will address these known gaps. These paragraphs should fill half to 2/3 of the page. Since this is a training grant, and since you are a graduate student, you want your project to provide a nice extension of the existing literature. You want to pick a manageable project that actually can be completed within your proposed training period. Many students try to be overly ambitious in their NRSA proposals and are penalized. You want to convey that your project not only is exciting, but also is feasible. This is a section you should discuss and prepare in collaboration with your mentor to be sure the project you propose is within your mentor's area of expertise.

After providing an overview of the literature and an introduction to your project, outline your specific aims and hypotheses. Using a bulleted format, describe your research aims and optionally, your training aims. Depending on what is known in the field about your topic, the specificity of the hypotheses extending from your specific aims will be variable. For example, my hypotheses were broader than those of many other students, because prior work had not examined the genetics of distress tolerance. However, if there is clear research to suggest particular findings, be as specific as possible about what you would expect to find in your hypotheses. You can also divide your aims into primary aims and exploratory aims. As an example, this is the format I used for one of my specific aims and hypotheses:

Aim 1: To examine the effects of genetic variation on distress tolerance across early and middle adolescence.

Hypothesis 1: Genetic variation will predict lower levels of distress tolerance at each assessment point among early and middle adolescents.

Research Strategy. Along with the *Specific Aims* section, the *Research Strategy* (page 92) section is one you should begin as early as possible in the grant writing process. I would suggest formatting this section somewhat similarly to how you would format the introduction and method sections of a manuscript. If you have written a master's or dissertation proposal, this should be familiar. At the beginning of the *Research Strategy*, your first heading should be "Significance", otherwise known as the introduction of a normal manuscript. Here, do a <u>concise</u> literature review describing your public health issue of interest, what is known currently about this issue, and gaps in the literature. Since you only have six pages for your Research Strategy keep your literature review as short as possible, while still describing the relevant issues. My literature review was 1½ pages, but I also needed more space than your average NRSA application for my method section because I was using genetic methodologies. Clearly, writing this section is different than the introduction of a normal manuscript because of the necessary conciseness, so only include the most pertinent pieces of information leading to your current project. Your literature review should lead directly into your proposed project. Clearly describe why your project addresses gaps in the literature and how knowledge gained from your project will be beneficial. Describe exactly what your project will examine.

The *Approach* section of your *Research Strategy* is analogous to the method section of a normal manuscript. Here, describe the sample you will examine, your recruitment procedures (if you are using human subjects), your study procedure, your study timeline (including study start-up, recruitment, data collection, data cleaning, data analyses, and manuscript preparation), and your materials and measures. It is important to convey throughout how the information you are collecting will help you to address your specific aims. If you have done any pilot work, or preliminary studies, you can also describe how that work supports your current methodology.

A particularly relevant component in your *Approach* section is a Design Considerations section. Here, you want to anticipate all of the potential reviewer critiques of your chosen methodologies and topic. If you convey to your reviewers you have thought about all of the potential problems of your study design and then address them, it tells them you have chosen the best research strategy. You can explain the advantages and disadvantages of your approach, while consistently arguing that the choices you have made are the best given particular constraints.

After completing the prior sections, you need a thorough data analysis plan. This is a section on which many students seek consultation. If you have a statistical consultant on this project, or if your mentor has statistical specialization, it can be helpful to work on this section together. You should have a thorough description of which data analysis programs you intend to use (e.g., SPSS, M*plus*) and which types of analyses (e.g., path analysis, regression, etc.) you will conduct to address each of your specific aims. Describe which components of the statistical analysis you will examine to understand your outcomes of interest. It is also important to include a power analysis specific to the types of analyses you will conduct to convey that you have a large enough sample size to examine your outcomes of interest. If you have the space, it can be helpful to include a conceptual model illustrating how you think your variables of interest will be related to one another.

Finally, if you have space, you can also describe classes you will take as a part of your training plan that will enable you to complete your research plan at the end of this section.

Project Summary. The *Project Summary* section (page 68) is a short description of your project that will appear online if your project is funded. The purpose of this section is to convey concisely what your projects aims to do. You can utilize material from your *Specific Aims* section to formulate your *Project Summary*. Be sure to outline your hypothesized findings in this section. Remember the maximum length for this section is 30 lines.

Project Narrative. The *Project Narrative* section (page 68) is a very short description of your project suitable for the layperson. Describe the basic public health issue and identify how your project intends to address this issue in 1-3 sentences.

Protection of Human Subjects. In the *Protection of Human Subjects* section (page 114), you want to give as much information as possible about how you will ensure the protection of your participants. There are no page limits for this section; I had three full pages for this section. Describe what the involvement will be of your participants, how you will recruit your participants, what the inclusion criteria will be, what measures will be completed, and how the safety of the data will be ensured (clearly describe your data safety monitoring plan). Note how your data will be coded and which individuals will have access to these data. Report on the potential risks to your participants resulting from participation in your study and how you will limit these risks. Include a thorough description of the informed consent process, including how or when confidentiality will be broken (e.g., if suicidality were reported). Report on whether there will be benefits to participants because of the proposed research. Describe how the knowledge gained from the project will be beneficial. If you have applied for and received IRB

approval, note that in this section. If you are using data from an existing dataset or project of your mentor, describe that here as well.

Inclusion of Women and Minorities. The *Inclusion of Women and Minorities* section (page 95) should include a thorough description of how you will attempt to ensure the equal representation of underserved populations in research within your project. You can discuss how you will recruit and retain these populations.

Targeted/Planned Enrollment. The *Targeted/Planned Enrollment* section (page 96) requires you to complete a recruitment table if your study includes human subjects. Make sure these numbers are in correspondence with the number of participants required as determined by your power analysis from your Research Strategy section.

Inclusion of Children. If you are recruiting children, you need to complete the *Inclusion of Children* section (pages 96 and 128). Here, you must provide a justification for including children (individuals under the age of 21 are considered children by NIH for the purpose of grants) and for selecting a specific age group. Your *Protection for Human Subjects* section above must also discuss specific protections related to children.

IV. Training Plan. For these sections, be sure to consistently seek your mentor's input to be certain the training you hope to receive is feasible and appropriate.

Goals for Fellowship Training and Career. The *Goals for Fellowship Training and Career* section (page 102) should clearly describe the skills and training you hope to gain under the NRSA fellowship. At the beginning of this section, I broadly described my overall training goal for the grant and how the grant would support my future career trajectory. Then, I listed five specific goals for the training I hoped to receive under the NRSA. For example, one of my more specific training goals was to "Obtain advanced training in methodology and techniques relevant to the genetics of substance use". Upon listing that goal, I then described the individuals I would meet with and how often I would meet with them to obtain this training. I described the techniques I hoped to learn and how I would learn them. I also discussed conferences and workshops I would attend to develop my abilities in this area. Finally, I described how this training goal linked to my overall career goals. At the end of this section, I reinforced how my five training goals linked to my broader training and career goals.

If you hope to learn methodologies or skills outside of the expertise of your mentor, you can try to find "consultants" who would be willing to provide you with additional training experiences related to your goals. By receiving additional training with these consultants, you can really illustrate how the NRSA would provide you with training experiences you would not have otherwise received. If these individuals are outside of your department, it is even more essential to clearly describe exactly how they will support you in for a particular training goal (these consultants will need to write a support letter describing what support they will provide that you can attach to your overall application in the "other attachments" section). I had consultant letters from three individuals in my NRSA, my statistics consultant, my genetics consultant, and my environmental assessment consultant.
Some basic goals likely relevant to all predoctoral students include obtaining advanced statistical training and acquiring training in the dissemination of scientific findings (i.e. publishing your research and presenting it at national conferences). Beyond these broader goals, make sure you really outline what you want to learn and how this grant will enable you to meet these goals.

Activities Planned. The *Activities Planned* section (page 102) differs from the previous section in that it describes exactly how your time will be spent under the NRSA. You should estimate what percentage of your time you will spend on research, clinical training, course work, and teaching under the

NRSA. For me, under the NRSA, 75% of my time is dedicated to research, 10% to coursework, 10% to clinical work, and 5% to teaching. For each of these experiences, have a separate heading with a description of what activities will comprise your time spent within these activities. For example, in the research section, I described the lab meetings, advisor meetings, and consultant meetings I would have under the NRSA, as well as the skills I hoped to learn from these meetings. I also listed workshops and conferences I planned to attend. This section allows a broad description of how all of your research training would allow you to gain an integrated body of knowledge. Similarly, within the coursework section, I described the classes I intended to complete and why they were in line with the training I hoped to receive under the NRSA.

Doctoral Dissertation and Other Research. The *Doctoral Dissertation and Other Research* section (page 103) allows you to give a description of all of your prior research experiences. It allows you to prove you are ready to complete a more independent research project. As a predoctoral student, you will not have completed your dissertation, so you will just describe the research you have completed thus far. If you have completed Comprehensive examinations, you should describe your dissertation idea, as outlined in the instructions for this section (page 103). I formatted this section similarly to how my curriculum vitae is formulated, in that I listed the various labs in which I have worked and my responsibilities and experiences within them. I wrote a full description of what I learned within these labs and how my experiences within them prepared me to complete my current NRSA project.

Respective Contributions. The *Respective Contributions* section (page 99) allows you to describe how you formulated your research plan in collaboration with your mentor and consultants. You should state that you have discussed your Specific Aims and Research Strategy extensively with your training team, while emphasizing that you have taken a primary role in formulating the ideas for the project. It can be helpful to briefly describe how your previous research or training experiences led you to develop your current research plan. You can mention prior publications or conference presentations related to your research proposal. Here you want to describe what the role will be of your mentor (and potentially consultants) in helping you complete your research and training plan.

Selection of Sponsor and Institution. The *Selection of Sponsor and Institution* section (page 99) describes why you selected your particular mentor to help you complete your project and why your university is a great place to complete your project. I began this section by briefly describing why my graduate program was well suited to supporting my training (e.g., it is APA-accredited and follows a scientist-practitioner model). Then, you want to describe why your mentor is a strong mentor. This is the place where you want your mentor's curriculum vitae as a reference. You want to report your mentor's job title (e.g., full professor), their number of publications, whether they are a journal editor, mentoring awards they have received, whether they previously have been a mentor on NRSA fellowships or other grants, how many grants (and how much grant money) they have received, etc. You want to convince the funding agency that your mentor is the ideal candidate for your fellowship training. If your mentor is a more junior faculty member, you many want to consider having a co-sponsor who is a more senior faculty with a more impressive record. You also want to describe the role of your co-sponsors and consultants here. Similarly to your primary sponsor (your mentor), you want to describe why your co-sponsors and consultants are excellent choices for your NRSA project. Be sure to emphasize that all of these individuals care about mentorship and your professional development.

Sponsor Information. The *Sponsor Information* (page 104) section is written by your sponsor and needs to be specific to your training plan. You should discuss in detail with your sponsor what you want your training plan to include. Provide your sponsor with your *Goals for Training and Career, Activities Planned,* and *Respective Contributions* sections so your sponsor can be sure those sections

closely align with their *Sponsor Information* section. This section should be very detailed in terms of what your training will include. Additionally, it should give a sense of how your training will differ if you receive the grant. NIH should have a sense of why receiving this fellowship is critical to your educational and career trajectory. Receiving the funding should provide more opportunities to you and your sponsor should convey this. Thus, this section should specifically describe the lab meetings and conferences you will attend, the collaborations you will engage in, and the equipment and core facilities available to complete your research. This section also serves as a recommendation letter from your sponsor, in that they have the opportunity to describe why you are an excellent candidate for this award. Be sure to provide your mentor with your curriculum vitae so they can mention awards you have received, or manuscripts you have published, in this section. This section can be up to six pages long, so the more information they can provide to convey the benefits of your research and training plans, the better. Discussing this section with your mentor and providing him/her with other completed sections will enable your mentor to provide you with the strongest most detailed Sponsor Information section.

Facilities and Other Resources. The *Facilities and Other Resources* section (page 69) is where you describe where you will do your research and what resources are available that will allow you to complete your research. You can describe the set up of your lab (or the building where your research will be completed), the type of computer you will use and the programs on the computer (e.g., word processing software, SPSS, etc.), the method of secure data storage, the scientific environment of your department (e.g., a collaborative interdisciplinary department), and the institutional investment in your success (e.g., there are available grants management specialists, etc.). You want to convey that you have all of the necessary resources to complete your research and training plan successfully.

Equipment. The *Equipment* section is somewhat similar to the above Facilities and Other Resources section. Here, I described the computer I would use and how I intended to process my genetics data. You want to convey that the NRSA will allow you to more readily gain access to necessary equipment for your research.

Responsible Conduct of Research. The *Responsible Conduct of Research* (page 100) section necessitates a clear plan of training in scientific ethics, intellectual property issues, authorship, human and animal subjects, data management and sharing, and conflicts of interest. You should describe courses you have taken (e.g., Ethics) and how they address these topics. You should also describe additional courses or trainings you intend to attend during the grant period to enhance your knowledge of these issues. This is a very important section where you need to convey your commitment to being an ethical researcher. If you have not completed an online Human Subjects course or CITI training through your institution, that should be an additional component of your training plan. You can also describe supervision and support provided by your sponsor to enhance your training in research ethics. To convey your commitment to this section, it is important to write a full detailed page of how you will obtain this training.

V. Other Sections.

Many of the additional components of the grant are pretty self-explanatory (e.g., *Title of Project*), so I will not go into depth here describing them. However, I will make some suggestions for some of the more confusing sections.

Biosketch. For your *Biosketch* (page 76) use the provided template to ensure it is properly formatted. For the personal statement section, briefly describe your prior research experiences and how they have led to you pursuing your current project. Material for the "positions and honors" section, as well as the "publications" section, can be added directly from your curriculum vitae.

Sponsor Biosketch. Your sponsor will be able to provide you with a copy of their biosketch. Confirm with your sponsor that their personal statement section of their biosketch clearly describes why they are the ideal mentor for your current project. Their personal statement should not be generic, but rather should be formulated in line with your project. If you choose to have co-sponsors or consultants, you can ask them to also provide biosketches.

Other Attachments. Depending on your funding announcement or project, the three additional attachments may be optional. Check your funding announcement and ask your mentor and program officer whether these sections are necessary. Consider whether your application would be strengthened by having consultants who would provide you with additional training experiences outside of your mentor's areas of expertise. Ask your mentor if he/she has colleagues who would be able to provide additional training experiences to you. If you have willing consultants, request that they write letters to your sponsor (on university letterhead) noting that they are willing to be a consultant on your project. Ask that they describe exactly what their role will be in the consultant letter.

VI. Issues to Consider.

There are a number of components that will be considered by the review committee when determining whether your application will be funded. Reviewers evaluate five aspects of the application: the candidate (you), the sponsor and collaborators, the research training plan, your training potential, and the training environment. If you have completed all of the previous sections and have a strong research and training plan, with an excellent mentoring team, you should do well in these sections. The scoring system for NRSAs is different from the scoring system we experience in other areas of our lives. For an NRSA, the lower the score you receive, the greater your chance of receiving the award. So, somewhat paradoxically, a score of 10 is a perfect score, whereas a score of 40 likely is a grant that will not get funded initially. If you get a high score, you have one chance to resubmit a revised grant that addresses the critiques of your reviewers. It takes 8-12 months for your grant to be processed and for funding to begin. For example, I submitted my NRSA in March, received my scores in July, received approval for my grant in December, and received funding for my grant in February of the following year. If you have to resubmit your grant, this could add another 8-12 months before funding would initiate.

Although this is a long and complex process, it is well worth the necessary legwork. I encourage you to collaborate with your mentor to formulate a research idea that you can transform into an NRSA project! It will provide both financial and training benefits over the course of your graduate training and beyond.

About the Author: Anne N. Banducci, M.S., is a 5th year graduate student in clinical psychology at the University of Maryland College Park. She studies the etiology and treatment of co-occurring psychiatric and substance use disorders.

Update from the Student Representatives

Victoria C. Smith, University of Maryland College Park

Rosanna Breuax, University of Massachusetts Amherst

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

• **Student Listserv Facilitator Opening** - We are currently recruiting a new student listserv facilitator. This is a wonderful way to get more involved with SSCP and your fellow graduate students! The duties of the listserv facilitator are to ensure that the listserv stays active and meets student needs by (a) posting discussion questions, (b) organizing guest appearances by faculty members, other psychologists, and graduate students to address various topics, and (c) monitoring professional organizations (ABCT, APAGS, APS) and disseminating pertinent information to the wider student membership.

The ideal candidate would (a) be involved in a number of professional organizations, (b) be advanced in their program and have experience with relevant student issues (e.g., comprehensive exams, internship, etc.), (c) be able or willing to take a stand on issues and share opinions, so as to facilitate discussions, (d) be involved with, committed to, and passionate about the science of clinical psychology, and (e) have held previous position(s) of advocacy for students. *Please note that these are only guidelines and we encourage people to volunteer even if they do not think they necessarily meet all of the guidelines*

The student will also work closely with the SSCP student board, including the student representatives and communication managers. We are also very open to any ideas that you may have to continue helping the listserv grow as a helpful resource for students.

If you are interested in this position, please email us (vsmith@umd.edu and rbreaux@psych.umass.edu) your CV and a brief explanation of why you are interested and why you think you are a good candidate.

• **SSCP Student Poster Award Competition at APS Convention** - The 2014 SSCP Student Poster Award Competition will take place at the 26th APS Annual Convention, May 22-25, 2013 - San Francisco, CA

SSCP hosts an annual student poster session at the APS Annual Convention. Those receiving the top award receive $200. Winners of the "Distinguished Contributions" Award receive $100. A year of complimentary membership in APS is also awarded to winners in the two categories.

To be eligible to submit an SSCP poster, the first author of the poster must be a student and must be a member of SSCP at the time of submission. Although submissions to the SSCP student poster session are currently closed (deadline: early to mid-February, 2014), we encourage students to check back for information on the award each year. We also wanted to note that student authors of currently accepted submissions for the 2014 APS conference will also be contacted by email in April to submit a copy of the final version of your poster by May 10, 2014.

If you have any questions please contact Dr. Varda Shoham at varda@email.arizona.edu or Dr. Thomas Olino at thomas.olino@temple.edu.

• **Postdoc listserv Q&A** - We recently completed a listserv Q&A regarding postdoc positions. Discussants included those who currently are completing/have completed a range of postdocs: research postdoc funded through a PI's lab, research postdoc funded on an institutional T32 grant and/or their own F32 grant, clinical postdoc, VA or other military-funded postdoc, postdoc at NIH, and someone who skipped postdoc and went straight to a faculty position.

For the Q&A, we collected questions from student members and then distributed these questions to the discussants to comment on independently. Answers from the discussants can be viewed at: http://sscpstudent.blogspot.com/2014/01/answers-for-postdoc-q.html

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Contact Us!

We would love to hear from you with any suggestions, comments, questions, or concerns regarding SSCP student membership or resources for students.

Victoria Smith: vsmith@umd.edu
Rosanna Breaux: rbreaux@psych.umass.edu

SSCP DISSERTATION AWARD WINNERS

It is our pleasure to announce the winners of the 2013 SSCP Dissertation Award. We received 31 applications this year. It was truly an impressive set of dissertation projects, and a very difficult decision for the Committee. The winners (in alphabetical order) are:

1. Lindsay P. Bodell, Florida State University (Advisors: Pamela K. Keel & Thomas E. Joiner). *Translational Approach to Understanding Factors Influencing Binge Eating in Women with Bulimia Nervosa.*

Abstract: Bulimia nervosa (BN) is a serious eating disorder associated with medical complications and increased risk of death. As such, it is important to better understand factors influencing the etiology and maintenance of this disorder. Few replicated predictors of BN exist; however, recently, weight suppression (WS) (the difference between one's highest previous and current weight) has emerged as a robust predictor of BN. The purpose of the current study is to examine potential biological mechanisms that may account for the influence of WS on bulimic symptoms, namely the satiety hormone leptin. It is hypothesized that high levels of weight suppression may contribute to lower leptin levels found in individuals with BN, which may increase the reinforcing value of food and vulnerability to binge eating episodes. Participants in the current study will be 26 women with BN and 26 controls participants. Fasting blood samples will be taken to determine leptin levels, and WS scores will be calculated based on self-reported highest past weight and measured current weight. Participants will also complete a novel progressive ratio task designed to measure the reinforcing value of food. It is hypothesized that individuals with BN will have significantly greater WS and reinforcing value of food and lower leptin levels compared to controls. Among individuals with BN, it is hypothesized that WS will be associated with lower leptin levels and greater reinforcing value of food. Results may provide insight into factors influencing binge eating in BN and in turn help inform treatments.

2. Lauren Bradley, Drexel University (Advisors: Evan Forman and James Herbert). *A Remote, Acceptance-Based Intervention for Weight Regain After Bariatric Surgery.*

Abstract: Although bariatric surgery is the most effective obesity treatment to date, many patients are at high risk for regaining significant amounts of weight. Weight regain threatens the health benefits achieved following surgery. Post-surgery weight regain is largely attributed to poor compliance to dietary prescriptions, likely in response to the return of hunger and food cravings initially alleviated by the surgery. Lifestyle interventions have targeted these suboptimal weight outcomes. Unfortunately, results have not supported the efficacy of these approaches, likely because they do not target the specific causes of inadherence. Acceptance-based approaches, on the other hand, teach skills that directly facilitate post-surgery patients' coping with the return of hunger, food cravings, and interest in food. These interventions may improve patients' adherence to demanding dietary guidelines, which will, in turn, enable weight loss maintenance. However, a significant barrier to implementing interventions is the fact that patients have difficulties repeatedly returning to their surgery clinics for follow-up care. Internet-delivered treatments, in contrast, can be conveniently delivered in the home and have been found efficacious for obesity. Accordingly, this study aims to develop a 10-week, internet-delivered, acceptance-based behavioral intervention for individuals who have regained at least 10% of their lost weight and are at least 1.5 years post-surgery. The current study aims to evaluate this intervention's feasibility, acceptability, and preliminary effectiveness using an open trial design. Assessments will be conducted at baseline, mid-treatment, and post-treatment. Developing innovative interventions to reverse weight gain post-surgery is imperative to maintain the health benefits of the surgery.

3. Katie L. Burkhouse, Binghamton University (SUNY) (Advisor: Brandon E. Gibb). *A Multi-Method Assessment of Emotional Reactivity in Adolescent Depression – State or Trait like Marker of Risk?*

Abstract: Adolescent depression is a prevalent, recurrent condition and is associated with significant impairment in academic and interpersonal functioning as well as a 30-fold increase in suicide risk. Despite the clear public health implications, relatively little is known about the specific mechanisms that contribute to the development, maintenance, and recurrence of the disorder. One potential mechanism of risk may involve a deficit in physiological reactivity to emotional stimuli. Specifically, according to the Emotion Context Insensitivity (ECI) theory, individuals with major depressive disorder (MDD) exhibit decreased emotional reactivity to both positive and negative stimuli. This blunted reactivity has been shown to be associated with higher levels of functional impairment, and a longer time to recover from MDD in adults. However, the extent to which this theory can be extended to adolescent populations remains unclear. The proposed project seeks to combine multiple levels of analysis, including pupillometry and event-related potentials, to examine the extent to which adolescent depression is associated with disrupted physiological reactivity to emotional stimuli. A key goal is to determine whether disrupted emotional reactivity serves as a state or trait- like marker of adolescent depression. Thus, the current project will examine differences in physiological reactivity to emotional stimuli between adolescents with (i) a current diagnosis of MDD, (ii) a past episode of MDD currently in full remission, and (iii) no history of any Axis I disorder. Results from this study may inform the development of targeted intervention programs, and increase our ability to predict the development of MDD in adolescence.

4. Anita Lungu, University of Washington (Advisor: Marsha M. Linehan). *Computerized Trans-Diagnostic DBT Skills Training for Emotion Dysregulation*

Abstract: Many individuals with mental health problems do not receive needed evidence based treatments (EBTs) despite the many effective treatments resulting from clinical research. To address this challenge I propose to start a line of research that will translate active components of face-to-face EBTs (such as Dialectical Behavior Therapy (DBT)) into effective transdiagnostic interventions disseminable on a large scale through technology. The current project seeks to establish a proof of concept within this long-term research direction. Affect dysregulation has emerged from behavioral science and cognitive neuroscience research as a potential transdiagnostic disease process. DBT has high potential to treat emotion dysregulation trans-diagnoses and DBT skills training was found effective in increasing emotion regulation across many Axis I disorders. Computerized psychotherapy treatments are promising in efficacy and hold high potential for treatment dissemination.

I propose to develop a computerized version of DBT skills for trans-diagnostic emotion dysregulation (cDBT-ER) based on the DBT skills emotion regulation module. The study will be comprised of two phases: 1) Phase 1 for intervention development, formative evaluation and integration of feedback and 2) Phase 2 for an open trial comparing cDBT-ER with a waitlist and historical control condition in individuals with difficulties in emotion regulation and meeting criteria for mood or anxiety disorders. I hypothesize that cDBT-ER will be superior post-treatment and at follow-up to the waitlist control condition in improving indices of emotion dysregulation, dysfunctional emotions, skills use, and general distress. Comparisons with the historical control will be performed to further evaluate promise of the treatment.

5. Jennifer E. McCabe, University of Iowa (Advisor: Michael O'Hara). *Distress Tolerance in Perinatal Women: Longitudinal Associations with Maternal Responsiveness*

Abstract: Maternal responsiveness is critical to child development. While current research emphasizes the identification of populations who are at risk for compromised maternal responsiveness, little work has focused on elucidating the processes involved in dysfunctional parenting. In other words, what is common across populations who are at risk for compromised responsiveness? Distress tolerance (DT), or a person's threshold for withstanding subjective distress, has been theorized as a process that may be pertinent to understanding dysfunctional parenting; however, empirical studies have not tested this hypothesis. The specific aims of this dissertation study are to: 1) examine the association between prenatal DT and subsequent maternal responsiveness, and 2) determine whether various conceptualizations of DT are differentially or in common associated with maternal responsiveness. To achieve these aims, pregnant women from the University of Iowa Hospitals and Clinics are recruited by mail and consented over the phone. During their third trimester of pregnancy, subjects complete an online survey including multiple measures of DT. Informant ratings of DT are also collected during the third trimester. At 16-weeks postpartum, a research team goes into the subject's home and completes an observational assessment of maternal responsiveness. Confirmatory factor analysis will be used to construct a latent model of DT, and structural equation modeling will be used to test the specific study aims. DT-related skills are used in a number of empirically supported psychotherapies; thus, findings from this research can be used to inform parenting interventions that are broadly applicable across a range of at-risk populations.

> **SSCP members can look forward to a new generation of very strong clinical scientists conducting methodologically sound and clinically important work.**
>
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Events at the 26th APS Annual Convention
San Francisco, CA, USA May 22-25, 2014
Society for a Science of Clinical Psychology & Academy of Psychological Clinical Science

SSCP Presidential Address: Bethany A. Teachman, University of Virginia
It's Not a Heart Attack, You're Just Out of Breath:
Changing Threat Interpretations to Reduce Anxiety

SSCP Distinguished Scientist Award Address:
Philip C. Kendall, Temple University
Psychosocial and Computer-Assisted Treatments for
Anxiety in Youth

Invited Presenters

John R. Weisz, Harvard University
Mod Squad for Youth Psychotherapy: Transdiagnostic Treatment for Anxiety, Depression, and Misconduct

Jennifer L. Tackett, University of Houston
Are Hormones Associated With Youth Externalizing Psychopathology?

Mark A. Gluck, Rutgers University
Global Collaborative Research on the Cognitive Neuroscience of Mood and Anxiety Disorders

Clinical Science Forum
Programs of Excellence and the Delaware Project on Clinical Science Training
Lisa S. Onken (Moderator/Discussant), Varda Shoham (Discussant), Joanne Davila, Steve Martino, Michael J. Rohrbaugh, David A. Sbarra, Julie A. Schumacher

Symposia
Genes, Brain, and Environment: Biological Pathways to Psychopathology
Ryan Bogdan (Chair), Francesca Filbey, Ian H. Gotlib, Nim Tottenham, Luke W. Hyde

The Essence of Addiction: Implications for Re-conceptualizing Diagnosis and Developing Targeted Treatments
Kenneth J. Sher (Chair), Christopher S. Martin, Terry E. Robinson, John C. Crabbe, Reinout W. Wiers

For more on these and other featured events at the 2014 APS Convention, visit www.psychologicalscience.org/convention

CLINICAL SCIENTIST TRAINING INITIATIVE APPLICATION

The Society for a Science of Clinical Psychology (SSCP) wishes to announce the fourth annual "Clinical Scientist Training Initiative" grant program. Applications are invited for small (up to $1500), non-renewable grants for training programs at the predoctoral, internship, or postdoctoral levels to launch new projects or support ongoing initiatives that are designed to more effectively integrate science and practice into their training program. Practicum sites may also apply. Up to three awards will be offered per year to help fund programs that would like to do a better job providing strong, scientifically-grounded training.

Funds may be used to either start new programs, or support or augment existing initiatives. Sample applications of the grant funds include (but are not limited to):

(a) Purchasing outcome assessments, recording equipment, software to monitor/measure treatment change, training manuals, or other materials for clinical training purposes at your site.

(b) Supporting travel and training expenses to have a clinic director/clinical team leader receive training in an evidence-based practice not currently offered at your site.

(c) Supporting travel and training expenses to bring an expert(s) in to teach evidence-based practices to your training site.

(d) Creating some mechanism for ongoing collaboration between two or more training sites in a way that enhances the use of evidence-based treatments at one or both sites.

The proposal should be no more than 2 pages maximum (minimum Arial 11 pt font and 1 inch margins). Please e-mail applications to sscp.traininginitiative@gmail.com with the following:
  1. Project title
  2. Institution requesting funds (only one application per department), and contact person for the application.
  3. Narrative description of project - please describe the project goals and the way those goals will be met. Be specific about what the benefits of the project will be in terms of enhancing the integration of clinical science and practice.
  4. Budget - provide an itemized budget indicating how grant funds will be used (up to $1500 maximum).
  5. Timeframe - describe the anticipated time course of the project (we would like a summary of the project a year after the grant funds are received).
  6. Additional funding - please note if seeking or anticipating funding from other sources, and whether this additional funding is necessary for implementation of the project.
  7. Sustainability - if appropriate, describe how this project will be sustained following the end of the award period.
  8. Outcome evaluation - describe how you will determine if the project meets its goals (i.e., how will you measure the program's effectiveness?).

Criteria for evaluation

1. Feasibility of proposal. (Please also note the incremental value of receiving this funding; i.e., how this funding will help to make the project happen).
2. Likelihood that if the project is completed, clinical science will be enhanced.
3. Availability of resources, including clinical scientist faculty members, who can support and/or sustain the project after completion of the award period.

Notes:

Priority will be given to training programs that are new or can demonstrate a recent development towards science-practice integration.

Priority will be given to training programs that will help to bring clinical science to an underrepresented population (including programs with diverse trainees or those that provide services to diverse or rural clients).

We encourage applicants who were not funded previously to reapply. Please note on your proposal if you have applied previously.

The winners of the Clinical Scientist Training Initiative grants will be publicized on the SSCP list serve (SSCPnet) and newsletter (Clinical Science). In addition, a summary of the project (written by the winning program) will be due approximately one year after receiving the funds and will be published in the SSCP newsletter.

This grant program is designed to be consistent with both the SSCP goal of enhancing clinical science training, and the accreditation requirements laid out by APA and PCSAS concerning the clear articulation of program goals and assessment of progress on meeting those goals. Thus, winning programs not only receive funds to improve their training and an opportunity to publicize that SSCP has selected the program as a winner of a Clinical Scientist Training Initiative, but the initiative may also assist with preparation of a self-study and other materials required to demonstrate adherence to a clinical science training mission.

Deadline: Applications are due by March 31, 2014. Please e-mail applications to sscp.traininginitiative@gmail.com. We will distribute funds during the summer, 2014.

iCPS 2015

INTERNATIONAL CONVENTION OF PSYCHOLOGICAL SCIENCE

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Department of Cognitive Science,
University of California, Berkeley, USA*

Terrie E. Moffitt
*Institute for Genome Sciences &
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