



Developing clinical psychology as an experimental-behavioral science

Newsletter

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Articles published in *Clinical Science* represent the views of the authors and not necessarily those of the Society for a Science of Clinical Psychology, the Society of Clinical Psychology, or the American Psychological Association. Submissions representing differing views, comments, and letters to the editor are welcome.

Presidential Column

Starting Our Own Resistance (#resistpseudoscience) to Promote Science-based Practice

Dean McKay, Ph.D., ABPP, Fordham University

I had originally intended to focus my first Presidential column on factors that contribute to the persistence of pseudoscientific practices. It seemed natural. The listserv has had numerous postings about dubious clinical interventions in general, and especially regarding continuing education offerings on these approaches in particular. While I identify as primarily an academician, I also co-own a group private practice and engage in direct service delivery two evenings a week. As a result, I have certainly had many clients who previously tried and failed when receiving questionable approaches, including: energy therapy (with my favorite sub-specialty of the energy therapies, Holographic Repatterning), past life regression, equine therapy (kind of amazing considering the incredibly small horse-to-human ratio in New York City), treatment relying on orgone boxes and variants of Reichian-based interventions, to name just a few.

But then, before I could complete my column, the government shutdown that started January 20, 2018 happened, and I decided to change my focus altogether. The implications of a shutdown are significant for scientists, with activities at funding agencies (such as proposal reviews scheduled during the time of the shutdown) grinding to a halt. To highlight just one funding agency, the National Institute of Mental Health has funded psychosocial research that has greatly advanced treatment for a wide range of debilitating psychiatric conditions. Many of these have become mainstays of evidence-based practice such as exposure with response prevention for obsessive-compulsive disorder, habit reversal for tic disorders, psychiatric rehabilitation for bipolar, and dialectic behavior therapy for borderline personality disorder.

At the same time, many investigators, particularly young psychologists pursuing research careers, must 'play the game' and seek grant funding by bridging psychosocial research with biomedical models. These investigations are far more costly than purely psychosocial research, which, coupled with the increasingly limited funding allocations for federal research support agencies, means ultimately fewer grants for investigators. My point now is not to engage in any discussion of the relative merits of multidisciplinary research. However, while junior investigators are forced to seek funding for the sake of their careers, the more senior among us, those with career security through tenure, can contribute significantly to promoting the science of clinical psychology. Here are a few ways:

Consultation with Other Clinicians: One good place to start is in our very own house. There are plenty of science-minded practitioners who operate solo private practices. These practitioners represent a large proportion of the psychology

work force. To illustrate, the American Psychology Association commissioned a survey of practitioners and found that 61.9% reported independent practice as their primary work setting, and 78% were either in full- or part-time independent practice (Nordal, 2009).

I mentioned earlier that I co-own a group practice. One of the things we do is hold a weekly case conference to discuss interventions with different cases in order to ensure maintenance of evidence-based methods of treatment. It turns out there is evidence to support ongoing contact with other professionals, namely to blunt the risk of therapist drift (Waller, 2009). Research suggests that left to practice without comment or consultation, therapists who 'operate in a silo' begin to drift from 'doing therapies' to 'talking therapies' (Waller, 2009). Engaging in this kind of consultation calls for a certain amount of humility, since there is a real risk that, regardless of level of seniority, that errors in conceptualization and execution of treatment may take place. Recognizing, even embracing, the real fallibility of our capacity to make evidence-based recommendations can, in the end, be liberating and facilitate far more effectiveness in how we provide services. Doing this can also alert us to our own personal limitations, an important and sometimes underappreciated feature of service delivery. Indeed, a small study ($n=22$ therapists) showed that clinicians who routinely offered cognitive-behavior therapy overestimated their competency (Brosan, Reynolds, & Moore, 2008). If we began to actively offer individual consultation to licensed professionals, we can begin to influence the extent that evidence-based approaches are adopted.

Offer Workshops: Our organization is full of exceptional psychological scientists. And a frequent complaint on the listserv is regarding the litany of egregiously pseudoscientific offerings available in different localities or through professional organizations. However, if we each offered even just one workshop each year, it would begin a process of crowding out the approaches that lack scientific merit. And while it may require a fair bit of work for limited compensation, there are indirect benefits. You'll be recognized for your expertise in your community. It could lead to other professional opportunities to disseminate science. And it prompts some deeper consideration for the presenter one's own everyday practices. Finally, preparation to speak to a group of professionals girds us for difficult questions, which can sharpen our skills overall.¹

Join a Committee Charged with Soliciting Professional Trainings: As members of SSCP are well aware, APA sponsors a lot of professional training sessions. Presently SSCP is working hard to address concerns among our members regarding CE offerings (check the listserv archive, and see

also Hollon, 2016). Professional training is offered by most specialty organizations as well, and those organizations often have committees that review and approve these offerings. Joining those committees can be a significant contribution to the profession. As a recent addition to one such committee for a specialty organization, I can tell you that the time commitment has been quite manageable. Having a voice in what kinds of offerings are provided can significantly shape the nature of workshops.

A Concluding Thought: The proliferation of pseudoscience practices has proliferated for a wide variety of reasons (for a discussion of just a few, see McKay, in press). Training and education in these approaches are popular, but if a wider range of effective science based approaches were offered, it could provide the slow steady increase in endorsement of evidence-based methods. It's not a quick fix, it's one that requires long-term commitment, something that I know is in abundant supply in SSCP.

I'm looking forward to a productive year as President, honored that you gave me this opportunity, and eager to hear from you.

¹Full disclosure – I personally gird myself for challenging questions whenever I post to the SSCP listserv. I do this knowing that our community of scholars is adept at offering highly penetrating and relevant questions. It is intellectually stimulating, but one I feel I must be prepared for.

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New SSCP Board Members

Our new board members were elected in October. Welcome, and thank you all for joining us! We are looking forward to another great year for SSCP.

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Division 12 Representative

Robert Klepac, Ph.D.

Diversity Corner

How to Increase Representation among Clinical Scientists

Derek M. Novacek, M.A., Emory University

At the end of 2016, the Diversity Committee surveyed the SSCP membership to get a better understanding of the demographic makeup of the membership. Although it may not be completely representative of the broader clinical science field, our membership is likely not too far off. Findings from the survey revealed that our membership overwhelmingly identifies as non-Hispanic White, cis-gendered, and heterosexual. With this in mind, I would like to speak to an important issue for all of academia: the importance of representation. Many young people dream of pursuing a passion in which they see someone that looks like them already doing it or at least something similar. Otherwise, they do not believe it is possible for them. For example, representation is the reason why there has been an unprecedented increase in the number of Black Americans pursuing professional tennis in the last decade. Among those familiar with tennis, it is known as the Venus and Serena Williams effect.

In order to continue to diversify the field of clinical psychological science, we must make representation a priority. Universities and their departments must make a concerted effort to recruit and retain a diverse pool of undergraduate and graduate students, and then hire them as faculty. There has no doubt been an increase in initiatives to recruit underrepresented students in the last several years. Now comes the challenge of retaining them and hiring them. To do so, universities and departments need to invest in resources and support for individuals from diverse backgrounds. That means dedicating resources for first-generation and LGBT students, providing students from underrepresented backgrounds with research opportunities and mentoring, and creating professional development programs that aim to ease the transition from trainee to faculty. Many of these programs already exist, but they must become more widespread. I would like to highlight some of the programs and initiatives that I believe are doing their part in increasing representation within the field of clinical science.

Research Opportunity Programs

The Leadership Alliance is a consortium of more than 30 colleges and universities that aims to foster the development of undergraduate students from diverse backgrounds and prepare them for graduate training programs and research-based careers. Through the Summer Research Early Identification Program, students have the opportunity of spending 8-10 weeks conducting research in a lab of their interest. Similar

programs exist outside of the Leadership Alliance including the Moore Undergraduate Research Apprentice Program at the University of North Carolina, Chapel Hill and the Psychology Research Experience Program (PREP) at the University of Wisconsin, Madison. Most of these programs cover students' traveling and housing expenses as well as provide a stipend. I can personally speak to how transformative these programs can be. During the summer before my senior year of college, I participated in the PREP program at UW-Madison. I conducted an independent research project that eventually led to a conference presentation and publication, received outstanding mentoring from several faculty, and took a GRE-prep course. It was an integral training experience that both prepared me and encouraged me to pursue clinical science in graduate school.

Minority Recruitment Programs

In the Fall 2016 issue of Clinical Science, members of the SSCP Diversity committee wrote about the underrepresentation of minority students in clinical science and spoke about specific minority recruitment programming that several universities have developed to attract these students. These programs often consist of a visit day or weekend in which prospective students are invited to campus to learn more about the institution, program, and meet with current faculty and students. Many of these programs target individuals from underrepresented racial/ethnic minority backgrounds and first-generation students. However, they must be expanded to include individuals from other underrepresented backgrounds including individuals with disabilities and those with sexual minority status in order to truly diversify our field.

Postdoctoral/Early Career Training Programs

I think we often tend to forget about students once they have earned their graduate degree. We assume that now that they have defended their dissertation and completed internship, they must have everything figured out with respect to their career. However, that's often not the case. If we truly want to increase representation in our field, we cannot forget about these individuals once they graduate. There must also be supports in place to help them navigate their postdoctoral training and the transition to faculty. Because it is these students becoming faculty, who will go on to inspire the next generation of diverse scholars. The University of Michigan's Collegiate Postdoctoral Fellowship Program is an excellent model for how to support scholars from underrepresented backgrounds. The program offers scholars a two-year

postdoctoral fellowship, in which individuals receive mentoring to help them continue their program of research and prepare for possible tenure-track positions at the University of Michigan.

Resources:

Big Ten Academic Alliance Summer Research Opportunity Program: <http://www.btaa.org/resources-for/students/srop/introduction>

Collegiate Postdoctoral Fellowship Program at the University of Michigan: <https://lsa.umich.edu/lsa/about/diversity-equity-and-inclusion/lsa-collegiate-postdoctoral-fellowship-program.html>

Diversifying Psychology Visit Day at the University of Virginia: <http://psychology.as.virginia.edu/sites/psychology.as.virginia.edu/files/Diversifying%20Psychology%20Visit%20Day%20at%20University%20of%20Virginia%202018.pdf>

The Leadership Alliance's Summer Research Early Identification Program: <http://www.theleadershipalliance.org/programs/summer-research>

Moore Undergraduate Research Apprentice Program at the University of North Carolina, Chapel Hill: <https://murap.unc.edu>

Psychology Research Experience Program at the University of Wisconsin-Madison: <https://psych.wisc.edu/psychological-research-experience-program/>

Awards & Recognition

Student Dissertation Award Winners

Alexandra Peterson

University of Washington
Mentor: Dr. Corey Fagen

Michael Sun

University of California, Los Angeles
Mentor: Dr. Michelle Craske

Amy Rapp

University of California, Los Angeles
Mentor: Dr. Denise Chavira

Aliona Totypes

SUNY-Binghamton
Mentor: Dr. Brandon Gibb

Craig Rodriguez-Seijas

SUNY-Stony Brook
Mentor: Dr. Nicolas Eaton

SSCP Distinguished Scientist Award Winner



Dr. David Miklowitz is Professor of Psychiatry in the Division of Child and Adolescent Psychiatry at the UCLA Semel Institute, and a Senior Clinical Research Fellow in the Department of Psychiatry at Oxford University. His research focuses on family environmental factors and family interventions for children, adolescents and adults with bipolar disorder. His work has helped establish the effectiveness of psychosocial interventions as adjuncts to medication in the treatment of bipolar disorder.

Dr. Miklowitz has received numerous awards for his research and writings including Young Investigator Awards from the International Congress on Schizophrenia Research (1987) and the National Alliance for Research on Schizophrenia and Depression (NARSAD) (1987), a Distinguished Investigator Award from NARSAD (2001), the 2005 Mogens Schou Award for Research from the International Society for Bipolar Disorders, the 2009 Gerald L. Klerman Senior Research Investigator Award from the Depressive and Bipolar Support Alliance, and the 2011 Bipolar Mood Disorder

Research Award from the Brain and Behavior Research Foundation. He has received multiple grants for his research from the National Institute of Mental Health and private foundations. Dr. Miklowitz has published over 300 journal articles and chapters, and 8 books. His book *Bipolar Disorder: A Family-Focused Treatment Approach* (Guilford), won the 1998 Outstanding Research Publication Award from the American Association for Marital and Family Therapy. His book "The Bipolar Disorder Survival Guide" is an international bestseller that has been translated into 8 languages, with 275,000 copies in print. His most recent book, written with psychiatrist Michael Gitlin, M.D., is called "Clinician's Guide to Bipolar Disorder."

Awards & Recognition

Outstanding Student Researcher Award Winners



Shannon Blakey, M.A. is a sixth year clinical psychology PhD student at the University of North Carolina at Chapel Hill. Working with Dr. Jonathan Abramowitz, her research centers on the cognitive-behavioral mechanisms involved in the maintenance and treatment of anxiety and related disorders. Ms. Blakey strives to integrate science and practice in her clinical work by translating laboratory research findings to the clinic. She is particularly interested in enhancing treatment outcomes by (a) delivering exposure therapy in a manner consistent with the inhibitory learning model and (b) integrating compatible cognitive-behavioral treatments for co-occurring conditions (e.g., anxiety and depression). Ms. Blakey has authored or co-authored more than 30 journal articles and book chapters and is a regular presenter of symposium talks, posters, and clinical workshops at national and international conferences. Her personal interests include hiking, seeing live music, traveling, and watching Duke's basketball team lose.

What are your research interests?

My research centers on the cognitive-behavioral mechanisms involved in the maintenance and treatment of anxiety-related disorders. I am particularly interested in the role of maladaptive coping strategies (e.g., avoidance, substance misuse) as well as the application of inhibitory learning models of fear extinction to exposure therapy.

Why is this area of research exciting to you?

Experts have developed effective treatments for common mental health issues such as clinical anxiety, depression, and addiction. I am interested in identifying mechanisms of change that explain treatment efficacy so that we can refine and optimize treatments already known to work.

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

I could not be more grateful for my outstanding circle of research mentors. First and foremost, I owe much to my graduate advisor, Dr. Jonathan Abramowitz. He is unconditionally supportive of my professional development and gives me countless opportunities to pursue research that aligns with my interests. I am additionally thankful for the mentorship of Drs. Donald Baucom, Stacey Daughters, and Brett Deacon, each of whom deeply influenced my professional identity. I also learned a number of valuable lessons through my collaborations with Drs. Joshua Clapp, Eric Elbogen, and Adam Radomsky. Finally, I wish to acknowledge Dr. Ryan Jane Jacoby, who has been a collaborator and role model since I first got involved in psychological research as an undergraduate.

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

During my first week of graduate school, I asked my then-labmates what they wish they had known at the start of their training. I offer the same advice. First, learn how to prioritize your many responsibilities and accept that you won't be able to do everything perfectly. Second, find as many mentors/role models as you can and don't be afraid to ask for their advice. Third, make time for socializing and engaging in other meaningful activities. Graduate school is only part of your life—albeit a big one—and these are your twenties, after all!

Outstanding Student Researcher Award Winners



Jessica Schleider, M.A. is a 6th year student in Harvard University's Clinical Psychology PhD program, where her mentor is Dr. John Weisz. She is completing her clinical internship at Yale University School of Medicine and will begin as a tenure-track Assistant Professor of Psychology at Stony Brook University (SUNY) in the Fall. Her research focuses on the development and evaluation of brief, mechanism-targeted, scalable interventions for youth anxiety and depression.

What are your research interests?

Efforts to prevent and treat youth mental health problems have advanced greatly in recent years, but they have not reduced overall rates of youth mental illness. Low access to services exacerbates this problem: In the U.S., up to 80% of youths in need of psychological services never receive them. The overall goal of my research program is to help address this discrepancy by developing scalable, accessible interventions for youth mental health problems; identifying the mechanisms of change underlying their effects; and testing novel approaches to dissemination. I have focused on two interconnected targets that may inform the design of such interventions: familial processes, such as parental psychopathology and family functioning, and youth cognitions, such as beliefs about whether personal traits are malleable (versus fixed) by nature. My long-term goal is to harness these targets to design and test novel, brief, theoretically precise interventions, to (eventually!) help lessen the individual and societal burden of youth mental health problems.

Why is this area of research exciting to you?

Before college, I worked for a nonprofit called Breakthrough New York teaching math, English, and theater to middle schoolers from low-income backgrounds. Many of my students struggled academically, but not for lack of potential; instead, they were facing complex difficulties in their families and communities, combined in many cases with mental health problems. Unfortunately, treatment often proved inaccessible to these youths and their families -- either due to stigma, cost, or not knowing where to look for help. So I am both motivated and excited by the prospect of 're-booting psychotherapy' (Kazdin & Blase, 2011) to boost the accessibility, precision, and public health impact of our interventions, particularly for populations with persistent, unmet mental health needs. In a recent meta-analysis, we found that very brief interventions -- even those lasting a single session -- can (for some) reduce psychopathology in youth. This was especially true of interventions that targeted specific mechanisms thought to underlie distress. Along those lines, in my dissertation, I found that a 30-minute online intervention teaching 'growth mindsets' (the idea that personal traits are malleable, as opposed to fixed) improved physiological resilience to social stress and reduced depression and anxiety in at-risk adolescents. There seems to be lots of untapped potential in this domain and many promising avenues to explore!

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

I am grateful to have worked with and received mentorship from some truly inspiring scientists, including: John Weisz, my PhD mentor at Harvard; Jane Gillham, my undergraduate research mentor at Swarthmore College; Carol Dweck, for her pioneering work on mindsets and support for my applying the framework to youth mental health; and Golda Ginsburg, who is both an amazing intervention researcher and impossibly generous with her guidance and time!

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

I think many of us pursue a clinical psychology career out of a primary motivation to help. Sometimes, science can feel disconnected from this motivation. To remedy this, I've found it helpful to continually ask myself whether my work passes the 'So What?' Test. That is: does this project/paper/proposal hold potential for real-world impact, to help those who need it? Does it feel consistent with my reasons for entering the field? Asking that question -- and learning to drop projects that don't pass the test, when possible! -- has helped me prioritize work that feels meaningful and exciting.

Clinical Science Early Career Path

Justin A. Lavner, Ph.D., University of Georgia

I grew up in a small town in the Finger Lakes region of upstate New York. My parents were both public school educators so education was highly valued in my family, but it wasn't until my undergrad at Williams College that I learned what academia was or what it meant to conduct research. It was there that I realized that pieces of everything I had learned in school up until that point – be it biology, history, or calculus – came from someone (or multiple someones) having studied it. So the "facts" that were described in my high school textbooks were really "discoveries" that were part of someone's life's work. I saw how academia represented a shift from being a consumer of knowledge to being a creator of knowledge, and I was hooked.

What drew me to psychology – and clinical psychology in particular – was the opportunity to direct this intellectual energy toward understanding real world problems. As a liberal arts college, Williams did not offer many "applied" degrees at the time, so clinical psychology seemed like one of the few avenues where I could realize this desire. And through dumb luck, I met a faculty member in clinical psychology who I felt comfortable reaching out to for mentorship. My first year of college, I had taken Intro Spanish, and Laurie Heatherington, a clinical psychology professor and family systems researcher, was auditing the class. Having grown to know Laurie in that context, I was less intimated about meeting with her to talk about the possibility of doing research the fall of my sophomore year. Fortunately, she was open to the idea, and my life and career were forever changed. We went on to work together on multiple projects over the next 2.5 years, giving me firsthand experience with all aspects of the research process. Those projects (and the rest of my coursework as a Psychology major) fostered my desire to go to graduate school, with the ultimate goal of becoming a faculty member dedicated to creating knowledge that would better the lives of couples and families.

After graduating from Williams, I started my Ph.D. in Clinical Psychology at UCLA, where I joined Tom Bradbury's laboratory focused on understanding couple relationships over time and interventions to promote healthy relationships. Once again, my timing was fortuitous – UCLA had recently begun a 5-year NSF-IGERT Grant focused on Interdisciplinary Relationship Science, directed by Anne Peplau, and I was selected as a trainee. This opportunity allowed me to take coursework on relationships in other disciplines and provided me with a great deal of professional development alongside other graduate students in sociology, education, and anthropology. Between coursework, research, and clinical training, my early years of graduate school went by in a blur as I learned what it meant to be an academic and clinical scientist

at a major research university. My research challenged me, and my clinical work opened up new worlds of others' experiences while fulfilling my desire to give back. Yet although I was enjoying graduate school, I had doubts about where I fit in and grew increasingly uncertain about "what I wanted to be when I grew up." After a great deal of soul-searching, I realized that I needed time away from graduate school to figure that out.

And so, following my third year of graduate school, I took a one year leave of absence and moved back across the country in order to work as an Associate Consultant in the Boston headquarters of The Bridgespan Group, a leading strategy consulting firm that works with nonprofits and foundations to increase their social impact. This decision was one of the hardest I've ever made but without a doubt the right one. At Bridgespan I gained exposure to the for-profit and nonprofit sectors, along with hands-on experience working directly with organizations targeting issues relating to education, the environment, and youth development. Being outside of academia for the first time, I was able to gain perspective on what I was most passionate about and how I liked to work, and came to realize that my interests were indeed those of a clinical scientist. I found concerns relating to families and youth development the most fascinating out of the different social issues I worked on and saw how the structure of academia suited me: I liked working independently, in a structured and predictable way, and in areas where I was able to gain expertise. As the spring approached and it became time to renew my Boston lease, I decided that the leave of absence had served its purpose and that it was time for me to return to graduate school.

I returned to UCLA re-energized and re-committed to a career in academia and have remained so ever since. I stayed at UCLA three more years after my return, diving into several new projects on couples with Tom Bradbury and Ben Karney as well as research on LGB adoptive families with Jill Waterman and Anne Peplau. A consistent thread in all of this work was understanding positive and negative family dynamics over time, particularly during periods of transition, and using this basic research to inform clinical interventions to improve the quality of life of couples and their children. These interests led me to San Diego for my clinical internship, where I conducted couples therapy in the San Diego VA Family Mental Health Program and worked with children, adolescents, and their families at Rady Children's Hospital Inpatient Child and Adolescent Psychiatric Services (incidentally, this combination of tracks changed after I left San Diego, so I lucked out timing-wise once again!).

I finished my internship at the end of June 2014, and immediately moved across the country to start my current position as an Assistant Professor of Psychology at the University of Georgia, where I am currently in my fourth year. These last few years have been a challenging whirlwind and time of growth as I have tried to find my footing balancing teaching, research, publishing, grantwriting, mentoring students, service, and settling into life in a new place. Fortunately, I have benefited tremendously from long-distance support from my family and undergraduate and graduate advisors and classmates, and from wonderful UGA colleagues who serve as resources, collaborators, cheerleaders, and friends. These relationships matter a great deal to me – academia can be an isolating place, so having a strong network of support has made a huge difference in my life. Perhaps the most pleasant surprise to me was how much mentorship still occurs, even after becoming a faculty member. People realize that junior faculty members need support, and many have invested a great deal of their time to ensure that I'm successful.

At a time when imposter syndrome can be pandemic, I've also learned that there are many different ways of defining success (even within the same department), and even more different ways to achieve it. What has kept me grounded is my firm belief that at the end of the day, it's my career and my life, so it's up to me to be mindful of my interests, values, and goals, and it's up to me to make sure I live them. Holding fast to this belief has helped me stay focused on what's most important. Research wise, this has meant maintaining my core identity as a couple and family relationship scholar and pursuing new opportunities that will allow this identity to continue and expand. I also take comfort in reminding myself that my career will be long, and that there will be many chances over the course of my entire career to pursue other opportunities which may not be right for me right now, but might be later on.

From afar, my career path looks very straightforward: I was a Psychology major as an undergrad, went right to graduate school, and then immediately on to a faculty position at a major research university. But I hope this narrative shows that my seemingly cut-and-dry path actually includes some considerable uncertainty along the way and that it was also influenced a great deal by external circumstances that were beyond my control. Even since becoming a faculty member, my work has continued to be shaped by the people here, ranging from small side projects to major grant collaborations that will fundamentally influence my career trajectory over the next decade. So while I have some sense of what the next few years will have in store, I'm also excited by the knowledge that my career will continue to develop and unfold in unpredictable ways. I hope the same for you!

About the Author: Justin Lavner graduated magna cum laude from Williams College in 2006 and received his Ph.D. in Clinical Psychology from UCLA in 2014. He is an Assistant Professor in the Department of

Psychology at the University of Georgia, where his research examines how couple and family relationships change, the factors that predict these changes, and interventions to promote couple and family well-being.

Student Perspective

Making the Most out of Practicum: Using Clinical Skills in an Academic Context

Kelly Knowles, M.A., Vanderbilt University

As a graduate student in a clinical science program, my main focus in my training is to develop the research skills and publication record necessary to advance my academic career. However, clinical hours are necessary components of graduate training and are especially important for internship. Students who plan on largely non-clinical careers may find that clinical practica are a large time requirement that do not serve their interests as well as their peers who aim to be practicing therapists. Although clinical practica teach valuable clinical skills, they also provide additional opportunities for professional and personal growth.

My current practicum is focused on assessment. Initially, I viewed this as more of a hurdle to clear rather than a particularly exciting training opportunity; my clinical interests are focused on cognitive-behavioral therapy with adults with anxiety, not assessment. Additionally, practicum placements at my university tend to focus on either children or older adults and emphasize cognitive and neuropsychological testing rather than diagnostic assessment. However, I was able to find a placement at the campus counseling center, where I conduct ADHD assessments for students. In this position, I have had excellent supervision and gained additional interviewing skills, but the content of my training has turned out to be surprisingly useful as well.

The students who I see for assessments are undergraduate and graduate students who are struggling with distractibility, procrastination, and problems with prioritization. These challenges are not unique to students with ADHD. The recommendations we make to these students, regardless of whether or not they leave my office with a diagnosis of ADHD, have helped me in my own career, especially with writing. Writing is a key component of graduate training, especially for those of us who want to pursue a career that requires a solid publication record. Additionally, big milestones such as the master's thesis, qualifying exams, and dissertation are difficult for all of us. Below are some suggestions and techniques I have learned during my practicum training that have helped me stay on track and make progress toward my academic and professional goals.

1. *It's all about executive function.* When I explain ADHD to my clients, I tell them that ADHD affects more than just their attention. ADHD involves deficits in self-regulation, which covers such broad areas as motivation, organization, and concentration. Graduate school is an endeavor that requires a hefty amount of executive function. It is especially difficult for graduate students with ADHD to self-motivate and regulate in

order to accomplish these large, diffuse, often indefinite goals, but even those of us without ADHD can struggle. Learning to appreciate the role of executive function in my attempts to succeed at graduate school has helped me appreciate the multiple factors involved in maintaining a consistent level of productivity.

2. *Peer accountability.* Because graduate school requires so much motivation, and the deadlines for projects are often somewhat ambiguous, it can be helpful to enlist the help of others. Individuals with ADHD rely on external motivating factors because they find it difficult to self-regulate, but external motivation can also be useful in many circumstances. Consider forming a writing accountability group with other members of your lab or cohort. Set deadlines for intermediary goals as you work on a manuscript, and hold each other to these deadlines. Discuss problems in meeting these small goals, and work together to navigate any challenges that may arise.

3. *Use a little operant conditioning.* Rewards provide additional extrinsic motivation that can help you get from a blank white page to a workable manuscript draft. When you achieve the goals you've set for yourself, allow yourself a short break to watch a favorite TV show or treat yourself to dessert. You can use shaping to improve your productivity as well, by gradually increasing the amount of work you need to complete before giving yourself the reward. Be consistent in your use of rewards, however, and hold firm to the deadlines you've set.

4. *Eliminate distractions.* As hard as it can be to sit down and write, it is typically a lot more difficult when your email is constantly buzzing, the notifications are adding up, and you really want to see how March Madness is going. To get into a productive mindset (and perhaps achieve that coveted "flow" state), find a workspace that is quiet and where you will be less prone to interruptions. Utilize browser extensions such as StayFocusd or apps like SelfControl to block yourself from going on time-wasting websites during work hours. Turn on Do Not Disturb on your smartphone to silence text message notifications. Remember, however, that these innovations are only as helpful as you allow them to be, and it will require self-discipline to use them appropriately. Incorporating rewards (and punishment) and having others to hold you accountable can help commit to using these tools.

5. *Prioritize the three pillars of health: sleep, diet, and exercise.* Not only are these important components of

physical health, but they are essential to maintaining good cognitive function as well. We often remind students at our counseling center that while it is important to study for their exams, it's equally important to get 8 hours of sleep to help consolidate the information they have learned (Stickgold, 2005). Similarly, aerobic exercise has cognitive benefits in addition to physical ones (Hillman, Erickson, & Kramer, 2008). Graduate students often neglect these important health behaviors in order to gain more working hours in the day. Having a consistent schedule that includes time for healthy meals, exercise, and sufficient sleep is not only good self-care, but it can also help maximize your efficiency when reading and writing.

6. *Be mindful.* in addition to its benefits for anxiety and stress reduction, practicing mindfulness may help improve attention. Mindfulness training programs have been used effectively for both adults and adolescents with ADHD and appear to show demonstrable effects on executive function (Zylowska et al., 2008). In addition to cultivating a present-focused outlook and a capacity to self-reflect without judging one's thoughts, mindfulness practice allows individuals an opportunity to practice focusing on one simple process (typically breathing) as well as to practice bringing one's attention back to the breath when the mind wanders. Regular mindfulness practice appears to improve executive control (Teper & Inzlicht, 2012) and working memory capacity, specifically under high-stress conditions (Jha et al., 2010). Apps such as Headspace and Stop, Breathe & Think provide several free options for short mindfulness exercises and can be programmed to send you reminders to help remind you to meditate.

In summary, graduate school can be a grueling process that requires a good deal of executive function in order to succeed. The above tips may be useful as you navigate through this process. In addition, remember to keep an open mind throughout your training: each aspect of graduate school offers you the opportunity to learn and implement valuable new skills that you can take with you into your future career.

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Clinician Perspective

The Societal Devaluing of Caregiving and Emotional Connection and the Implications for Clinical Psychology

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During the first lecture of my graduate Assessment class, my advisor and professor of the course, Dr. Daniel Klein, said something that I think of every single day with every single client: "Keep in mind that the DSM is a socially constructed document." He went on to explain that the DSM has evolved over the years since its first edition because our societal values have changed. We can all think of obvious examples of this, including the evolution of Homosexuality, which was previously considered to be a form of psychopathology and is now not even in the most recent editions of the DSM because it is no longer considered to be abnormal.

There are many other implicitly accepted societal beliefs that shape not only our definition of psychopathology but also our clinical training programs. This is the intended focus of this article. The reason I chose to be a clinical psychologist is because I believed that this was the only field in existence in which there was equal value placed on scientific reasoning and emotional/social acumen (the true scientist-practitioner model). Unfortunately, our field has become quite divided and is ever-increasingly embracing a values system that is detrimental not only to psychologists, but to the public at large. There is a schism between many clinicians and researchers that does not need to and should not exist. We need to acknowledge the source of this before we can hope to resolve it.

I would like to state explicitly that I did not experience this divide in graduate school at Stony Brook University. Instead, I found myself in a training environment that truly did embrace and integrate both research and clinical training. The faculty members who influenced my clinical development the most (Drs. Dan Klein, Joanne Davila, Richard Heyman, and K. Daniel O'Leary, to name a few) were amazing researchers and clinicians and when I made the decision to pursue a clinical career and told them the ways in which they had shaped my identity as a therapist, I felt extremely supported. However, after I left Stony Brook, I realized that my definition of a clinical psychologist did not actually match up with much of the field. I have noticed that it is not enough to be a well-trained scientist who chooses to spend a career doing clinical work. Since earning my Ph.D. in 2010, I have pondered why this is happening in our field and am presenting my hypotheses here. The purpose of this is to generate discussion and encourage positive change. These are difficult conversations to have because, as psychologists, we can be so careful and polite at times that we avoid talking directly about these issues. But,

as any good clinician knows, we often have to manage our own desire to avoid discomfort to help our clients and that is exactly what I am trying to do here.

Our society values (by which I mean "deems meaningful, important, productive"), the acquisition of material wealth and the completion of tasks over caregiving. Our society values achieving outcomes and solving problems over process and emotional connection. Although we know from our own research that the therapeutic alliance (defined by 1) the good will between the client and the therapist, 2) agreement on goals, and 3) agreement on methods by which to pursue those goals) is the factor that has the single-greatest impact on therapeutic effectiveness, we have not come together as experts to advocate that insurance companies, medical settings, etc., allow us to practice our skills under circumstances that allow for the development of this bond. Instead, our field has turned much of its attention and resources towards developing our treatments into manualized, short-term encounters with patients that resemble physical therapy rather than psychotherapy: here are a set of skills you need to learn, let's apply it to this example, and then you can extrapolate those principles to your other difficulties that are similar. (This is not to say that evidence-based psychotherapies are not useful or helpful. But, unfortunately, there have been too many occasions during which I have witnessed manualized treatments being taught in the absence of training about the therapeutic alliance.)

I would not object to this if 1) our society encouraged the general development of the kind of deep, authentic relationships clients develop with their therapists and 2) if this approach did not discount what is essentially the artistic aspect of clinical work. Instead of fighting for a place in our culture that respects us as a group of individuals who are skilled at artistically integrating interpersonal effectiveness with scientific reasoning, the way in which these therapies are being disseminated at times discounts this extremely important aspect of our identities and marginalizes members of our field who find this to be a worthy pursuit.

Despite our knowledge that strong social support is a protective factor for many forms of psychopathology, we have not engaged in enough work to highlight the difficulties in attaining this in our ever-increasingly emotionally disconnected society. One of the reasons we are unable to teach our clients some skills and send them back into their worlds never to be seen again,

is that it is becoming more and more difficult to form the kinds of relationships that make our role unnecessary. We do this within our own field by minimizing the interpersonal effectiveness skills competent therapists work hard to develop. I believe that we have accepted a medical model that was shaped by physicians and health insurance companies in which symptom reduction, rather than functional improvement, is the goal of treatment. One of my biggest struggles with much of our clinical research is that we measure change using tools that focus primarily on symptom reduction and do not have great instruments to measure change related to improvements in the quality of relationships, in the fulfillment our clients get from their jobs or their communities. These are the changes people actually want to make when they enter therapy and, yet, we talk so little about this. Even if individuals experience a decrease in their symptoms of depression, they typically are still struggling to feel fulfilled in their many life roles and do not feel that their treatment is finished. It is my experience that we have allowed institutions and systems that do not truly understand, or care about, the human experience to dictate our treatment models, rather than objecting to them because they are not realistic or helpful and reinforce ideas that promote our ever-increasing rates of psychopathology.

Unfortunately, there is an unspoken hierarchy in our field that has researchers/academics at the top and clinicians at the bottom. (Clinical psychologists who chose a career devoted to teaching probably consider themselves even lower in terms of the respect (and compensation) they receive. This is outside of the scope of this brief article; however, similar principles can be applied.) There are many other types of psychologists who specialize in research (e.g., cognitive, developmental, social) and individuals whose training is primarily clinically focused (e.g., Psy.D.s and Marriage and Family Therapists), but I believe that clinical psychologists should be all of these things. That is what differentiates our specialty from these others. Even if we choose to take our comprehensive training and specialize in one of these areas, we should be using these other skills each and every day. Interestingly, clinical psychologists who specialize in research often encourage therapists to ensure they remain knowledgeable about current studies that influence our understanding of psychopathology, the brain, etc. However, in my experience, we do not encourage our research specialists to continue to engage in clinical work in order to maintain their understanding of what psychopathology looks like in a non-research sample and to provide opportunities for the generation of new hypotheses.

Further, I hypothesize that some of this hierarchy seems like the result of institutional sexism. By this, I mean the devaluing of skills/qualities/attributes that are stereotypi-

cally associated with women. We happen to be a field that is composed of a large proportion of women so you would think that we would have been protected from this, but it is extremely difficult to avoid the insidious societal messages we receive each and every day. I want to state explicitly that I am NOT saying that these skills/qualities/attributes cannot and are not possessed by men; instead, I am stating that because they are generally associated with women, they are devalued. Clinical work involves caregiving and emotional connection via open vulnerable communication components if it is going to be successful. Expressing vulnerability is something that is viewed as the antithesis of masculine in our society and is, therefore, devalued. Dr. Sue Johnson, one of the most brilliant and inspiring clinical psychologists of our time, emphasizes the importance of the secure base. She primarily discusses this in the context of couple therapy and the work needed to help partners develop their bond in such a way that they view each other as their secure base, but the point I am making here is that the therapist provides a secure base for the client as well. In the context of a secure base, we can be the best individual version of ourselves, take risks, and fearlessly explore our environments, meaning we can contribute to our society with the maximum capacity we have, and yet, we do not value the caregiving and building of emotional connection that must go into this.

In conclusion, I am not making the argument that clinical work should be viewed as superior to research or teaching. I am making the argument that all three of these aspects of our clinical training should be viewed as equally valuable and equally important. We, as a field of specially trained professionals, need to ensure that we are not enacting society's implicit values, values that have significantly contributed to our high rates of psychopathology and social isolation.

About the Author: Dana Torpey-Newman, Ph.D. is a licensed clinical psychologist in private practice in California and Colorado specializing in couple therapy. She has become increasingly active in trying to educate the public about underlying societal factors that contribute to high rates of depression and anxiety.

Updates from Student Representatives

**Kelly Knowles, B.A., Vanderbilt University
Joya Hampton, 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. First, we would like to thank Dr. Jessica Hamilton for her excellent two years of service as the SSCP Student Representative (2015-2017)! We welcome Joya Hampton as your new student representative with Kelly Knowles. We look forward to working with you this coming year!

Student Award Announcements and Opportunities

Congratulations to the winners of the SSCP Student Outstanding Researcher Award

The award committee has completed its review of applications, and was very impressed by the large number of phenomenal, truly exceptional candidates and their remarkably advanced research contributions to clinical psychology. We are very pleased to announce the three winners of the SSCP Student Outstanding Researcher Award (featured in the award section)!

Jessica Schleider

Advisor: John Weisz
University: Harvard University
Year in Program: 6th year:

Shannon Blakey

Advisor: Dr. Jonathan Abramowitz
University: University of North Carolina at Chapel Hill
Year in Program: 6th year

Congratulations to the winners of the SSCP Student Outstanding Teacher Award

We are very pleased to announce the two winners of the SSCP Student Outstanding Teacher Award! We look forward to learning more about them in the next newsletter.

Ziv Bell

Advisor: Theodore Beauchaine, PhD
University: The Ohio State University

Alexandra Werntz

Advisor: Bethany Teachman, PhD
University: University of Virginia

Please welcome our three new campus representatives. We look forward to working with you!

Natasha Tonge (Washington University in St. Louis)

Maria Carrillo (College of William and Mary)

Minh Cao (George Washington University)

Nominations Under Review: Outstanding Student Clinician Award

Thank you to those who submitted applications for the SSCP Outstanding Student Clinician Award! We are currently reviewing submissions and will announce the winners in April.

Conference and Networking Events

Thank you to all those who attended the SSCP Student Social at ABCT!

Our next SSCP student social will be held at APS in San Francisco in May. Details to come!

Professional Resources

SSCP Student Resources and Initiatives – For more information on updated student resources and initiatives, please see our website: <http://sscpstudent.blogspot.com/>

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

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

Contact Us!

We would love to hear from you with any suggestions, comments, questions, or concerns regarding SSCP student membership or resources for students, so feel free to email us! If interested in sharing ideas, please also visit our website under student initiatives and complete the “What else can we do to help?” form.

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