

the Behavior Therapist

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MESSAGE FROM THE EDITOR

Looking Back and Moving Forward

Richard LeBeau, *UCLA*



2020 was a tremendously challenging year for all of us. Although I have hope for things to improve throughout 2021, the tragedies of the past year are far from over. As I write this article, a coup attempt is being made on the United States Capitol and the death toll of COVID-19 reached a devastating new high, with 1 out of every 900 Americans now confirmed dead from the virus. It goes without saying that 2021 will continue to be challenging for everyone, particularly those struggling with mental health issues, who are at the heart of our work.

One of the few bright spots for me during the past year was the opportunity to be Editor of *the Behavior Therapist*. It has been a privilege to work with my outstanding Editorial Board, ABCT leadership, and the dozens and dozens of colleagues who co-authored publications in the journal since I assumed the role in late 2019. I have been continuously impressed by the diversity, quality, and importance of the work that is being produced in our field and delighted that so many have chosen *the Behavior Therapist* as an outlet to share their impactful findings and ideas. Furthermore, I am inspired by those in our field who stepped up over the past year to advance antiracist initiatives and address the widespread mental health consequences of the pandemic.

My primary goal for the remainder of my term as Editor is to ensure that *the Behavior Therapist* remains a medium through which our field can share innovative work, host urgent

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the Behavior Therapist

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During February, Black History month,

we encourage our membership to donate to the Francis Cecil Sumner Excellence Award. Dr. Sumner is the first African American to receive a Ph.D. in psychology in 1920. Commonly referred to as the "Father of Black Psychology," he is recognized as an American leader in education reform. This is the first year we are offering the award but it is not fully funded. Please see our Awards page (p. 110 of this issue or at abct.org) for full description and visit our DONATE page to make a donation.

Thank you.

INSTRUCTIONS for AUTHORS

The Association for Behavioral and Cognitive Therapies publishes *the Behavior Therapist* as a service to its membership. Eight issues are published annually. The purpose is to provide a vehicle for the rapid dissemination of news, recent advances, and innovative applications in behavior therapy.

- Feature articles that are approximately 16 double-spaced manuscript pages may be submitted.
- Brief articles, approximately 6 to 12 double-spaced manuscript pages, are preferred.
- Feature articles and brief articles should be accompanied by a 75- to 100-word abstract.
- Letters to the Editor may be used to respond to articles published in *the Behavior Therapist* or to voice a professional opinion. Letters should be limited to approximately 3 double-spaced manuscript pages.

Submissions must be accompanied by a Copyright Transfer Form (which can be downloaded on our website: <http://www.abct.org/Journals/?m=mJournal&fa=TB>): *submissions will not be reviewed without a copyright transfer form*. Prior to publication authors will be asked to submit a final electronic version of their manuscript. Authors submitting materials to *tBT* do so with the understanding that the copyright of the published materials shall be assigned exclusively to ABCT. Electronic submissions are preferred and should be directed to the editor, Richard LeBeau, Ph.D., at rlebeau@ucla.edu. Please include the phrase *tBT submission* and the author's last name (e.g., *tBT Submission - Smith et al.*) in the subject line of your e-mail. Include the corresponding author's e-mail address on the cover page of the manuscript attachment. Please also include, as an attachment, the completed copyright transfer document.

and challenging discussions, and foster the development of students, trainees, and young professionals. To me, the present issue is a great example of the potential of *the Behavior Therapist* to stimulate dialogue, provide professional resources, and advocate for those among us who are marginalized and vulnerable. This issue contains articles on attending to the unique needs of first-generation college students, tools for directly addressing racial stress in therapy, the need to reevaluate our field's conceptualization of "professional dress," the largely untapped benefits of investing in undergraduate mentorship for the future of our field, innovative interdisciplinary training approaches at the internship level, and interventions to promote coping and resilience among marginalized youth.

It is my hope that you find these articles to be as thought provoking and timely as I do.

In addition to continuing to produce issues like this one, which covers a wide array of topics, *the Behavior Therapist* will also be publishing several noteworthy special issues over the next year. Building off the enthusiastic reception of our 2020 special issues on incorporating advocacy for marginalized populations into mental health research and interventions (Vol. 43, Issue 7; co-edited by Drs. Brian Feinstein and Jae Puckett) and current issues in suicide prevention (Vol. 43, Issue 8; co-edited by Dr. Lily Brown and myself), we will showcase collections of articles covering the exciting and important work that our field is doing with respect to addressing the unique psychosocial needs of Native

American and Indigenous communities; preventing violence and addressing its myriad mental health consequences; and harnessing insights gained from neuroscience research in order to improve clinical assessment and intervention. I believe that these topics deserve greater attention, and I am glad that *the Behavior Therapist* will have the opportunity to highlight them.

I hope you enjoy this issue and, more important, that 2021 is a year of greater happiness, health, and hope for you and your loved ones.

...

Correspondence to Richard LeBeau, Ph.D., richard.lebeau@gmail.com

AT ABCT

From Your Executive Director: What Your Leadership and Staff Are Working on to Serve You Better

Mary Jane Eimer, *Executive Director*



NO DOUBT YOU HAVE ALREADY made the transition to date your materials "2021." A new year requires a new calendar, a revised attitude, and maybe even a few resolutions. That is certainly true for the staff of ABCT. We continue to be mindful of our safety with a more aggressive form of COVID making the rounds. And we are focused on initiatives and benefits to continue to make ABCT your professional home.

A new initiative from the Publications Committee, under the leadership of Emily Bilek, our Public Education and Media Dissemination Chair, is "briefing books." The purpose of these books is to offer a resource for the media and lay public to better understand, write about, or talk about a particular disorder. Our inaugural book is titled *Suicide Across the Lifespan*. It matches up nicely with our special issue on suicide prevention in the December issue of *tBT*. This book may be a useful resource to our members dealing with clients during

the ongoing pandemic. A special tip of the hat to Rita Hitching, who served as the book's editor and crafted an incredible product (see it at https://www.abct.org/Information/index.cfm?m=mInformation&fa=Suicide_Books).

We continue to update our website with resources dealing with COVID-19, the opioid crisis, and combating racism. We also have fact sheets that focus on these issues, all in English and some in Spanish, too. I hope you will take a moment to scan our website with particular attention to our Get Information section.

Speaking of our website, work continues on designing our new website, with lots of input from Laura Payne, Web Editor; Regine Galanti, our Immediate Past Web Editor; and their Associate Editors; as well as from other members of governance, staff, and public consumers of our website. Denny Wall, our Web Consultant, has worked up several iterations of "wire frames," which are essentially schematics in broadest detail, showing outlines of the site. We will review "mood boards," which

outline the colors, fonts, and other aesthetics that will govern the finished site.

We recognize that the world is getting smaller and an important way ABCT can serve you is making it easier for you to meet your international colleagues. Please visit our International page on the ABCT website and take a look at the latest e-newsletter from the World Confederation of Cognitive and Behavioral Therapies (WCCBT). There you can see the umbrella organizations and the countries they represent. ABCT President David F. Tolin contributed to the current issue. Many of our members are involved in the WCCBT governance: Keith Dobson serves as president; Lata McGinn serves as Secretary; Shari Steinman and Michael Best serve on the Communications and Social Media Committee; and Yevgeny Botanov on the Training and Accreditation Committee (see <https://www.abct.org/Members/?m=mMembers&fa=WCCBT>).

Be advised that the 10th World Congress of Cognitive and Behavioral Therapies will be held June 2–5, 2022, in Seoul, South Korea. Originally scheduled to be held in Jeju Island, the decision was made to move the meeting to Seoul for easier travel access and better technology due to the COVID-19 pandemic. Work is under way to offer this event as a hybrid congress and the Call for Papers should be going out shortly. "East Meets West: Embracing Diversity and Improving Access to CBT" is the theme of the congress, which is being organized by the Korean Association for Cognitive Behavioral Therapies, a member of the Asian Cognitive Behaviour Therapy

Association. Consider submitting a paper or attending the congress (if COVID abates) to meet your counterparts throughout the world. In addition to a rigorous scientific program with attention paid to applications for your practice, effort is made for social interaction to get to know one another and to sample a wee bit of the culture. These congresses are always innovative and memorable. ABCT organized the 2001 World Congress in Vancouver and the 2010 World Congress in collaboration with the Boston University School of Social Work. Happily, we were selected to host the 2025 World Congress. Destinations are being researched.

One thing we have learned over the past year is that change is constant, and you best be ready to do things differently, learn new software and apps fast, and be okay with making a few mistakes. We learned a few new things from our recent 2020 virtual convention that we will be mindful of going forward, such as obtaining speaker release forms earlier in the process so we can post the meeting ASAP. The Call for Papers for our 55th Convention, scheduled for November 18–21 in New Orleans, opened January 4 for ticketed sessions and February 8 for general sessions. You will note new questions being asked during the

submission process. Attention is being made to diversity in both topic and presenters.

You now are familiar with Stephen Crane, our Convention Manager. Soon you will see “DES” after his name. Stephen earned his Digital Events Specialist designation by taking online classes and passing an intensive examination of his new skill sets. We are proud of Stephen’s accomplishment and know you are too. During this ever-changing environment, it is essential that staff update their skill sets to serve you and the membership in the best possible manner.

We understand there is stiff competition for your time, attention, and dues dollars. Thank you for supporting ABCT. And we could really use your help. Many former members and other professionals think ABCT is only the Annual Convention. Others think we only offer programs for researchers. We are a member-driven organization that offers a variety of services and programs throughout the year. Please encourage your colleagues and students to take a moment and look at the publications we produce, the webinars we present throughout the year that offer continuing education, the special series we run in *the Behavior Therapist*, the ability to post ques-

tions or conduct a discussion on our list serve, and the breadth of our Special Interest Group program. Our Call for Awards submission process is under way (see <http://www.abct.org/Awards/index.cfm?m=mMembers&fa=main&nolm=1>); please consider submitting yourself or a colleague for recognition. The deadline is March 1.

Everything I’ve referred to is on our website. Times are difficult and ABCT has not escaped unscathed. Our numbers are down, and in these turbulent times, we need to extend our reach. We have the expertise, information, and determination to help you be a better student, clinician, researcher, mentor, professor, administrator, and member. What are we doing well, what needs improvement, what has gone awry, and what is missing? Let me hear from you and we will see what we can do. Thank you.

...

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Webinar

www.abct.org/Conventions/?m=mConvention&fa=Webinars

MARCH 12

Cultural Psychotherapy: Concepts, Interventions and Telepsychiatry

— Martin La Roche, Ph.D.

MODERATOR: Janie Hong, Ph.D.

11 am – 12:30 pm Eastern | 10 am – 11:30 pm Central
9 am – 10:30 am Mountain | 8 am – 9:30 am Pacific

During 2020, the twin pandemics of COVID-19 and social unrest exposed significant socioeconomic and racial/ethnic disparities within the United States. Unfortunately, psychotherapy has often reflected these disparities. If psychotherapy is to remain meaningful and credible it needs to be inclusive of the needs and characteristics of all, not just of a privileged few. Cultural Psychotherapy addresses this issue by underscoring how our interventions/relationships and who we are is embedded within socio-economic cultural contexts that confine our relationships and meanings. In this presentation Cultural Psychotherapy’s integrative and systematic model is underscored describing its specific applications.

\$20 for ABCT members
\$30 for nonmembers

CE Credit: 1.5

Considering First-Generation Status Among Clinical Psychology Doctoral Students

Casey D. Calhoun, *University of North Carolina at Chapel Hill*

Donte L. Bernard, *Medical University of South Carolina*

Luis D. Medina, *University of Houston*

Evelyn Behar, *City University of New York, Hunter College*

April R. Smith, *Miami University*

Adam B. Miller, *University of North Carolina at Chapel Hill*

Joseph C. Franklin, *Florida State University*

Angelica M. Diaz Martinez, *Rutgers University*

Angela Scarpa, *Virginia Tech*

Matthew K. Nock, *Harvard University*

Mitchell J. Prinstein, *University of North Carolina at Chapel Hill*

ACROSS THE COUNTRY, clinical psychology doctoral training programs are working to increase their recruitment of students from all backgrounds, particularly those who are traditionally underrepresented in the field. As representation grows, so too does the need to create supportive and safe training environments that accommodate students' diverse needs and perspectives, while helping them reach their full potential. A frequently overlooked identity characteristic that can significantly impact the graduate school experience is being a first-generation (first-gen) college student. First-gen status can present unique challenges that not only affect students' performance and graduate training experiences, but also their identity development and relationships with loved ones. As such, it is imperative that training programs view first-gen status as an important aspect of students' identity that warrants consideration and tailored support. In this piece, we (a) define first-gen status; (b) note the common strengths of first-gen students; (c) elaborate on challenges they often face; and (d) share examples of how first-gen status may intersect with other aspects of one's multicultural identity. Following this discussion, we provide specific recommendations for clinical psychology training programs and

mentors about how to best support first-gen students.

We would like to acknowledge up front that the discussion that follows is not intended to equate the experiences of first-gen status with the litany of challenges faced by students belonging to minority groups (e.g., students of racial/ethnic minority, international, or LGBTQ status). Rather, we are noting that first-gen students have unique experiences, compared to continuing-generation students, and these experiences may be particularly relevant and impactful for minority students.

A Note About the Authors

All authors were once first-gen, doctoral graduate students in clinical psychology programs, with graduation dates ranging from 1993 to 2019. Currently, authors are of different professional statuses, ranging from postdoctoral fellow to tenured faculty. In this paper, we present shared themes that characterized our, and others', collective experiences as first-gen graduate students. Throughout, we provide personal anecdotes to illustrate how being of first-gen status impacted our personal and professional lives as graduate students.

First-Generation Status

First-gen students are typically defined as individuals whose parents or legal guardians did not receive a degree (associate, bachelor, master, doctoral) from an institute of higher education. That is, they are typically the first in their immediate family to attend college. According to the Center for First-Generation Student Success 2015-16 National Postsecondary Student Aid Study, approximately 59% of U.S. undergraduates are first-gen college students. Approximately 76% of first-gen undergraduates decide not to pursue graduate education (Mullen et al., 2003), and those who do are more likely to drop out of graduate programs before obtaining their terminal degree (Kniffin, 2007; Nevill & Chen, 2007). Unfortunately, data on the representation of first-gen students in clinical psychology graduate programs are lacking, and as such, little is known about experiences that may be unique to first-gen graduate students in these programs. Admittedly, the authors of this paper all received a doctoral degree in clinical psychology, and may not adequately represent those students who did not matriculate. However, we provide our perspectives here to help elucidate factors that may contribute to attrition and resiliency among first-gen students in clinical psychology graduate programs. Although the discussion that follows is centered on the experiences of first-gen doctoral students in clinical psychology, much of the content may also be relevant for first-gen graduate students pursuing a master's degree in psychology and/or specializing in a different subspecialty.

The Strength to Be First

First-gen students offer a number of unique strengths within academia, at least anecdotally. They often have reputations for being resourceful, persistent, independent, and self-reliant students who have been able to figure out how to successfully gain admission to highly competitive graduate programs despite having few, if any, exemplars to guide their path. These students may also possess unique insight into the underserved patient populations that clinical psychologists hope to serve—able to communicate with, and relate to, those who come from a diverse range of backgrounds and experiences. Similarly, many first-gen students report a strong personal focus or connection to their work, with challenges faced by themselves and their families often motivating various aspects of

their professional goals (research, clinical work, etc.). In many cases, these assumptions likely are true: many first-gen students have worked tirelessly to overcome a wide array of barriers and demonstrate grit, perspective, and commitment that helps them thrive in our field, and as such, often possess expertise in factors that inform resiliency. Such considerations may hold particularly true for first-gen students with marginalized or underrepresented multicultural identities, which present a litany of additional challenges (e.g., racial discrimination, acculturative stress) that may cause the journey to, and through, graduate school to be particularly stressful (described in greater detail below). The determination and perseverance needed to overcome these pervasive and stressful life experiences speak to the exceptional strength and resiliency of these first-gen students (Roska et al., 2018), which may inform their preparation and approach to the rigorous training requirements of a clinical psychology program.

The Challenges of Being First

Despite their strengths, first-gen students may have faced, and continue to face, substantial personal and logistical challenges by deciding to pursue a unique occupational path. These challenges can greatly influence first-gen students' ability to achieve their academic goals (Seay et al., 2011). As we develop efforts to facilitate, recruit, and retain a diverse graduate student body in clinical psychology, it is important to better understand the experience of first-gen students, so that programs and mentors can help these students reach their full potential.

What follows is a list, by no means exhaustive, of various challenges typically encountered by first-gen students in clinical psychology.

A Lack of Role Models

First-gen students are disadvantaged from the time that they initially decide to pursue higher education (Cunningham & Brown, 2014). As they apply for and enroll in college, they are in immediate need of support outside of their immediate family, given that their family often cannot provide informed advice about a student's many "new" experiences. Although there are academic counselors to assist when needed, these relationships often feel impersonal, short-lived, and are primarily focused on a specific area of need (e.g., 30-minute meeting to assist with course

enrollment). For first-gen students, there is no singular form of support that can offer a comprehensive perspective on how to maximize success during and after college; this is true for continuing-generation students as well, but these students may require much less frequent extrafamilial support. While academic mentors are highly valuable and desperately needed to "fill the gaps," they often do not have the shared experiences to understand the nuances of first-gen students' backgrounds and intersecting identities, and even if they do, they are not able to offer the level of support that an emotionally and financially invested parent may provide. Further compounding the issue, a lack of diversity in program leadership (i.e., mentors, supervisors, training directors) often results in first-gen students having limited access to faculty who can offer general advice and recommendations about navigating first-gen challenges, including those intertwined with other aspects of diversity (e.g., race, ethnicity, country of origin, language). Many of us learned that some grad school colleagues had parents who helped them find postbaccalaureate research assistant positions, reviewed grad school/internship/postdoc applications, proofread theses and dissertations (and later, even scientific articles), practice for internship/postdoc interviews, and so on. One of us had a labmate in graduate school whose father was a successful academic who not only co-authored a paper with his child, but also informally mentored his child in how to prepare manuscripts, conduct peer reviews, and seek external funding. Without easy-to-access familial supports who pursued higher education, first-gen students may become conditioned to rely on themselves to a greater degree, and in the end, feel more isolated in their academic pursuits.

Navigating Without a Map

Many first-gen students "don't know what they don't know" and are often behind in learning about various academic processes and opportunities. They frequently learn by trial and error, sometimes making unwise decisions or missing out on experiences that could boost their competitiveness for graduate programs or later career opportunities (Lunceford, 2011). For instance, one of us didn't know about the undergraduate honors thesis until it was too late to apply for the program, and after entry into graduate school, it seemed that those who had completed an undergraduate honors thesis were better pre-

pared to conduct research, particularly the first grad school milestone project (the master's thesis). Moreover, some of us had continuing-generation peers that had entire mentorship teams developed well before they entered graduate school to help them identify funding mechanisms, research awards, and training opportunities to best prepare them for a career in clinical psychology. First-gen students who "learn as they go" often have fewer such support systems to keep them on the right path, and this deficit could have both emotional and financial repercussions.

Financial Challenges

First-gen students most commonly come from low-income families that are not able to provide financial assistance (Gardner & Holley, 2011). As such, these students may accrue significant student debt to cover tuition and living expenses while completing their undergraduate education (several of us had loans in excess of \$100K upon receiving our undergraduate degree). With these loans looming, first-gen students may be hesitant to pursue an advanced degree. Despite the availability of funding mechanisms that may cover tuition and provide a modest stipend for students in clinical psychology graduate programs (e.g., research and teaching assistantships, NIH training awards), these funding opportunities are not guaranteed and can be quite competitive. Even if a student is able to obtain a stipend or funding award, extraneous costs can be difficult to cover and may require part-time employment or additional student loans. For instance, conference travel is a major expense for first-gen students that they must often pay for out of pocket. Attending and presenting at conferences has become a necessary component of success in the pursuit of an advanced degree in psychology, as it is one of the most accessible opportunities to gain visibility in the field during earlier stages of training. Restricted access to conferences reduces the likelihood that undergraduate, postbaccalaureate, and junior graduate students will have the "currency" needed to stand out among other well-qualified candidates as they continue to pursue opportunities and awards in psychology. Unfortunately, access to this form of currency can be especially restricted for low-income, first-gen students.

Low-income first-gen students often face challenging financial decisions that their families do not understand. From the start, some of us were strongly encouraged

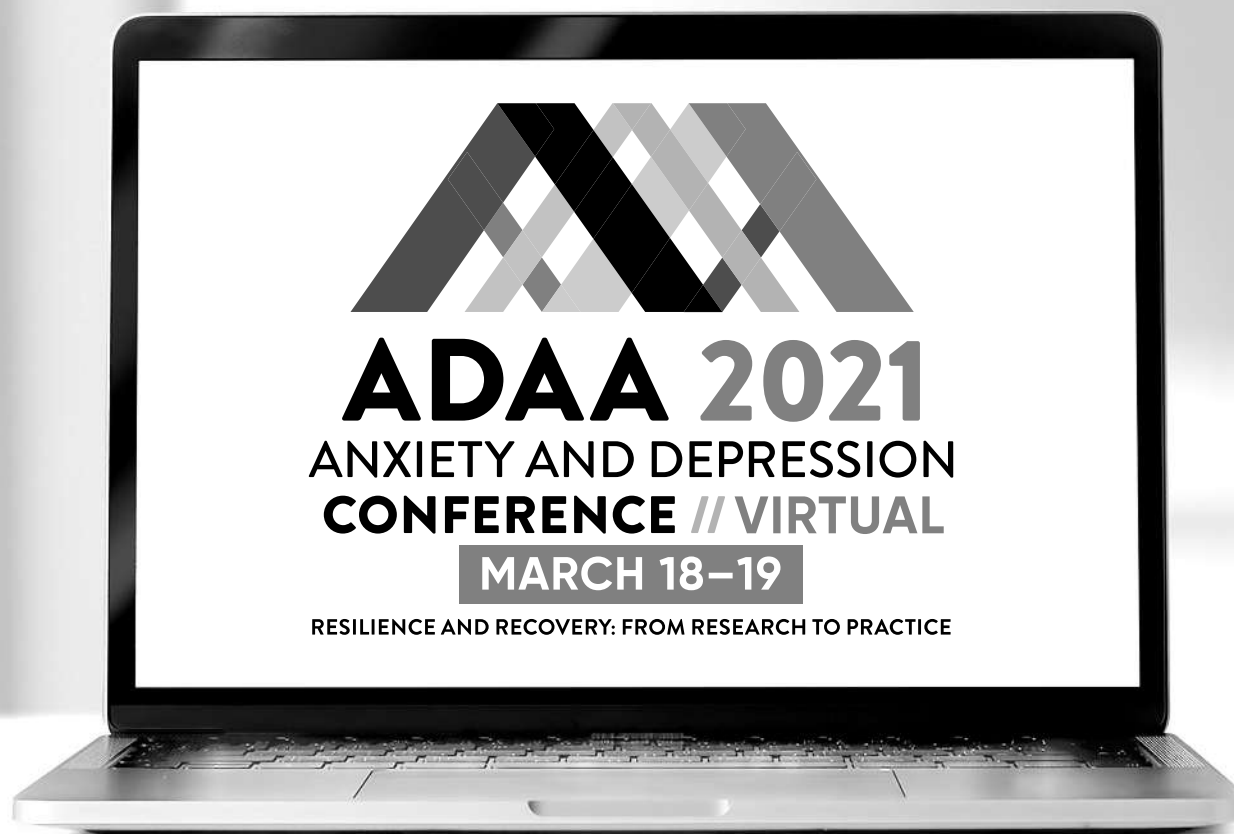
ADAA's 2021 Annual Conference is Going Virtual!

March 18–19

#ADAA2021Virtual

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to forego a career in psychology and told instead to pursue a career that would generate a higher income such as law, business, or medicine. Indeed, one of us has a father who said, “I’ve worked 7 days a week for 30 years so that I could send you to medical school. If you don’t want to become a surgeon, can’t you at least try to become a psychiatrist?!” Additionally, some families may rely on young family members to provide financial assistance, and hold on to the notion that one day their child will earn large sums of money that will alleviate their financial stress. In these situations, first-gen students may feel selfish for being a “professional student” who plans to remain in school well into their thirties, only to make a relatively modest income upon receiving their terminal degree in clinical psychology. Choosing a career that aligns with one’s passion, but produces a more modest salary, can understandably lead families of origin to worry about their child’s long-term financial comfort, as well as their own. These concerns are, of course, amplified as the student accrues more and more student loan debt, which can make the decision to attend graduate school seem financially irresponsible.

Lack of Family Understanding of Chosen Schooling/Career Path

Because first-gen students’ families lack firsthand knowledge of the graduate school experience and the training goals specific to clinical psychology, they often “don’t get it” and have inaccurate assumptions about what their family member does on a daily basis (Gardner & Holley, 2011). Parents might not understand the nature of what it takes to get a Ph.D.; they might assume that their child is simply taking a lot of classes for 5 (or more) years. Many of us have been asked, “What do you do all day?” and when trying to explain how reading, writing, running analyses, teaching, and clinical work can be taxing and stressful, the idea of being exhausted from “thinking all day” doesn’t quite connect. And, we have all found it challenging to explain academic milestones such as comprehensive/qualifying exams, the dissertation process, and internship (“Wait, you have to move again? And you get paid how much as an intern?”). Following graduation, the pursuit of an academic job or postdoctoral position only extends the confusion that much longer (“You’re moving again?!?! When is this going to stop? Can’t you find a job closer to home and settle down?”).

For many of us, whether we are recent graduates or 20 years into our careers, our

families still don’t quite understand what we do for a living. Often their perspectives are influenced by the stigma associated with mental illness, and our careers are described with comments like “My daughter treats crazy people for a living” or “He does research, whatever that means.” The complexities of clinical work are reduced to “So you just talk to people about their problems?” and attempts to explain the difference in talk therapy and modern, empirically supported treatments are often met with a blank stare or resistance (“I would never talk to a stranger about my problems”). As researchers, the scientific process is easily lost on our families (“Research? Like on Google?”), especially when attempting to articulate our study of abstract, intangible (and according to our relatives, potentially nonexistent) psychological concepts. And, of course, we’ve all been angered by the familiar saying about teaching (“Those who can’t ...”). With these perspectives fueling conversations with family, first-gen clinical psychology students naturally begin to question the value of their careers (“If my family doesn’t even understand or appreciate what I do, then is it really all that meaningful?”), leaving them feeling confused and unfulfilled. Such ambivalence may lead first-gen students to minimize or ultimately avoid speaking with their families about the significance and meaning of their research, clinical work, and teaching, despite these tasks being the main focus of their day-to-day life.

Family Values Conflicts

First-gen students often feel as if they have abandoned their families, and have become odd, unfamiliar, or no longer relatable (Gardner & Holley, 2011). In many cases, including several of our own, the decision to pursue graduate education is perceived by parents as a rejection of the family’s core values or identity, which creates distance between first-gen scholars and their loved ones. Some families perceive the pursuit of higher education or a scholarly career as unnecessary, “elitist,” or an abandonment of the family business or trade, and these sentiments may be expressed in various ways. Many first-gen students have had the experience of being shamed within their families, assumed to be “showing off” or “selling out” when sharing their accomplishments, accused of being “super liberal,” and being mocked with statements like “Is that what they’re teaching you in college?” when they make a mistake or express a viewpoint not held by

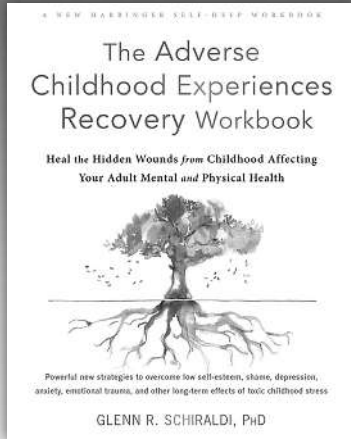
others in the family. These criticisms are not necessarily offered out of cruelty, and are sometimes even delivered as a backhanded compliment. Sometimes this criticism stems from the pain and fear that family members feel when their child begins to become less recognizable. Regardless of intent, the comments can still cause first-gen students to feel less accepted and understood by their parents, siblings, or nonacademic peers.

Some parents may initially experience great pride in their child’s success (“My child is going to be a doctor!”), but as their child grows increasingly independent, and acquires academic role models, they may feel less relevant and important to their child. These feelings may be amplified when their child moves far away (as often is required for academic careers) or discusses psychology-related topics that remain stigmatized back home. At the start, parents may encourage their children to “do better than they did” by going to college, but the implications of these good intentions for family relationships can later be surprising and difficult to bear. Over time, parents’ pride may dwindle and be replaced with concerns that their child’s chosen path is diverging from family values, which in turn can strain family relationships. Some of our parents feared that we would become “one of those ivory tower liberals” who would forget our humble beginnings. For others of us, the pursuit of individual success, although it was rooted in helping others, was perceived as an offense to our collectivistic cultural backgrounds. A few of us were raised in religious households, where our parents worried that studying psychology would promote secular views that would conflict with our religious faith. Additionally, almost all of our parents shared concerns about when we were going to “get married” and “start a family,” pointing out the impact of our career decisions on these family-oriented life goals (“If you wait any longer to have kids, I might not be around to see them graduate high school”). While these concerns can be helpful for reminding first-gen students to reflect on and balance their personal and career goals, they can also feel invalidating as first-gen students assess the value of the sacrifices they made to pursue higher education (“Wait, I thought getting a Ph.D. was a good thing?”).

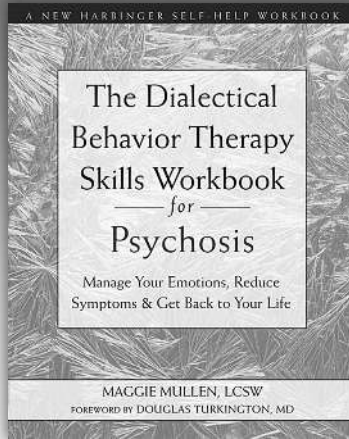
Identity Challenges

The challenge of fitting in with family and academic colleagues can create a perpetual identity conflict (e.g., Leyva, 2011).

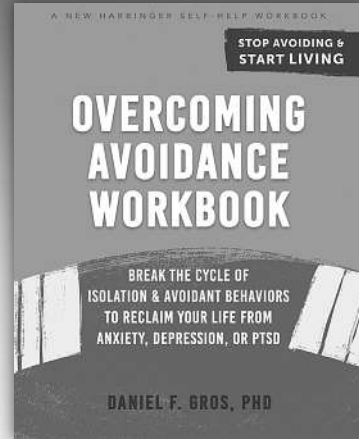
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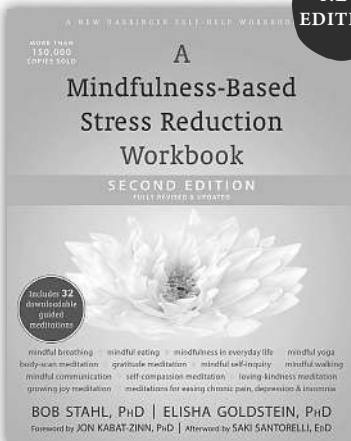
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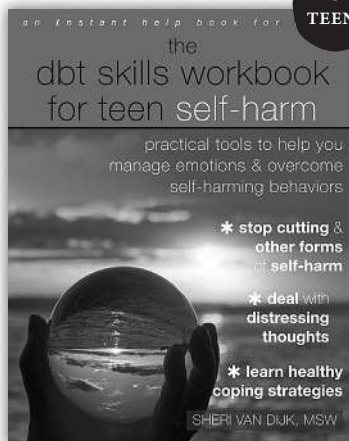
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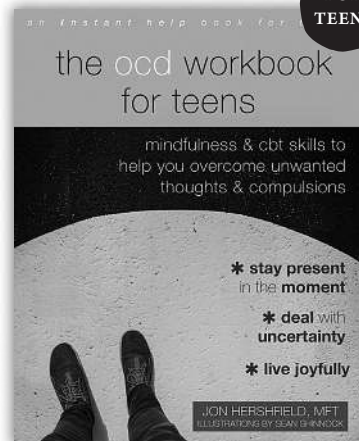
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On the one hand, first-gen students could cling to their unique, decidedly nonacademic roots, which can make them feel vulnerable or insecure when surrounded by their professional-background colleagues. On the other hand, first-gen students who assimilate to their professional environment may feel guilty for betraying their family of origin. Ironically, attempts to satisfy both identities simultaneously can leave individuals feeling unfulfilled in both realms, as though they are always sacrificing one part of their identity in some way. As practicing clinicians, we would advise our clients to strive for alignment and reconciliation between their personal and professional values. Yet, many first-gen students (and some of the authors) may struggle to do this, as they find that having separate identities specific to each context is often reinforced with positive social feedback.

To further complicate the identity clarification process, first-gen students are among those who are particularly vulnerable to acute (and chronic) experiences of “impostor syndrome,” wondering whether they deserved admission to a graduate program, feeling compelled to explain why they did not have similar prior experiences to their peers, and being afraid to ask questions about things that “everyone else just knows” (Canning et al., 2020; Craddock et al., 2011). The impostor syndrome can amplify the internalization of negative feedback across all professional contexts (“They’ve finally realized that I’m not as competent of a clinician/researcher/instructor/etc. as I’ve pretended to be!”), leaving a first-gen student’s identity and self-esteem in constant limbo. First-gen students may be fraught with high levels of anxiety and stress when faced with seeing patients, giving presentations, writing research papers, and defending research projects, exercises commonly associated with pursuing a clinical psychology degree. As such, they may work extremely hard on these tasks, set unreasonably high expectations for their performance, and put in excessive amounts of time and energy relative to their continuing-gen peers in efforts to “prove their worth” to themselves and others (Sakulku, 2011). While this may lead to success and praise in the short term, as the next impending project arises, the cycle repeats itself. This psychologically draining process can lead first-gen students to experience academic burnout as this approach to overcoming internalized insecurities may not be sustainable over the course of their graduate school tenure.

Intersecting Multicultural Identities

The challenges of pursuing a graduate degree may be especially amplified for first-gen students who come from historically underrepresented racial/ethnic backgrounds or who possess other marginalized multicultural identities (e.g., religious minority backgrounds, LGBTQ). Given that the range of intersecting multicultural identities is limitless, attempting to capture them all far exceeds the scope of this paper. Instead, we focus on two multicultural identities that most commonly add to the challenges faced by first-gen students.

One prominent challenge comes from being a first-gen student who is also a member of a historically underrepresented racial or ethnic group (Howard, 2017; Leyva, 2011). Indeed, the journey of obtaining an advanced degree in clinical psychology in itself represents a stressful period denoted by major life transitions, increasing scholarly independence, and struggles to maintain a healthy work/life balance. However, for first-gen students who are one of the only students on campus of a particular race, these stressors may be compounded by feelings of isolation and marginalization (Stone et al., 2018). Unfortunately, the relevance of microaggressions and other negative interactions pertaining to one’s race or ethnicity may serve to instantly invalidate the years of hard work and effort that students of color have put in to attain success. For instance, at least one of us who identifies as a person of color can recall being told as a graduate student, “You only got this award because you are Black” when sharing with a professor news about receiving a competitive fellowship. These invalidating messages may directly refute affirming messages provided by family and friends that led many of us to pursue advanced degrees in the first place. Such experiences may be particularly taxing for first-gen students who may be attending institutions with no formal programming or support systems in place for students of color to feel supported and validated.

Another challenge in particular lies in the experience of first-gen students who come from immigrant families in which the student’s parents and other role models do not speak English and/or have limited understanding of the U.S. educational system. This presents a unique set of challenges over the course of the student’s academic life. Beginning in early childhood, the student may not have had the luxury of having parents who could help with home-

work assignments, advocate for their child in the school system, or help their child navigate the complexities of academic transitions. When applying to college and later to doctoral programs, these students did not have the advantage of parents who could proofread personal statements, assist with demystifying the process of applying for financial aid, or help with the practicalities of transitioning to university life. In addition, in some immigrant families, there may be an overreliance on children and/or other family members due to a limited proficiency in the English language, which could continue even as the child pursues higher education.

Program Support and Mentorship

We all agree that graduate programs and individual mentors can increase the likelihood of a first-gen student’s success. Some first-gen students have been fortunate to have mentors who were extraordinarily sensitive to some of the above challenges and who took them under their wings, providing mentorship that went above and beyond what is typically expected. Others may not have had such good fortune, but have strived to provide a higher level of mentorship to their own first-gen students. Doctoral programs can strive to institute practices to help first-gen students navigate challenges they may face throughout their graduate training. In the next section, we provide specific pieces of advice to graduate programs and individual mentors who have first-gen doctoral students.

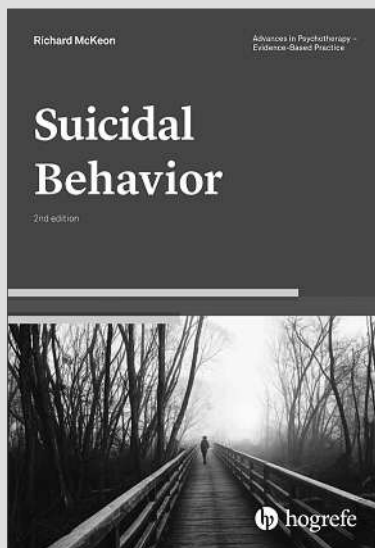
Program Support

First-gen students are likely to seek out and feel supported by programs that have relevant support mechanisms in place. To start, determine if your university has a first-gen organization, and if so, reach out to see if they provide resources and support for first-gen graduate students (many focus primarily on undergraduate students, but some of the resources they provide could benefit graduate students as well). Hosting or identifying seminars on funding opportunities, financial planning (e.g., student loans in the long term), and professional development could be particularly helpful for reducing financial stress among first-gen students. A peer mentorship program led by more senior students could help first-gen students boost their proficiencies in academic writing, statistics, applying for awards/internship, submitting conference proposals, conducting peer reviews, and

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cidal behavior, with the hope that these methods will become the standard in clinical practice.

The book is invaluable as a compact how-to reference for professional clinicians in their daily work and as an educational resource for students and for practice-oriented continuing education. Its reader-friendly structure makes liberal use of tables, boxed clinical examples, and clinical vignettes. The book also addresses common obstacles in treating individuals at risk for suicide. It is an essential resource for anyone working with this high-risk population.

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more. Peer mentorship may be especially effective for helping first-gen students set realistic expectations (through peer comparison), which could alleviate stress caused by the impostor syndrome. Self-care seminars hosted by fellow students could help first-gen students establish a healthy work-life balance. Establishing a student resource library funded by the program could also reduce the need for first-gen students to locate and purchase training resources (e.g., costly statistics/therapy manuals). To reduce the financial burden of conference travel, programs may consider setting up a travel fund (funded by donations from alumni, other donors, or clinic proceeds) to prevent first-gen students from incurring any up-front out-of-pocket costs from conference travel; programs could also advocate for such funds to be offered by the department, college, or university. Programs that forbid students from seeking outside employment may wish to revisit their policies, as many first-gen students rely on additional funding to make ends meet, and/or are responsible for providing money to their families of origin.

Universities and training programs that offer a variety of supportive mechanisms for first-gen students also alleviate burden on mentors, who may at times feel overwhelmed by the different layers of support a first-gen student may need. Being able to refer first-gen students to other available resources (e.g., resource library, peer consultation, institutional organizations) can help ensure that mentors are able to provide more targeted support that best capitalizes on their expertise. If your program does not have a diversity committee, mentors of first-gen students might consider advocating for one. Supporting and training increasingly diverse students, and creating an accepting culture in a program/department, requires a team-based approach, especially given that the time dedicated to these efforts are often based on volunteerism. Diversity committees can alleviate some of the burden on individual mentors to seek resources relevant to first-gen students' needs. Finally, increasing diversity among the faculty will likely increase awareness of first-gen training needs and potential support mechanisms. However, it is important that program faculty share the responsibility of supporting first-gen students and do not overburden underrepresented faculty with this task. For instance, instead of tasking a faculty member of color with leading a seminar on a topic relevant to first-gen students, programs might choose to create

regularly scheduled panels of faculty who can share advice and guidance to these trainees.

Mentoring First-Gen Students

Given the power differential in the mentor-mentee relationship, it is often easier for mentors to initiate discussions that consider first-gen students' experiences and needs. In a discussion of students' strengths and growth areas, mentors may offer the opportunity for students to share anything about their background or identity that would be helpful for them to know as they work together (e.g., "Students come from different family and academic backgrounds, and if there is anything about your background that you think would be helpful for me to know, so that I can support you as best I can, please feel free to share this information with me at any time in our work together"). Unprompted, many first-gen students may feel ashamed or scared to discuss their first-gen status, for fear that doing so will lead others to see them as less qualified or capable compared to their peers. First-gen faculty may choose to display something that indicates their first-gen status (e.g., a laminated card on the office door that reads "I'm first-gen, too!"). Sharing common challenges that students often face at the onset of graduate school (e.g., adjusting to a new place, feeling insecure about their writing/stats knowledge) could help validate students' concerns and create a nonjudgmental opportunity for them to openly discuss their needs. Mentors could also add to feelings of safety by acknowledging their willingness to help locate resources or seek consultation when needed. It is important that mentors avoid making assumptions about students, or placing undue pressure on them to share information about their background and identity ("You look to be a person of color, so tell me about that"), and instead focus on creating safe opportunities for students to share personal information if and when they feel comfortable and ready.

The mentor-mentee relationship changes over time, and as trust increases, students may feel more comfortable disclosing personal information and experiences to their mentors. Mentors should remain informed of efforts within the program, department, and college/university to provide training opportunities and resources that may be particularly relevant to first-gen students, so that they can share this information with students who may need such resources. Additionally, in their

interactions with students, mentors should work to use language that demonstrates awareness of students' varied backgrounds, experiences, and financial capabilities, and validates that this variation is acceptable and welcome. For instance, instead of saying "Let's submit a poster to a conference," a mentor might acknowledge the financial burden that accompanies conference travel and say, "I'd love to support you in submitting a poster presentation to this national conference, and I'd also be happy to help you look into travel awards, should you need them."

Finally, mentors can demonstrate their commitment to first-gen students from underrepresented backgrounds by attending diversity training opportunities sponsored by the training program, department, or college/university. Faculty attendance at diversity training seminars helps to create a culture of acceptance and humility, and when students see faculty in attendance, it sends a powerful message that "we are all growing and learning together." Faculty should also consult with their program's diversity committee for guidance on situations or challenges with which they have less familiarity or experience. It is important to remember that multicultural humility does not require that mentors know everything or are prepared to handle every situation perfectly. Mentors who acknowledge gaps in their knowledge, and commit themselves to learning how to best support their first-gen students from underrepresented backgrounds, are likely to be more successful in helping such students advance professionally.

Additional tips for mentors are provided below.

Tips for Helping Students Deal With Financial Challenges

- Be proactive in seeking funding opportunities for first-gen students and nominating them when appropriate. For instance, female identified students can qualify for very low interest loans (<https://www.peointernational.org/about-peo-educational-loan-fund-elf>) and/or apply for a \$15,000 dissertation award (<https://www.peointernational.org/scholar>) through the Philanthropic Education Organization. In addition, the American Psychological Association, National Institutes of Health, and numerous other organizations provide funding opportunities to support students at all levels of training.

- Encourage first-gen students to apply for conference travel awards, both at their home institution and through the organization hosting the conference, and explore opportunities to receive registration and travel subsidies for volunteering at conferences. Consider using any available laboratory funds to pay for their conference travel when they are unable to obtain (or ineligible for) external travel awards. It is important to note that students are often asked to pay for conference expenses and then wait for reimbursement, which can add to financial stress; determine if there are ways for larger expenses (air/hotel/registration) to be paid directly by your department's grant manager or the entity funding a travel award.
- Be sensitive to financial limitations that may reduce first-gen students' ability to travel home to their families for the holidays, and consider different ways to make their holidays away from home less lonely. Some mentors might invite students to join the mentor's family for a holiday meal. Others might organize program holiday events, suggest community holiday events in the area, or simply talk to students about the difficulties of being away from family during these times. Many college campuses coordinate (e.g., through their International Student Affairs Office) social events for students, including for those unable to travel for the holidays.

Tips for Helping Students Increase Professional Familiarity and Engagement

- Support of first-gen students begins in undergraduate settings. Encourage undergraduate students in your research lab. For example, help them conduct independent research, encourage them to present research findings, and help them find resources to do so. Direct them to resources to help them with career decision making, review their application materials, and conduct mock interviews with them. Many first-gen undergraduate students may not be aware that grad school costs can often be deferred or mitigated through TA/RA-ships and other fellowships.
- Be cognizant of the fact that first-gen students may not have had opportunities to develop certain skills as much as students from highly educated families. For example, they may require a bit more mentoring on writing or abstract

theoretical reasoning. This likely has little to do with raw ability, and more to do with growing up in a home where a parent was not editing essays or engaging in academically/theoretically rich discussions around the dinner table. Leverage existing student success programs on campus and elsewhere (e.g., writing center, study tip training workshops) and provide low-pressure opportunities to practice their skills (e.g., journal clubs).

- Be aware of opportunities that are unknown-but-available to first-gen students. For example, students may not be aware of the importance of learning how to conduct peer reviews; consider inviting them to review some papers with you. First-gen students may also not be aware of the value of attending national conferences—they may benefit from being walked through how to plan their time at conferences.
- Help first-gen students establish professional relationships with important others in the field. This may help compensate for their “not knowing the right people.” For example, at an annual conference, consider reaching out to a colleague to introduce them to your student as a potential future intern or postdoc. Alternatively, ask a “big name” in the field to serve on your student's thesis committee. Finally, take many

opportunities to promote your student's work to your colleagues.

Tips for Helping Students Manage Challenging Issues of Identity

- Share resources (such as this document) about what it's like to be a first-gen college student, and assist students in seeking the appropriate support (e.g., from the program, mentors, local therapists) to balance competing personal and professional demands, if necessary.
- Be aware of and discuss signs of the impostor syndrome (e.g., unobtainable standards, unsustainable work habits, internalizations of self-doubt). Work with first-gen students to develop healthy work habits that will help daunting milestones (e.g., defending theses, writing dissertations) become more manageable. This may include establishing reasonable time lines and expectations for research tasks (e.g., writing, analyses). Clinical supervisors can also work to challenge disparaging cognitions (e.g., “I'm not qualified to help”) that may arise when first-gen students begin to see patients. Setting appropriate expectations that normalize the difficulty and nuance of being a clinician can go a long way in buffering feelings of self-doubt when faced with challenging sessions, slow treatment

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progress, and/or other unforeseen circumstances (e.g., conducting a first risk assessment). Mentors and clinical supervisors are encouraged to provide opportunities for first-gen students to discuss the impostor syndrome to understand the individual and contextual factors that may be contributing to such experiences as a means to provide support. Share your own experiences of the impostor syndrome and adaptive strategies used to navigate such experiences in order to validate and normalize that these cognitions and emotions are not limited to first-gen students.

- Be sensitive to competing personal and professional values when considering career trajectory and goals. Keep in mind that your first-gen students' overarching values may be unique to their families of origin (e.g., more collectivistic than individualistic, more in need of a balance between their family's needs and their own), which may influence the type and geographic location of positions they may pursue. Encourage students to identify multiple other mentors who may help with various aspects of their intersecting identities while building their personal academic community.
- First-gen students may not have many people in their personal lives celebrating, or even understanding, their academic achievements. Consider providing additional support, encouragement, and opportunities to celebrate.
- If your student's family is not supportive of their career choice, be careful to balance your constructive criticism with praise and encouragement. This can mean the difference between feeling defeated on all fronts versus feeling encouraged and propelled forward.
- Mentors of first-gen doctoral students may wish to seek the student's permission to meet their family of origin if the opportunity presents itself, with mentors taking care to "leave the uppityness at home." This might help to increase family emotional support for the student, demystify the graduate school process for the family, and help the student better integrate these two facets of his/her life. One of us had a very kind mentor in graduate school who established a long-lasting relationship with her parents, mailed her parents a copy of her first publication, personally

invited them to her dissertation defense, and regularly invited them to his home for meals with his family when they visited.

- Support first-gen students of color to attend national conferences designed to promote the development of underrepresented groups in psychological science (e.g., Black Graduate Conference in Psychology) and support their membership in affinity groups associated with national organizations (e.g., Latinx Caucus of the Society of Research on Child Development).

Closing Notes

At long last, the field of clinical psychology has begun to seriously consider a multicultural framework, recognizing the biases that exist in our professional gateways, traditions, and even in the content of our scientific and clinical work. Far more work must be done to acknowledge potential barriers to professional advancement of racial, ethnic, sexual, and gender minorities. In recent years, our field also has recognized blind spots with regard to religious and political diversity within our psychology community. We believe these remain high-priority areas for attention as our field increasingly values diversity and commits significant resources to the future of our discipline. As reflected in this paper, first-gen status is an identity characteristic that often intersects with more visible, and commonly discussed, forms of diversity. By acknowledging first-gen status as an important factor contributing to the graduate student experience, we can improve upon our collective efforts to support the increasingly diverse cohorts of students entering graduate programs in clinical psychology.

References

- Canning, E. A., LaCrosse, J., Kroeper, K. M., & Murphy, M. C. (2020). Feeling like an imposter: The effect of perceived classroom competition on the daily psychological experiences of first-generation college students. *Social Psychological and Personality Science*, 11(5), 647-657.
- Craddock, S., Birnbaum, M., Rodriguez, K., Cobb, C., & Zeeh, S. (2011). Doctoral students and the impostor phenomenon: Am I smart enough to be here? *Journal of Student Affairs Research and Practice*, 48(4), 429-442.
- Cunningham, A. T., & Brown, W. A. (2014). The role of psychological well-being in first generation graduate stu-

- dents. *National Association of Students Affairs Professional Journal*, 14(1), 51-77.
- Gardner, S. K., & Holley, K. A. (2011). "Those invisible barriers are real": The progression of first-generation students through doctoral education. *Equity & Excellence in Education*, 44(1), 77-92.
- Howard, S. (2017). Black first-generation social work doctoral students. *Journal of Teaching in Social Work*, 37(5), 513-527.
- Kniffin, K. M. (2007). Accessibility to the Ph.D. and professoriate for first-generation college graduates: Review and implications for students, faculty, and campus policies. *American Academic*, 3(1), 49-79.
- Leyva, V. L. (2011). First-generation Latina graduate students: Balancing professional identity development with traditional family roles. *New Directions for Teaching and Learning*, 2011(127), 21-31.
- Lunceford, B. (2011). When first-generation students go to graduate school. *New Directions for Teaching and Learning*, 2011(127), 13-20.
- Mullen, A. L., Goyette, K. A., & Soares, J. A. (2003). Who goes to graduate school? Social and academic correlates of educational continuation after college. *Sociology of Education*, 76(2), 143-169.
- Nevill, S. C., & Chen, X. (2007). *The path through graduate school: A longitudinal examination 10 years after bachelor's degree* (Report No. NCES 2007-162).
- Roksa, J., Feldon, D. F., & Maher, M. (2018). First-generation students in pursuit of the PhD: Comparing socialization experiences and outcomes to continuing-generation peers. *Journal of Higher Education*, 89(5), 728-752.
- Sakulku, J. (2011). The impostor phenomenon. *Journal of Behavioral Science*, 6(1), 75-97.
- Seay, S. E., Lifton, D. E., Wuensch, K. L., Bradshaw, L. K., & McDowelle, J. O. (2011). First-generation graduate students and attrition risks. *The Journal of Continuing Higher Education*, 56(3), 11-25.
- Stone, S., Saucer, C., Bailey, M., Garba, R., Hurst, A., Jackson, S. M., ... & Cokley, K. (2018). Learning while Black: A culturally informed model of the impostor phenomenon for Black graduate students. *Journal of Black Psychology*, 44(6), 491-531.
- ...
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Talking Racial Stress: Clinician Recommendations for Exploring Racial Stress With BIPOC Patients

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IT IS WELL ESTABLISHED by a burgeoning body of literature that racial stress is related to emotional difficulties and negative health outcomes (e.g., anxiety, anger, and stress—Huynh et al., 2012; Tynes et al., 2008; somatic symptoms, health, and negative affect—Ong et al., 2013; Nadal et al., 2016; Berger & Sarnyai, 2014; depression—Brown et al., 2000). Given these deleterious effects, it is imperative that all practicing clinicians be able to reliably assess for manifestations of racial stress in their patients, as lacking such skills arguably fails to meet even the minimum acceptable level of professional competency. Despite the importance and necessity of these skills, research has shown that many clinicians are uncomfortable and lack experience with discussions of racial stress (Knox et al., 2003; Smedley et al., 2003). Also, clinicians may be exposed to and/or endorse antiquated multicultural ideologies (e.g., colorblind racial ideology—“I don’t see color”) that have been associated with aversive mental health and day-to-day consequences for minorities (e.g. mental energy, emotional outcomes, and physical symptomatology; Neville et al., 2013). If clinicians lack experience or confidence discussing racial stress throughout therapeutic interactions, their patients who identify as Black, Indigenous, and People of Color (BIPOC) risk encountering racial microaggressions within the therapeutic process (Constantine, 2007), thereby increasing the possibility of ruptures in the therapeutic alliance, preempted relational openness, stymied therapeutic effectiveness, and ultimately premature termination (Day-Vines et al., 2018).

Despite these shortcomings on the part of providers working with BIPOC patients, there is a paucity of instructional information for providers to correct many of these errors. There do exist useful and validated structured interviews (e.g., UnRESTS—Williams et al., 2018; Cultural Formulation

Interview—APA, 2015) and self-reports (e.g., General Ethnic Discrimination Scale [GEDS]; Landrine et al., 2006; Racial Microaggressions Scale [RMAS]; Torres-Harding et al., 2012; Trauma Symptoms of Discrimination Scale [TSDS]; Williams et al., 2018) that are invaluable in assisting clinicians in assessing experiences and perceptions of racial stress; however, there is a dearth of literature providing a framework for how to continue the discussion of racial stress throughout the therapeutic process. As such, the authors¹ felt it important to draw upon existing literature and lessons learned within their own clinical practices to provide recommendations for how clinicians can prepare themselves for and engage in ongoing discussions about racial stress.

Given the relatively recent increase in the inclusion of non-Black POC in research and treatment studies, much of the following information will focus on and reference studies done with people who identify as Black or African American; however, these strategies are intended to be applicable to race-based work with members of minority communities who are not part of the African diaspora. Additionally, the suggestions mentioned hereafter may be incorporated by clinicians of any racial or ethnic background.

The Work Before the Discussion

In order to provide culturally humble and competent therapy, clinicians should

be willing to do work outside of the therapeutic setting and *proactively self-educate* rather than rely solely on their work with BIPOC patients for opportunities to grow. The cost of not seeking self-education may result in the unintentional perpetuation of systemic oppression (Jemal, 2017). As such, proactive self-education represents one method for clinicians to acquaint themselves with the realities of injustice, inequality, and cultural strengths experienced by BIPOC patients as a means to make the therapeutic process a source of healing and empowerment rather than another systemic experience of racial stress. This work should include lay and scientific readings and trainings. *A nonexhaustive list of suggested readings and media for further education can be found in Appendix A.* Self-education also involves exploring one’s implicit biases (e.g., consider use of Implicit Associations Tests [IAT]; Greenwald et al., 1998), gaining a practical understanding of racial and ethnic identity development and the expression of this continuum (Williams et al., 2012), and cultivating an understanding of one’s own identity development around race and bias. Also, proactive self-education can help clinicians better understand their personal biases, which is necessitated by findings showing that provider biases are a contributing factor to BIPOC patients receiving lower quality of care relative to White counterparts (e.g., shorter duration and less evidence-based care—Cook et al., 2014; McGuire & Miranda, 2008; provider’s refusing to treat BIPOC patients and withholding validated treatment—Syed, 2017; White providers unintentionally committing racial microaggressions towards African American patients—Constantine, 2007).

In addition to self-education, clinicians should *be willing to sit with discomfort* in order to address their own avoidance (purposeful or accidental) of the discussion of race (Cardemil & Battle, 2003). Of note, research has found that White clinicians may display nonverbal avoidant behaviors (e.g., breaking eye contact, excess blinking; Goff et al., 2008) when they fear appearing

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racist, which can have profound impacts on therapeutic alliance. Regardless of whether the relationship is therapeutic or personal, interracial interactions that involve conversations about race can be emotionally taxing (Miller et al., 2004). However, personal cross-cultural relationships are an essential ingredient to reducing implicit bias and reducing ethnocentrism (Brannon & Walton, 2013; Pettijohn II & Naples, 2009; Tadmor et al., 2012). In seeking diverse social circles (e.g., interacting with individuals who hold different lived experiences), clinicians can challenge themselves to learn to embrace their discomfort and build tolerance for engaging in culturally unfamiliar social interactions.

As is often recommended to our patients, skill rehearsal is essential to promoting confidence and enhancing competence. As such, it is imperative that clinicians *have the tough conversations* about race in their personal lives both for personal and professional edification. They should conduct such conversations within more personal social spheres with the consent of individuals who have lived experiences different from their own. Begin by asking a friend if they have space for such a conversation in an effort to demonstrate respect for their boundaries regarding their time, emotional energy, and overall interest in having such a conversation. During these conversations, it is important to limit asking friends to assuage any negative feelings, but rather remain open to personal discomfort without judgment. For more recommendations on how to engage in these conversations, see Sue (2013) and Singleton and Hays (2008).

Last, *seek diverse supervision and consultation*. Clinicians may find it important to seek ongoing or intermittent supervision by clinicians who have expertise in treating racial stress. Understandably, there may be a dearth of experts on the topic of racial discrimination/trauma in one's immediate proximity, which necessitates that the clinician be proactive in seeking experts outside of their immediate networks (e.g., contact an expert author of journal article that discusses a topic relevant to a patient issue). When feasible, it is strongly encouraged to find means to compensate for these services as a way to demonstrate respect for the time and knowledge possessed. Another approach to this might be to join or create a consultation group led by expert clinicians.

When Assessing the Impacts of Racial Stress

Many assessment tools provide important information about the frequencies and emotional impacts of different types of racial stressors; however, it is through the follow-up discussions with patients that clinicians can further understand the nuances of the cognitive, emotional, and behavioral responses to racially stressful encounters that can be used to inform case conceptualization and treatment planning. While a detailed discussion of these nuances is beyond the scope of this paper, clinicians seeking to formulate a cognitive-behavioral conceptualization of a patient's experiences with racial stress may find the following questions important to consider:

1. *Race-Related Cognition*— Does the patient perceive their encounters with racial stressors as threatening, manageable, and/or within their control?
- 1a. *Internalized Racism*— Does the patient express acceptance of negative stereotypes about their ingroup, demonstrate mistrust towards their ingroup, or accept responsibility for racially stressful experiences?
2. *Reactive and Proactive Coping Responses*— What coping strategies did the patient use in reaction to the stressor and what coping strategies do they plan to use in anticipation of future stressors?
3. *Coping Efficacy*— Does the patient feel these coping responses supported their attainment of personal goals and values?
4. *Current Events Impact*— How have past and current events (e.g., video footage of the death of BIPOC) impacted a patient's mental health?

For a more detailed discussion of these topics, see (Bryant-Davis & Ocampo, 2006; DeLapp & Williams, 2019; Kirkinis et al., 2018; Sosoo et al., 2019).

While obtaining this information, it is important to consider how clinicians generally approach the subject of racial stress within the therapeutic relationship. Clinicians should first prioritize *empowering patients* by obtaining consent to explore their racial stress with more in-depth inquiries. Similar to treating patients with PTSD (Measham & Rousseau, 2010), patients should be reminded of their right

to omit and/or bypass disclosures of their experience until ready. Also, patients may find it helpful for clinicians to clarify the intent behind wanting to further assess racial stress (e.g., "You mentioned feeling that your boss is treating you differently from your colleagues. Are you open to discussing this further so that we can better understand how this may be impacting the overall stress you are feeling at work?"), as the relevance of such questioning may not be apparent if racial stress was not a primary motivator for patient treatment seeking (Hunter & Schmidt, 2010). And, as you receive patient disclosures about their racial stress encounters, offer brief summaries using patients' own words and empower patients to clarify the accuracy of summaries. Clinicians should limit interpretations (e.g., "It sounds like you are ..." or "You must be ...") early in the treatment process, as doing so may infuse the clinician's biases into the narratives of the patient.

During these conversations, it is natural for clinicians to want to express understanding and openness; however, clinicians should *limit the use of self-disparaging statements* as a tool to accomplish these goals. Statements that disparage one's identity (e.g., "I couldn't possibly understand because of [insert 'privileged' identity]") inadvertently shifts attention away from the patient's disclosure and redirects attention towards your own emotions about being in this space. Such statements risk placing the patient in a role of having to offer a consoling response to validate the clinician's expertise or role within the therapeutic relationship. If clinicians notice personal discomfort or self-doubt regarding their ability to empathize (or communicate empathy), they should use resources outside of the session to process these feelings or explore alternatives (e.g., supervision, peer consultation, reading). Similarly, clinicians should *limit statements that over-inflate their qualification* to understand another's lived experience, such as "I have lived in a predominantly Latinx neighborhood, so I get it." This is especially relevant for clinicians of minority status—"As a Black male, I get it." Though personal lived experiences may provide a frame of reference for fostering empathy and positive regard towards a patient, such statements may stifle patients' introspection and discussion of their own unique experiences. Rather, clinicians should communicate their efforts towards cultural humility (or the acknowledgement of one's limitations to fully understand the cultural experiences

of others and willingness to learn of another's lived experiences; Hook & Davis, 2017), given that research has shown that cultural humility on the part of the clinician is associated with better therapeutic outcomes (Mosher et al., 2017; Owen et al., 2016).

While a common therapeutic technique is to process the so-called "elephants in the room," it is important to *use caution when bringing awareness to identity differences* between a clinician and patient. Questions like, "What is it like to talk about this topic with a [insert 'privileged' identity]" intend to acknowledge the unspoken yet potentially impactful dynamics within the therapeutic relationship. However, the emphasis on the clinician's identity coupled with the timing of such statements may leave patients unclear as to the clinician's intent in highlighting such differences and may inadvertently shift the therapeutic focus away from the patient. An alternative, more transparent approach includes three steps. First, clinicians can acknowledge the literature regarding racial matching (e.g., "Some individuals prefer to discuss racial stressors with individuals with shared experiences [this often means people with

similar racial/ethnic backgrounds]—"), which accentuates the importance of noting the reality of a racial mismatch, but does not assume that the patient definitely has immediate concerns. Second, clinicians acknowledge the truth (e.g., "However, we do not have similar racial/ethnic backgrounds"). Last, clinicians can invite ongoing processing of the mismatch (e.g., "I would be happy to discuss how our differences impact how it feels to talk about your experiences now or at any point during our work together"). Collectively, these recommendations clarify the intent of highlighting "the elephant" as well as empowers the patient to have agency over processing this dynamic in the therapeutic relationship.

Finally, as a clinician learns more about the therapeutic relationship, they may deem it important to process observed behaviors during conversations about racial stress that are conceptualized as relevant to the patient's treatment process. For instance, treatment-relevant behaviors may include guardedness, minimizing lived experiences, selective disclosure of information, restricted affect/emotional avoidance, confrontation, disparaging statements towards one's in-group, or

acceptance of blame for experiences of racial stress. Though it is natural for clinicians to formulate hypotheses regarding the function of these behaviors within the clinical relationship (e.g., "They are uncomfortable talking to someone like me about this topic" or "It seems they have internalized racist views towards their in-group"), we recommend that clinicians utilize caution when exploring the underlying causes of these behaviors with the patient. As noted before, clinicians should remain mindful that sharing clinical judgments or interpretations of a patient's behavior may be perceived as aversive, especially if BIPOC patients are approaching therapy with mistrust or hesitancy (Hunter & Schmidt, 2010). Rather than describing such behavior to patients with an assumed function/intent, clinicians are encouraged to utilize foundational CBT skill sets in Socratic questioning to promote a patient's discovery of the function and impact of the targeted behavior on their own (Kazantzis et al., 2014). Specifically, clinicians are encouraged to use the following approaches to explore the behavior with the patient:



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1. Support the patient in exploring their own emotions, thoughts, and potential functions that certain behaviors serve in the room—“I noticed that when we began discussing [racial event], you expressed that the event ‘wasn’t a big deal.’ Can you tell more about what led you to express this about your experience?”
2. Explore if these behaviors are ever evident in other lived experiences—“Has this ever happened at other times, such as when talking to others or even when you are thinking about this event privately?”
3. Explore the impact of these behaviors in the room—“I have noticed you mention ‘It wasn’t a big deal’ several times while talking about your experiences with racial stress in our meetings. [Assess patient awareness] Have you noticed this? [Obtaining consent] Are you open to talking about what it feels like to share your experiences in our meetings?”

Collectively, this language acknowledges the behavioral patterns and invites the patient’s awareness of these patterns while empowering their agency in processing.

Conclusion

One’s racial and/or ethnic background can be a source of pride as well as be associated with negative emotions. While there are many well-validated assessment tools to support clinicians in gathering this information, there are limited guidelines on how to carry this information forward into the therapeutic process. As such, the current paper offers guidelines to support clinician’s preparation for these conversations both in their personal and professional lives. Also, the paper includes recommendations for how clinicians can have initial and hopefully ongoing conversations about the impact of racial stressors throughout the course of treatment. Collectively, the aforementioned recommendations are intended to support clinicians in further creating a safe and empowering therapeutic space for patients to reflect on, disclose, and heal from experiences of racial stress.

References

- Berger, M., & Sarnyai, Z. (2015). “More than skin deep”: Stress neurobiology and mental health consequences of racial discrimination. *Stress*, 18(1), 1-10.

- Brannon, T. N., & Walton, G. M. (2013). Enacting cultural interests: How intergroup contact reduces prejudice by sparking interest in an out-group’s culture. *Psychological Science*, 24(10), 1947-1957.
- Brown, T. N., Williams, D. R., Jackson, J. S., Neighbors, H. W., Torres, M., Sellers, S. L., & Brown, K. T. (2000). “Being black and feeling blue”: The mental health consequences of racial discrimination. *Race and Society*, 2(2), 117-131.
- Bryant-Davis, T., & Ocampo, C. (2006). A therapeutic approach to the treatment of racist-incident-based trauma. *Journal of Emotional Abuse*, 6(4), 1-22.
- Cardemil, E. V., & Battle, C. L. (2003). Guess who’s coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice*, 34(3), 278.
- Constantine, M. G. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*, 54(1), 1.
- Cook, B. L., Zuvekas, S. H., Carson, N., Wayne, G. F., Vesper, A., & McGuire, T. G. (2014). Assessing racial/ethnic disparities in treatment across episodes of mental health care. *Health Services Research*, 49(1), 206-229.
- Day-Vines, N. L., Ammah, B. B., Steen, S., & Arnold, K. M. (2018). Getting comfortable with discomfort: Preparing counselor trainees to broach racial, ethnic, and cultural factors with clients during counseling. *International Journal for the Advancement of Counseling*, 40(2), 89-104.
- DeLapp, R. C. T., & Williams, M. T. (2019). Preparing for Racial Discrimination and Moving beyond Reactive Coping: A Systematic Review. *Current Psychiatry Research and Reviews*, 15(1), 58-71.
- Goff, P. A., Steele, C. M., & Davies, P. G. (2008). The space between us: Stereotype threat and distance in interracial contexts. *Journal of Personality and Social Psychology*, 94, 91-107.
- Greenwald, A. G., McGhee, D. E., & Schwartz, J. L. (1998). Measuring individual differences in implicit cognition: the implicit association test. *Journal of Personality and Social Psychology*, 74(6), 1464.
- Hook, J. N., & Davis, D. E. (2017). Cultural humility. *The International Encyclopedia of Intercultural Communication*, 1-5.
- Hunter, L. R., & Schmidt, N. B. (2010). Anxiety psychopathology in African American adults: Literature review and development of an empirically informed sociocultural model. *Psychological Bulletin*, 136(2), 211.
- Huynh, Q. L., Devos, T., & Dunbar, C. M. (2012). The psychological costs of painless but recurring experiences of racial discrimination. *Cultural Diversity and Ethnic Minority Psychology*, 18(1), 26.
- Jemal, A. (2017). Critical consciousness: A critique and critical analysis of the literature. *The Urban Review*, 49(4), 602-626.
- Kazantzis, N., Fairburn, C. G., Padesky, C. A., Reinecke, M., & Teesson, M. (2014). Unresolved issues regarding the research and practice of cognitive behavior therapy: The case of guided discovery using Socratic questioning. *Behaviour Change*, 31(1), 1-17.
- Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (2018). Racism, racial discrimination, and trauma: A systematic review of the social science literature. *Ethnicity & Health*, 1-21.
- Knox, S., Burkard, A. W., Johnson, A. J., Suzuki, L. A., & Ponterotto, J. G. (2003). African American and European American therapists’ experiences of addressing race in cross-racial psychotherapy dyads. *Journal of Counseling Psychology*, 50(4), 466.
- Landrine, H., Klonoff, E. A., Corral, I., Fernandez, S., & Roesch, S. (2006). Conceptualizing and measuring ethnic discrimination in health research. *Journal of Behavioral Medicine*, 29(1), 79.
- McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs*, 27(2), 393-403.
- Measham, T., & Rousseau, C. (2010). Family disclosure of war trauma to children. *Traumatology*, 16(4), 85-96.
- Miller, J., Donner, S., & Fraser, E. (2004). Talking when talking is tough: Taking on conversations about race, sexual orientation, gender, class and other aspects of social identity. *Smith College Studies in Social Work*, 74(2), 377-392.
- Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlare, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221-233.
- Nadal, K. L., Griffin, K. E., Wong, Y., Davidoff, K. C., & Davis, L. S. (2017). The injurious relationship between racial microaggressions and physical health: Implications for social work. *Journal of Ethnic & Cultural Diversity in Social Work*, 26(1-2), 6-17.
- Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist*, 68(6), 455.
- Ong, A. D., Burrow, A. L., Fuller-Rowell, T. E., Ja, N. M., & Sue, D. W. (2013). Racial microaggressions and daily well-being among Asian Americans. *Journal of Counseling Psychology*, 60(2), 188.

- Owen, J., Tao, K. W., Drinane, J. M., Hook, J., Davis, D. E., & Kune, N. F. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, 47(1), 30–37.
- Pettijohn II, T. F., & Naples, G. M. (2009). Reducing ethnocentrism in US college students by completing a cross-cultural psychology course. *The Open Social Science Journal*, 2(1).
- Singleton, G. E., & Hays, C. (2008). Beginning courageous conversations about race. *Everyday antiracism: Getting real about race in school*, 18–23.
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). Assessing potential sources of racial and ethnic disparities in care: the clinical encounter. In *Unequal treatment: confronting racial and ethnic disparities in health care*. National Academies Press.
- Sosoo, E. E., Bernard, D. L., & Neblett Jr, E. W. (2019). The influence of internalized racism on the relationship between discrimination and anxiety. *Cultural Diversity and Ethnic Minority Psychology*, 26(4), 570–580.
- Sue, D. W. (2013). Race talk: The psychology of racial dialogues. *American Psychologist*, 68(8), 663.
- Syed, M. (2017). Why traditional metrics may not adequately represent ethnic minority psychology. *Perspectives on Psychological Science*, 12(6), 1162–1165.
- Tadmor, C. T., Hong, Y. Y., Chao, M. M., Wiruchnipawan, F., & Wang, W. (2012). Multicultural experiences reduce inter-group bias through epistemic unfreezing. *Journal of Personality and Social Psychology*, 103(5), 750.
- Torres-Harding, S. R., Andrade Jr, A. L., & Romero Diaz, C. E. (2012). The Racial Microaggressions Scale (RMAS): A new scale to measure experiences of racial microaggressions in people of color. *Cultural Diversity and Ethnic Minority Psychology*, 18(2), 153.
- Tynes, B. M., Giang, M. T., Williams, D. R., & Thompson, G. N. (2008). Online racial discrimination and psychological adjustment among adolescents. *Journal of Adolescent Health*, 43(6), 565–569.
- Williams, M. T., Chapman, L. K., Wong, J., & Turkheimer, E. (2012). The role of ethnic identity in symptoms of anxiety and depression in African Americans. *Psychiatry Research*, 199(1), 31–36.
- Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242.
- Williams, M. T., Printz, D., & DeLapp, R. C. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence*, 8(6), 735.
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Appendix A

Below is a nonexhaustive list of resources for those who are looking to open their eyes to new perspectives and to continue their education on some aspects of the Black experience of race in the United States. Per our review of media offerings, the vast majority focus on the Black Diaspora and there is disproportionately less mainstream representation of other racial/ethnic groups.

Movies, Television, and Streaming Series

When They See Us (DuVernay, 2019)
Fruitvale Station (Coogler, 2013)
Just Mercy (Cretton, 2019)
Malcom X (Lee, 1992)
Hidden Figures (Melfi, 2016)
Seven Seconds (Bykov, 2018)
13th (DuVernay, 2016)
Welcome to Leith (Nichols & Walker, 2015)
Time: The Kalief Browder Story (Furst, 2017)
Boss: The Black Experience in Business (Nelson, 2019)
Owned: A Tale of Two Americas (Angelini, 2018)
Do the Right Thing (Lee, 1989)
The Glass Shield (Burnett, 1994)
I Am Not Your Negro (Peck, 2016)
Whose Streets (Folayan & Davis, 2017)
Moonlight (Jenkins, 2016)
Within Our Gates (Micheaux, 1920)
Did You Wonder Who Fired the Gun? (Wilkerson, 2017)
Quest (Olshefski, 2017)
LA 92 (Lindsay, 2017)
Let the Fire Burn (Osder, 2013)

Books

So, You Want to Talk About Race (Oluo)
Between the World and Me (Coats)
Mindful of Race: Transforming Racism From the Inside Out (King)

The Bluest Eye (Morrison)
How to Be Less Stupid About Race (Fleming)
White Fragility (Di'Angelo)
How to Be an Antiracist (Kendi)

Articles

"Disarming Racial Microaggression: Microintervention Targets, White Allies, and Bystanders" (Sue et al., 2019)
 "Discomfort Is Part of Change: How to Be an Ally in Fighting Anti-Black Racism" (Bresge)
 "How to Fight Racial Bias, According to a Stanford Psychologist" (Eberhardt)
 "Race Matters: How to Talk Effectively About Race" (Dorlee)
 "What It Really Means to Be an Anti-Racist, Why It's Not the Same as Being an Ally" (Hoffower)

Podcasts

About Race
Shine Brighter Together
Intersectionality Matters
Seeing White

YouTube Videos

Why "I'm Not Racist" Is Only Half the Story (DiAngelo; Big Think)
Jane Elliott—A World of Difference—World Map—Blue Eyes, Brown Eyes

Pink Hair, Don't Care? Unpacking the Concept of Professional Appearance for Modern Therapists

Jennifer C. Veilleux, *University of Arkansas*

Rebecca A. Schwartz-Mette, *University of Maine*

WHAT DOES IT MEAN to dress professionally as a cognitive-behavioral therapy trainee in 2020? On the surface, this may seem like a fairly innocuous question that is addressed in a clinic or program dress code. Such dress codes, which seek to prepare future therapists for professional work, often include requirements like “no jeans,” “no shorts,” “no rumpled or ripped clothing,” “don’t show too much skin,” and “cover up tattoos and piercings.” Sometimes the nuances of these rules are unwritten but shared verbally among clinicians. Whether detailed or not, the rules typically correspond with the seemingly innocuous directive for trainees to “Dress professionally while in the clinic.”

Yet, if we dig deeper into what it means to dress “professionally,” there are some potential issues to unpack, particularly for training programs or clinics that desire to convey a sense of social justice and attend to issues of diversity and inclusion—which we hope is all health service psychology training programs.

Defining professionalism in psychology has been a slower process than in other related health service fields, such as medicine (e.g., Pellegrino, 2002), dentistry (e.g., Welie, 2004), and nursing (e.g., Miller et al., 1993). Although scholars are now operationalizing professionalism in health service psychology (Grus & Kaslow, 2014; Grus et al., 2018; Kaslow et al., 2018), the definition is still somewhat ambiguous. What is clear when considering professionalism from a competency lens is that the core of professionalism is behavioral in nature, and professionalism is conveyed with actions, according to the American Psychological Association’s competency benchmarks (Kaslow et al., 2009, revised 2012). Is a person responsible and timely? Do they behave ethically? Do they recognize individual and cultural diversity? Do they exhibit reasonable interpersonal skills with a variety of people (supervisors,

clients, staff, consultants, allied mental health professionals)? Professionalism also has an attitudinal piece that presumably fuels behavior—valuing self-reflection, compassion, and cultural humility. If we distill professionalism down to a simple definition, it seems that professionalism is “doing the right thing” and “doing that right thing competently.”

No aspect of the above definition explicitly addresses appearance. That is because professionalism is usually defined and assessed by what a person does (i.e., their behavior), not what they look like. However, things get murky when we start to bring competence into the picture, because competence—whether we like it or not, and whether it should or not—involves a healthy dose of other people’s perceptions, and when it comes to perception, appearances count.

A playful thought experiment may be useful here. A cognitive-behavioral therapist could be punctual, do brilliant therapy that is culturally sensitive and effective in improving clients’ psychological health, and have excellent relationships with staff . . . all while wearing a swimsuit. Unlike medical or dental professions that may require certain clothing or visible tools for safety and logistic reasons (e.g., lab coat, stethoscope), for most psychologists, the primary “equipment” is a brain, plus perhaps pen and paper, a computer, and a place to sit. A therapist could do the job wearing a swimsuit. But obviously, it sounds ridiculous—and wildly unprofessional—for a psychologist to conduct therapy or psychological assessments in a swimsuit.

Why? Well, you might sputter to yourself . . . because swimsuits aren’t professional! On the one hand, you are correct. Swimsuits are designed for leisure activity, for being outside in the sun, and for going in the water. Considering that most therapy takes place during the work day,

indoors, and on dry land, it seems reasonable to conclude that a swimsuit does not fit the needs of the job.

However, “lack of fit for the job at hand” was probably not actually the first thought that came to mind, was it? If you are anything like us, the first reaction you had to the idea of a therapist wearing a swimsuit was probably something like, “If a trainee I was supervising came to the clinic in a swimsuit, I would have to talk to them about their professionalism.” Or perhaps “Yuck! If I were a client, I sure wouldn’t want to see so much of my therapist’s body.” You might think that wearing a swimsuit seems disrespectful. It just seems . . . inappropriate.

We used the swimsuit example intentionally because it is extreme and far-fetched, in an effort to identify some of the judgments people hold about professional appearance. But of course, there are more serious, realistic, and insidious examples of judgments made about professional appearance. For example, consider a therapist from a low-SES background who wears sneakers to work because these are the only shoes he owns. Or a therapist with a female name who identifies as nonbinary and prefers a traditionally male gender expression (e.g., button-up shirt, tie, slacks). Or an immigrant therapist who chooses to wear the clothing from their country of origin that does not fit with the norm of the typical “business casual.” These therapists, who are making clothing choices out of necessity or based on central aspects of their identities, may be criticized as “unprofessional” or “inappropriate” for not conforming to a dress code that has failed to consider these consequences.

There are some insidious assumptions underlying judgments of inappropriateness, which are more obvious with the swimsuit example. Did you happen to think that any therapist who would wear a swimsuit to therapy might be inappropriate in other ways, or that this choice reflects generally poor judgment? The classic fundamental attribution error suggests that human beings easily attribute behavior to a person’s character, which means that if a person is inappropriate in one situation, we are likely to believe that they will show poor judgment again. We assume that they are not competent. In fact, it seems likely that psychologists and psychology trainees are told to dress professionally to avoid the possibility of a client (or an administrator) presuming incompetence simply due to appearance.

Issues of competence are where things get complicated. In some ways, competence is in the eye of the beholder, particularly in any kind of business with clients who pay for a service. The client—the person seeking therapy—gets to decide if they like the picture of their potential therapist online (if available) and if they like the therapist after a first intake session. A significant part of this initial judgment is likely made based on appearances and observed behavior during the interview, not on a detailed review of training evaluations, knowledge of empirically supported treatments, EPPP test scores, or other more objective assessments of competence. Indeed, some research suggests that we humans make initial impressions of others in the first few seconds of an encounter (Bar et al., 2006) and that clothing plays a significant role in our initial assessments of competence (Oh et al., 2020). If a client takes one look at a therapist and says, “I

can’t trust someone who dresses like that,” they may refuse to engage and drop out of therapy.

Research from other disciplines supports this view. Teachers, doctors, nurses, and dentists are all rated as more trustworthy and “professional” when dressed more formally (e.g., Craig & Savage, 2014; Furnham et al., 2013; Kashem, 2019; Willis et al., 2018). The major problem with simply accepting the conclusions from this research and thus adopting a formal, conservative dress code for psychologists in training is that perceptions of professionalism are clearly biased toward the majority view of what constitutes “professional.” Specifically, definitions of “who looks professional” directly follow the affluent, White, male gaze. For example, males in formal (i.e., expensive) attire are universally preferred and/or rated as more competent than women (e.g., Furnham et al.; Kelly et al., 2014; Sellnow & Treinen, 2004).

Black people are rated as less competent than White people in employment settings, even with identical resumes (Deitch et al., 2003). Women dressed in more revealing clothing are deemed less honest and less competent than women dressed conservatively (Smith et al., 2018). These points have been raised in many fields outside of health service psychology, from library science (Bryant et al., 2019) to the National Basketball Association (McDonald & Togli, 2010). Essentially, perceptions of competence not only skew toward formal (i.e., affluent), but also White and male, and despite our extensive knowledge of bias and its ramifications, psychology is no exception.

By not critically evaluating this perspective on professional appearance, those in power (e.g., training programs, clinic directors, supervisors, administrators) reinforce a dangerously implicit bias in future psychologists, and, worse, convey a sense of



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ostracism for our trainees whose identities (both internal and outwardly expressed) do not fit this mold. Because professionalism is newly defined in psychology and retains subjective qualities, the term is rife with embedded cultural norms, racial and gender biases, and endless possibilities to reject nonmajority identities (including, but not limited to, religious minorities, sexual minorities, low SES groups), which are based on the White, male gaze defining perceptions of what is “professional.”

Stepping closer to reality than our swimsuit example, see if you can clearly answer these questions: What length of beard is acceptable? What types of piercings are acceptable and which are not? Can a psychologist have a visible tattoo? What hair colors are OK, and which are not OK? Can a psychologist's trousers have only one seam down the side or two? What about open-toed shoes? How tight is too tight for clothing? Is any amount of cleavage acceptable? Are leggings pants? Is it acceptable to wear tall boots? You may have had answers to some or all of these questions. You may even have had a rationale for some of them. We hope you were picturing individual trainees when you did so. Which questions invoke gender bias? Religious bias? Other biases? One can quickly see how outlawing long beards and double-seamed pants isolates individuals whose beard may reflect a religious commitment or whose pants may be more inexpensive. Other questions bring to bear questions of just why we think we know what we know. Why isn't a nose piercing OK, when ear piercings are widely acceptable (for women)? Why do tall boots or form-fitting clothes connote sex? Why are the only competent hair colors brown, black, red, and blonde? And can anyone tell us why open-toed shoes are so taboo?

As cognitive-behavioral therapists, we seek to facilitate clients' personal growth. We want them to learn new skills like cognitive restructuring, but we also want our clients to accept themselves as they are. We want our clients to learn how to be more vulnerable and open to new people who might become lifelong friends or romantic partners. There has been a movement toward incorporating concepts of self-compassion and authenticity into psychotherapy (Germer & Neff, 2013). At a broader level, we wish to support issues of social justice—we want clients (and their therapists) to embrace their various identities (e.g., gender identities, racial identities). Yet, when it comes to the appearance of clinicians, and of our trainees in particular, what messages are trainers (e.g., pro-

gram directors, clinic directors, internship training directors, department chairs) giving by not allowing trainees (and faculty, for that matter) to dress and present themselves authentically? Especially when we know that people allowed to be more authentic at work are happier and more productive (Cha et al., 2019; Sutton, 2020).

Considering that people who experience discrimination (Kessler et al., 1999) and graduate students are at risk for impaired mental health (Evans et al., 2018), embracing authenticity is particularly crucial for supporting students of color, differently abled students, LGBTQ+ students, women, and gender-nonconforming students. We can have difficult conversations in our programs and clinics about our dress code and what it might convey to clinicians who identify as anything other than mainstream. Why is showing skin inherently unprofessional? Because, to quote the 1995 film *Clueless*, skin “reminds boys of being naked, and then they think of sex!” For centuries, women and girls have been told to disproportionately bear the burden of preventing and managing men's sexual thoughts, impulses, and actions. Relatedly, Black women have been instructed to straighten their hair to look more professional, which essentially means to look more White. These expectations are not likely to be articulated in a dress code, but are likely to be insidiously and implicitly implied. Further, dress codes are often divided into what is acceptable for men (collared shirts, dress pants) and women (nice slacks and a blouse or a dress)—yet this type of dress code reifies a gender binary that excludes those who are gender nonconforming, gender fluid, or who may just simply live outside of 1960. Other examples may be more subtle. For example, although having a dress code saying “no visible tattoos” may not seem problematic, when you consider that piercings or tattoos sometimes help people affirm their marginalized identities (McGuire et al., 2016; Pritchard, 2000), a rule banning tattoos may serve as identity policing.

We are not advocating for psychologists to wear swimsuits. Nor are we criticizing programs or clinics that uphold conservative dress codes. We expect that such existing dress codes were inherited or adopted based on cues from the medical profession, were passed down without revision over the past several decades, or (because of reasons suggested earlier) were articulated to prevent clients from assuming trainee incompetence based on appearance. We also are not necessarily suggesting that a

dress code should be abandoned entirely; walking into a therapy session wearing sweaty workout clothes is probably not the best idea.

What we are saying is that programs and clinics should look closely at their dress codes with an eye toward unpacking the longstanding norms and White/male/cisgender systems that created them, particularly in light of the current sociocultural climate. What is ultimately wrong with a staff member or clinician wearing jeans to work, if they can still do their jobs effectively? If the answer to that question is “nothing,” then it is time to remove the clause that jeans are not allowed in the clinic.

As a first step, we recommend that clinics and programs initiate open conversations with supervisors, clinicians, staff, and student trainees about professional appearance and what clothing people would feel most authentic wearing. For trainees in particular, this kind of conversation would be valuable in helping students think about the different expectations that might be held across contexts (research labs, class, clinical work) and across clinical placements (practicum sites, internships). However, it is not the responsibility of the training program or a department clinic to adopt the same dress code as a VA hospital or any specific site. It is the responsibility of the program to prepare students for a multitude of roles, and we believe that better learning will take place with conversation, reflection, and negotiation than with a blanket policy embedded with systemic, historical, and restricted practices.

Conversations can be helpful to elicit information by giving people with less power (students, trainees) both space and permission to share their views. Suggestions about how to broach conversations about race and ethnicity in psychotherapy (e.g., Cardemil, & Battle, 2003) may be useful to review as they provide guidance on how to directly broach issues of power and privilege and identity. Creating a safe space for marginalized individuals to share their experiences and preferences is crucial. We also suspect that many trainers, especially those with marginalized identities, may also find safety and voice in these conversations as they work alongside their students in creating a more inclusive environment for all.

Of course, a conversation is not actually a change in policy. We want to be clear that such recommended conversations should not be employed within training programs to simply validate underrepresented perspectives without meaningful, functional

change. Students should co-create dress code policies with and alongside their experienced trainers, together unpacking outdated norms and practices and building more inclusive guidance regarding professional appearance for the next generation of psychologists. These policies should consider the context (e.g., hospital vs outpatient clinic) and the clientele served. For example, older medical patients tend to care more about formal dress than younger ones (Petrilli et al., 2015). The idea is to not simply adopt traditional policies for the sake of tradition, but to thoughtfully attend to the preferences of the clients and the identities of the clinicians.

Finally, we acknowledge that no dress code, however inclusive and updated, can or even should be exhaustive and prescriptive enough to ensure that all trainees are perceived as professionally dressed by all clients. Even if clinic administrators would like to ensure that clients assume competence based on appearance, we assert that it is simply not possible to appease all clients with a “blank-slate” policy. Your body’s shape and size, the frizziness of your hair, the color of your skin, and the holes in your ears may convey nothing to one client and everything to another. We should encourage conversations with clients about aspects of our appearance that may be “different,” just as we would encourage such conversations about aspects of our appearance that involve no choice. A Black clinician may discuss with a White client differences in their visible racial identities and how this impacts therapy (Caredmil & Battle, 2003). Additionally, a clinician who has a stutter or a missing limb may find themselves talking with clients about this. “So I use a walker to move around. Do you want to talk about that at all?” Why can’t we encourage our trainees to use their clinical skills to have similar conversations about their hair color, a visible tattoo, or other aspects of personal expression that may pique client’s interests or reactions? Programs can also support students in determining whether they need to have these conversations at all, since requiring such disclosures or conversations may underscore the “nonnormality” or presumed aberrance of particular aspects of appearance. That is, in 2020, is it really all that out-there to have piercings? To grow a long beard?

As psychologists, we have an acute understanding of human behavior. We also know that change happens with action. Requiring a dress code that adheres to history and is limited to majority viewpoints

is passive, and it reinforces the implicit belief that history and its dominant groups are correct about what professionals look like. We have the opportunity to set new norms about what professionals can do and deemphasize what they look like while doing it. Let us have conversations about what it means to look and feel authentic and how to appropriately manage expectations of what looking competent means to trainers, student therapists, and clients alike. Let us continue to define professionalism in our field of psychology, and let us be at the forefront of shifting norms to enhance comfort for therapists of color, LGBTQ therapists, and gender non-conforming therapists.

You want pink hair? Sure; we don’t care! Or rather, we do care. We care about who you are, that you do your job well, and that you strive to be a compassionate and humble therapist and exhibit professionalism in your behavior. Do those things with your pink hair.

References

- Bar, M., Neta, M., & Linz, H. (2006). Very first impressions. *Emotion*, 6(2), 269-278. doi: <https://doi.org/10.1037/1528-3542.6.2.269>
- Bryant, T., Bussell, H., & Halpern, R. (2019). Being seen: Gender identity and performance as a professional resource in library work. *College & Research Libraries*, 805-826.
- Cardemil, E. V., & Battle, C. L. (2003). Guess who’s coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice*, 34(3), 278-286.
- Cha, S. E., Hewlin, P. F., Roberts, L. M., Buckman, B. R., Leroy, H., Steckler, E. L., ... Cooper, D. (2019). Being your true self at work: Integrating the fragmented research on authenticity in organizations. *Academy of Management Annals*, 13(2), 633-671. <https://doi.org/10.5465/annals.2016.0108>
- Craig, J. D. & Savage, S. J. (2014). Instructor attire and student performance: Evidence from an undergraduate industrial organization experiment. *International Review of Economics Education*, 17, 55-65. doi: <https://doi.org/10.1016/j.iree.2014.07.001>
- Deitch, E. A., Barsky, A., Butz, R. M., Chan, S., Brief, A. P., & Bradley, J. C. (2003). Subtle yet significant: The existence and impact of everyday racial discrimination in the workplace. *Human Relations*, 56, 1299-1324.
- Evans, T. M., Bira, L., Gastelum, J. B., Weiss, L. T., & Vanderford, N. L. (2018). Evidence for a mental health crisis in graduate education. *Nature Biotechnology*, 36(3), 282-284
- Furnham, A., Chan P. S., & Wilson, E. (2013). What to wear? The influence of attire on the perceived professionalism of dentists and lawyers. *Journal of Applied Social Psychology*, 43, 1838-1850. doi: <https://doi.org/10.1111/jasp.12136>
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856-867. <https://doi.org/10.1002/jclp.22021>
- Grus, C. L. & Kaslow, N. J. (2014). Professionalism: Professional attitudes and values in psychology. In N. J. Kaslow & W. B. Johnson (Eds.), *The Oxford handbook of education and training in professional psychology* (p. 491-509). Oxford University Press.
- Grus, C. L., Shen-Miller, D., Lease, S. H., Jacobs, S. C., Bodner, K.E., Van Sickle, K. S., Veilleux, J. C., & Kaslow, N. J. (2018). Professionalism: A competency cluster whose time has come. *Ethics & Behavior*, 28, 450-464. doi: <https://doi.org/10.1080/10508422.2017.1419133>
- Kashem, M. A. (2019). The effect of teachers’ dress on students’ attitude and student learning: Higher education view. *Education Research International*. doi: <https://doi.org/10.1155/2019/9010589>
- Kaslow, N. J., Grus, C. L., Allbaugh, L. J., Shen-Miller, D., Bodner, K. E., Veilleux, J. C., & Van Sickle, K. (2018). Trainees with competence problems in the professionalism domain. *Ethics & Behavior*, 28, 429-449. doi: <https://doi.org/10.1080/10508422.2018.1438897>
- Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology*, 3(4, Suppl), S27-S45. doi: [10.1037/a0015833](https://doi.org/10.1037/a0015833)
- Kelly, G. R., Shroff, B., Best, A. M., Tufeci, E., & Lindaur, S. J. (2014). Parents’ preferences regarding appearance and attire of orthodontists. *Angle Orthodontist*, 84, 404-409. <https://doi.org/10.2319/071113-510.1>
- Kessler, R. C., Mickelson, K. D., & Williams, D. R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. *Journal of Health and Social Behavior*, 40(3), 208-230. <https://www.jstor.org/stable/2676349>
- McGuire, J. K., Doty, J. L., Catalpa, J. M., & Ola, C. (2016). Body image in transgender young people: Findings from a qualitative, community based study. *Body Image*, 18, 96-107.

- <http://dx.doi.org/10.1016/j.bodyim.2016.06.004>
- McDonald, M. G., & Togli, J. (2010). Dressed for success? The NBA's dress code, the workings of whiteness and corporate culture. *Sport in Society: Cultures, Commerce, Media, Politics*, 13, 970-983. <https://doi.org/10.1080/17430437.2010.491267>
- Miller, B. K., Adams, D. & Beck, L. (1993). A behavioral inventory for professionalism in nursing. *Journal of Professional Nursing*, 9(5), 290-295.
- Oh, D., Shafir, E., & Todorov, A. (2020). Economic status cues from clothes affect perceived competence from faces. *Nature Human Behaviour*, 4(3), 287-293.
- Pellegrino, E. D. (2002). Professionalism, profession and the virtues of the good physician. *The Mount Sinai Journal of Medicine*, 69(6), 378-384.
- Petrilli, C. M., Mack, M., Petrilli, J. J., Hickner, A., Saint, S., & Chopra, V. (2015). Understanding the role of physician attire on patient perceptions: a systematic review of the literature—targeting attire to improve likelihood of rapport (TAILOR) investigators. *BMJ Open*, 5, e006578. doi:10.1136/bmjopen-2014-006578
- Pritchard, S. (2000). Essence, identity, signature: Tattoos and cultural property. *Social Semiotics*, 10(3), 331-346. <https://doi.org/10.1080/10350330050136389>
- Sellnow, D. D. & Treinen, K. P. (2004). The role of gender in perceived speaker competence: An analysis of student peer critiques. *Communication Education*, 53, 286-296. doi: <https://doi.org/10.1080/0363452042000265215>
- Smith, J. K., Liss, M., Erchull, M. J., Kelly, C. M., Adranga, K., & Baines, K. (2018). The relationship between sexualized appearance and perceptions of women's competence and electability. *Sex Roles*, 79, 671-682. <https://doi.org/10.1007/s11199-018-0898-4>
- Sutton, A. (2020). Living the good life: A meta-analysis of authenticity, well-being and engagement. *Personality and Individual Differences*, 153, 109645. <https://doi.org/10.1016/j.paid.2019.109645>
- Welie, J. V. (2004). Is dentistry a profession? Part 1. Professionalism defined. *Canadian Dental Association*, 70(8), 529-532.
- Wills, N. L., Wilson, B., Woodcock, E. B., Abraham, S. P., & Gillum, D. R. (2018). Appearance of Nurses and Perceived Professionalism. *International Journal of Studies in Nursing*, 3(3), 30-40. <https://doi.org/10.20849/ijns.v3i3.466>
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STUDENT FORUM

Addressing Disparities in Professional Psychology Through Undergraduate Mentorship: Lessons Learned and a Call to Action

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IN RECENT MONTHS, the United States has been undergoing a renewed and needed reckoning with its long-standing issues related to race and the experience of inequity for many people of color. Individuals and organizations alike are reflecting on how their own actions contribute to and maintain the systemic racism that has plagued the country since its inception. The field of psychology is no exception. Psychology holds a complicated history of both promoting a system of inequity and fighting against racism (Tucker, 2005; Winston, 2004). Despite efforts, systemic inequities persist throughout the field of psychology (Callahan et al., 2018; DeJesus et al., 2019). An examination of empirical articles from top-tier psychology journals published between 1974 and 2018 suggests

a pattern of systemic racial inequality where those who edit, write, and participate in research are predominantly White (Roberts et al., 2020). In addition, a 2015 study from the American Psychological Association's (APA) Center for Workforce Studies revealed that 86% of psychology health service providers identified as White, whereas 5% identified as Asian, 5% Hispanic, and only 4% identified as Black/African American (Lin et al., 2018). The racial and ethnic composition of psychology health service providers is thus considerably less diverse than the overall U.S. population, of which 38% identify as a racial/ethnic minority (U.S. Census Bureau, 2015). Creating a diverse workforce within psychology is not only imperative for the field to operate in accordance

its own professional standards (APA, 2017), but can improve psychological research and practice. Diversifying the profession is a step toward rectifying inequities in psychological research (Roberts et al., 2020) and can help alleviate broader mental health care disparities among racial and ethnic minorities (McGuire & Miranda, 2008).

No quick or easy fix can address the lack of diversity in professional psychology. Instead, increasing diversity requires sustained intervention and must start early in the training-to-workforce pipeline though the admission and retention of racial and ethnic minorities in doctoral and professional psychology programs (Callahan et al., 2018). Findings from a recent analysis of doctoral students enrolled in accredited psychology programs throughout the United States from 2005–2015 suggest that training programs still lack racial and ethnic diversity representative of the overall U.S. population (Callahan et al.). Interestingly, these findings suggest that deficiencies in diversity at the graduate admissions level were primarily responsible for these disparities, rather than difficulties with the successful retention of minority students. Thus, supporting the professional development of undergraduate students from underrepresented backgrounds as they seek to transition into graduate training programs could contribute to ameliorating this lack of representation. While lack of diversity can be

addressed at multiple levels, existing training programs can readily intervene at the admissions level. Training programs operate through a cross-section of faculty, graduate students, and undergraduate students. A program-wide commitment by faculty and graduate students to nurture the professional development of diverse undergraduate applicants can have profound effects. Not only does this empower students, but subsequently promotes a more inclusive applicant pool and makes the training program a more welcoming space for all community members, further increasing representation in the field of psychology.

Clinical psychology graduate students at University at Albany, State University of New York (UAlbany) recognized and decided to act to address racial and ethnic disparities, both broadly and within our own institution. UAlbany comprises one of the most diverse undergraduate populations within the broader SUNY system, with over 50% of the student body identifying as a member of a racial or ethnic minority. Moreover, a substantial number of UAlbany undergraduates are first-generation college students (29%; Media Relations Office, 2018) and Pell Grant recipients (42%; U.S. Department of Education, 2020b). Undoubtedly, the diverse undergraduate population at UAlbany is a strength for the psychology department and greater university community; however, UAlbany is still susceptible to perpetuating barriers inherent in academic spaces. Consistent with national trends across academic institutions, the majority of graduate students and faculty at UAlbany identify as White despite the diversity of its undergraduate student body (U.S. Department of Education, 2020a).

Accordingly, a group of UAlbany clinical psychology graduate students sought to address issues of diversity in professional psychology through the development and implementation of a formal undergraduate mentorship program. In this article we will first identify and illustrate how undergraduate mentorship can address the longstanding racial inequity in the field of professional psychology. Next, we will describe the creation of the psychology undergraduate mentorship program at UAlbany and relate practical lessons learned throughout its implementation. Finally, we will call on other graduate programs to implement their own initiatives for undergraduate mentorship to reduce current disparities within professional psychology.

Value of Undergraduate Mentorship

Receiving mentorship through structured programs provides great benefit to students (for reviews, see Crisp & Cruz, 2009; Gershenfeld, 2014; Jacobi, 1991) and mentorship is an integral feature of graduate education. Graduate students are typically mentored by primary faculty advisors, often following a junior-colleague model. While the importance of mentorship for graduate students is evident through its intrinsic integration into most programs, undergraduates also benefit greatly from mentor-mentee relationships (Nora & Crisp, 2007). Mentors help mentees explore postgraduate options, set goals and provide accountability, and offer assurance and validation, skills that complement other training requirements and experiences (Nora & Crisp). However, undergraduates typically have less direct contact with faculty mentors, especially in large research university settings. Graduate students are well positioned to help address this deficiency in undergraduate mentorship and often fill mentors' roles informally. Providing mentorship as a graduate student not only serves undergraduates' needs, but is an opportunity for graduate students to develop as an effective mentor (Bettencourt et al., 1994; Dolan & Johnson, 2014). As training clinical psychologists, future roles likely include supervision of trainees, managing a laboratory, or mentoring graduate students.

Evidence also supports the efficacy of undergraduate peer mentorship programs specifically within psychology (Chester et al., 2013; Hughes & Fahy, 2009). While undergraduate peer mentoring may be appropriate for first-year students transitioning to college, advanced undergraduate students who are considering graduate study in psychology have unique needs that may not be easily met by peers (Rokach & Boulazreg, 2020). Graduate students are well-situated to empathize with undergraduate concerns and to provide valuable insight about potential career paths (Hopkins, 2017; Khoo et al., 2019). Indeed, graduate students often serve as informal mentors to advanced undergraduates in psychology programs through research lab participation (Bettencourt et al., 1994; van Vliet et al., 2013). Mentoring by graduate students provides undergraduates with professional, social, and intellectual support (Thiry & Laursen, 2011). While informal mentoring, such as a graduate student offering to help an undergraduate research assistant with the graduate school applica-

tion process, is common, formalized mentorship programs with departmental support may have the capacity to serve a broader range of students. Recently, the documented benefits of graduate-undergraduate mentoring relationships in psychology have prompted efforts to formalize mentoring outside of the research lab context (Khoo et al., 2019).

The need for mentorship among undergraduates is apparent. The graduate admission process is daunting and confusing for many students. Findings from one study suggest that undergraduate psychology students may lack an understanding of important aspects of the psychology graduate admission process (Sanders & Landrum, 2012). Admission into graduate programs in psychology requires extensive preparatory steps, including taking the Graduate Review Exam (GRE) and the GRE psychology subject test, soliciting several letters of recommendation from supervising professors, identifying an area of research interest, obtaining practical experiences (e.g., clinical and research), constructing a curriculum vitae, and crafting a compelling statement of purpose. Much of this process is opaque and can be difficult to pursue without role models who are well-versed in the requirements of higher education. Students from backgrounds that are underrepresented in academia are less likely to have such role models in their families or social circles. Peer mentoring can provide support and information about professional development, but this can occur informally or inconsistently. Even formalized peer mentorship programs might suffer from limited resources, and may encounter barriers while facilitating faculty and departmental support for undergraduate students. Peer mentoring might also further burden underrepresented students, who may want to validate and support similarly marginalized peers.

Formal mentoring programs can address these gaps by connecting students with valuable information and guidance to prepare for the difficult graduate admissions process. Moreover, mentors can provide support and accountability to a process that might be isolating for students navigating applications on their own. Graduate student mentorship can also draw from departmental resources and facilitate faculty support to make mentorship an integral feature of a training program. Establishing graduate student mentorship of undergraduates creates a sense of community and collaborative environ-

ment, which can create benefits that can be felt throughout a department.

Psychology Undergraduate Mentorship Program at UAlbany

In 2016, clinical psychology graduate students formed the Psychology Undergraduate Mentorship Program (PUMP) in an effort to begin to address racial and ethnic disparities among professional psychologists. Through conversations with undergraduates, we recognized that students in our own psychology department were in need of mentorship to identify and successfully pursue postbaccalaureate careers in psychology. Undergraduate students wanted to explore how to use their psychology degree after college, and many had ambitions to attend graduate school. However, many of our undergraduates described these important tasks as overwhelming. Whereas students could regularly meet with academic advisors within the department, they desired more in-depth and personalized mentorship. For example, students might know they needed letters of recommendation or that they needed to take the GRE, but talking to professors to solicit these letters and making a successful study plan for the test seemed daunting. Accordingly, PUMP was created to serve students interested in pursuing careers in psychology, particularly those from backgrounds underrepresented in our field, by pairing current graduate student mentors with undergraduate mentees.

PUMP's operational model involves mentor and mentee recruitment, mentor training, and matching mentors and mentees based on interests and fit. Interested undergraduate students complete an application, indicating their contact information, areas of interests within psychology, and goals for mentorship. Mentees can also volunteer a preference in being paired with a mentee who has similar identities or experiences to them (e.g., first-generation college student, international student, student of color, etc.). Once paired, mentors and mentees establish contact and develop goals for mentorship. Mentors and mentees continue to meet at least two to three times a semester and continue more frequent contact through email or attendance at mentors' office hours.

To date, over 80 undergraduate students have been mentored through PUMP, many of whom remained with the program for several years while at UAlbany. Program evaluation ($N = 60$) and qualitative data ($N = 24$) indicate general trends

regarding needs of mentees, as well as feedback about mentorship gains and areas of improvement for PUMP from mentees and mentors. Quantitative program data was collected through available mentorship applications, representing about 74% of all mentees within 4 years of the program. Applications were completed both on paper and online. Applications were de-identified and coded to provide information on class year, psychology interests, motivation for joining PUMP, and mentor preferences. Qualitative data was collected through an anonymous online survey, distributed to mentors for program feedback at the end of the academic year. Approximately 51% of mentors provided feedback. Mentees in PUMP were most commonly recruited in their junior year (46.7%), followed by considerable recruitment of mentees in their senior year (30%) and sophomore year (18.3%). Mentees indicated multiple areas of interest within psychology. Clinical and counseling psychology were most endorsed (47.5% and 49.0% of sample, respectively), with less frequently endorsed interests in other areas such as industrial-organizational psychology (11.5%), cognitive psychology (18%), school psychology (9.8%), and social-personality psychology (9.8%; percentages total greater than 100%, as students can indicate multiple areas of interest). Over a fifth of our mentees indicated that they were undecided about what area of psychology they were interested in. Mentees sought mentorship for a number of reasons, including wanting information about the graduate school application process (45.9%), learning about potential postgraduate options (47.5%), networking (26.2%), job/internship guidance (8.2%), research opportunities (6.6%), and help with application materials (3.3%). Several mentees indicated mentor matching preferences. Over a third of students desired a mentor with similar psychology interests as them, such as subfield or research interests (36.1%). Mentees were also looking for mentors who identified as a woman (23%), a student of color (18%), a first-generation college student (14.8%), or as LGBTQ+ (1.6%).

Program evaluation feedback indicated that both mentors and mentees find mentorship beneficial. Particularly at a large university, PUMP provided mentees a unique opportunity to have consistent guidance, feedback, and support from a dedicated mentor. Mentors answered questions and tailored conversations to the individual mentee. One mentee shared:

I have learned things that I could not have ever learned in a classroom. Being in such a big college, it is easy to just do what you know how to do and pass off the things you don't without asking questions.

A mentor similarly described the distinctive value of mentorship:

I've thoroughly enjoyed working with my mentee who told me she would not have gotten the information she received from our discussions in her typical academic experience (i.e., without the PUMP program). My mentee said she felt better prepared to apply to graduate school and more sure about which path she wanted (and did not want) to pursue.

While some mentees may be generally aware of the graduate school application requirements, mentors "de-mystified" the process. Mentors were willing to share "insider" tips and resources for preparing graduate school applications, as well as for job interviews and research opportunities. Mentors also shared their own experiences overcoming barriers in pursuing postgraduate plans, normalizing these difficulties and guiding mentees through them. One mentee elaborated:

These are people that have walked the path you are walking now. They are so open and willing to give you advice on what is the best route or give you options so you can pick the best one for you.

Many mentees indicated a specific interest or career path in psychology, but a considerable number of students were undecided at the time of entry into the program. Mentors assisted students in exploring different areas and introduced mentees to options they have less familiarity with. Mentors also clarified differences between programs of interest. For example, many mentees indicated an interest in becoming a counselor. Mentors provided information about various career paths within counseling, including differences in program requirements, selectivity, extent of research participation, and financial considerations. A mentor explained:

My mentee was confused on grad school options and what he wants to do in life, so we went over all options in psych and tips for how he can

narrow down what he wants. I think the end of college is a very confusing time for students, and just laying out the information and offering support seems to be super helpful for them!

Another mentor shared more about using their diverse clinical experiences to help guide their mentees:

Both of my mentees appreciated my knowledge on the difference between clinical, counseling, and school psychology and how I could share my past experience as a psychotherapist and my current experience in school psychology.

Perhaps most important, the values of mentorship aligned with the values of clinical psychology. As clinical psychologists in training, we are committed to practicing with beneficence and justice (APA Principles A and D) by providing the best care to all those we serve (APA, 2017). This speaks to a broader commitment to establishing equity and inclusion within our field. Mentors described feeling empowered by uplifting others and sharing resources that are often inaccessible to students from underrepresented backgrounds:

I believe I was able to give my mentee a clear idea of the next steps she needs to take regarding graduate school such as how to prepare for the GREs, identifying programs that are a good fit for her, the application process, etc. I found the entire experience fulfilling given I was able to give someone else the guidance I wish I had while navigating applying to graduate school.

Of note, the comments were limited by data available. PUMP aims to collect program data more consistently going forward, as well as track outcome data, to continue developing the program. Nevertheless, the current data suggest that formal undergraduate mentorship program is beneficial to undergraduate students who are interested in pursuing graduate programs or careers in professional psychology.

Lessons Learned

Training Mentors

Training and support of mentors is an important component of PUMP. One challenge is balancing the benefits of meetings

that foster a mentorship community with the practical realities of busy schedules, which lend themselves to more individualized training. Initial mentor training efforts included a group meeting and orientation to PUMP. Whereas this model was helpful for increasing peer support among mentors, it also created limitations for graduate students with time restrictions, and prohibited the onboarding of mentors until the next training session. Our training model was adapted to emphasize practicality and flexibility. As our group grew, we asked mentors to review training materials, and then individually met with the PUMP lead for additional training support.

We found it helpful to utilize a cloud storage service (i.e., Dropbox) for mentors to access training resources, as well as share helpful mentoring materials that they themselves identified the course of their mentorship experience. These materials included university-specific resources, such as academic requirements (e.g., major/minor, graduation), current research assistant opportunities, as well as general resources regarding psychology careers, differences in graduate programs, sample cover letters/resumes/CVs, and interview tips. Additional mental health and academic resources (e.g., time management skills, stress management) were also found to be helpful to mentors and mentees. We also made available materials that could help mentors better facilitate mentorship, such as a mentorship contract that allowed mentors and mentees collaboratively establish goals and expectations. Finally, mentors could also access empirical literature about mentorship, and well as informational handouts about general mentorship strategies. Although creating a virtual resource space for mentors has practical benefits for recruiting and training mentors year-round, the community aspect of PUMP becomes more limited. Future directions for our program will include optimizing our level of mentor training to provide maximal benefit without creating undue burdens on mentors.

Reaching Underrepresented Students Early

In the initial stages of program development, recruiting student mentees was a challenge. In accordance with program aims, we attempted to structure recruitment to reach students who would benefit most from mentorship, including those who might have little access to informal mentorship regarding graduate education. As a result, PUMP chose not to recruit

solely from the Psychology Honors program or Psi Chi, the national honor society in psychology. Instead, PUMP strove to reach the students thought to benefit most from mentoring by integrating recruitment within offices of the university serving as points of contact for the broader undergraduate population. Specifically, we placed flyers advertising the program in the psychology department advisement office. We asked advisors (staff and graduate students) to suggest the program to students who expressed interest in pursuing graduate degrees in psychology.

We found it beneficial to collaborate and form bonds with existing institutions at UAlbany, specifically ones that were already serving underrepresented students. For example, we also recruited students through the university's Educational Opportunities Program (EOP), which serves students from educationally and economically disadvantaged backgrounds. Importantly, PUMP's program and mission were consistently advertised to faculty and other graduate students. As faculty do not always have time to provide in-depth mentorship to every undergraduate student, they expressed gratitude to have PUMP as a resource to refer undergraduates who identified an interest in pursuing graduate school in psychology. Our most successful recruitment strategies were recruiting through our department's advising office and from faculty referrals through core courses for the undergraduate psychology major. As such, PUMP has worked to foster the collaboration between the department's advising office and faculty to help identify early undergraduates who may benefit from our program.

During PUMP's initial month, one psychology faculty member remarked, "By the time they get to me in their senior year, it's too late for them to get everything together in time to be a competitive candidate for graduate school." Whereas students early in their college careers grapple with decisions about the future, senior students might be confident about wanting to attend graduate school or other future career choices. At this point, however, many seniors may be discouraged to learn that they are "behind" on application requirements. In particular, we found that many seniors lacked research lab experience. Mentors can help graduating students navigate postbaccalaureate options, and find ways to fill in the "gaps" of their applications. Undergraduates might also consider their career interests, specifically if their interests are more clinically oriented,

research-oriented, or related to something else entirely. While some students felt confident about a general career direction (e.g., clinical), they were also unsure about differences between graduate programs, or which is best suited for their interests or needs. As PUMP grew, we expanded recruitment efforts to better reach students earlier in their college careers. PUMP hosted graduate student panels and advertised the program in discussion sections for Introduction to Psychology classes, as well as in core courses early in the psychology major sequence, such as Statistics. This programming, in addition to individual mentorship, helped students learn about specific graduate programs and their requirements and career prospects. This information guided students as they made choices throughout their undergraduate education, particularly around pursuing research or clinical experiences. In the future, we aim to expand recruitment to undergraduates outside of the psychology department, such as those who major in educational psychology and related fields.

Meeting Mentees' Needs

PUMP evolved in significant ways during the 4 years of its existence. One challenge of undergraduate mentoring is that mentees' needs vary according to their progress in undergraduate education. In the spirit of inclusiveness, PUMP is open to students from first-years through seniors. However, serving students across these varied circumstances presents obstacles. Most first-years are still deciding what they want to study and are not certain about what psychology mentorship can offer them. We collaborated with faculty to advertise PUMP to a small number of first-year students who display strong interest in psychology by participating in an immersive psychology learning community class. We are able to tailor the benefits of PUMP to first-year students by emphasizing that mentors can serve as guides and help students explore different areas of psychology.

In order to further enhance mentor-mentee relationships, mentees have the opportunity to request mentors sharing particular characteristics beyond educational background and research interests. One adaptation we made as we developed the program was to solicit mentees' preferences for their mentors. The program thus was able to demonstrate responsiveness to the needs of our target undergraduate population on variables that were meaningful to the students' experiences. Anecdotally, the program appears valuable even for

undergraduates who ultimately decide not to pursue graduate education at all. These students indicated they not only benefited from a supportive relationship where they could explore future career and educational opportunities, but also from practical skills they learned from the mentorship. Graduate mentors helped students prepare for career paths outside of professional psychology in various ways, such as reviewing application materials for jobs or internships (e.g., cover letters, resumes) and preparing them for interviews.

Integrating Across Areas of Psychology

Many undergraduate psychology majors pursue careers outside of clinical psychology. PUMP has expanded its base of mentors from doctoral students in clinical psychology to include graduate students from other doctoral and master's-level psychology and human services programs at UAlbany (e.g. Industrial-Organizational, Counseling, Mental Health Counseling, Social Work, etc.). This development matched the need seen among undergraduate mentees, who indicated interest in a diverse range of subfields within psychology. As we include more mentors from other programs, we also aim to establish regular contacts within these programs. Not only does this better inform mentors with program-specific knowledge for their mentees, but it also increases collaboration among other supporting departments and faculty.

Adapting to Remote Mentorship

Although PUMP initially envisioned undergraduate students meeting with their graduate mentors on campus for in-person meetings, we received early feedback that many mentees and mentors preferred the option to conduct meetings over the phone or via videoconferencing as well. Mentors and mentees liked the flexibility of being able to have meetings remotely, and they felt they were equally effective as in-person meeting. Thus, PUMP provided guidelines for mentors and mentees that their first meeting should ideally be conducted in-person, during which time they would collaborate on a plan for future meeting times and venues. While some mentors and mentees decided to meet regularly in person, most incorporated a hybrid of remote and in-person meetings throughout the year.

As a result, the onset of the COVID-19 pandemic and subsequent requirements for social distancing did not have a significant impact on mentor relationships and

participants felt comfortable having virtual meetings. However, as the COVID-19 pandemic persists, we are adapting the ways in which PUMP advertises and recruits mentees, as well as the way we train and disseminate information to mentors. The effects of the pandemic will be both immediate and longstanding for undergraduate students and may impact their decision or ability to pursue graduate degrees in psychology. We realize that we must continually work on understanding how to best support mentees during this unprecedented time.

Program Evaluation and Outcome Data

Mentors and mentees are provided the opportunity to give feedback about the program at the end of every year. In the early years of this initiative, feedback was essential to ensure that we were meeting mentee needs, and to troubleshoot barriers that mentors had accessing resources for their mentees. The ways that our program has evolved were largely the result of program feedback from mentors and mentees, for example, the decision to include mentors from other psychology areas and adjust recruitment methods for mentees. More recently, our feedback surveys have focused on program evaluation, to ensure consistency and track progress from implemented program changes. Data collection through online surveys appears helpful for soliciting feedback about the program and allows respondents to remain anonymous while doing so. While anecdotal information is helpful, collecting data about our mentees, their needs, and the extent to which we are meeting these needs satisfactorily is essential. As our program continues to expand, we believe routine evaluation will aid in maintaining program standards and improving the program. In the future, we aim to collect outcome data about mentees postgraduation and continue to use online surveys for data collection. Additionally, stronger emphasis on mentor feedback regarding preparation and skills will be helpful for optimizing our mentor training. Finally, collecting demographic information from mentees will help confirm that our program is successful in meeting its goal to recruit underrepresented students, or indicate necessary changes in recruitment or programming.

Summary and a Call to Action

Evidence suggests that disparities persist in admission to professional psychol-

ogy programs. Early intervention is needed to recruit psychologists of diverse backgrounds. Undergraduate mentorship programs, like PUMP, will not immediately resolve the longstanding issues of inequity within the field of professional psychology. However, undergraduate mentorship programs represent a low-cost and accessible intervention to help mitigate racial and ethnic disparities in the training-to-workforce pipeline for professional psychology. Although psychology graduate students hold a variety of obligations during their training, feedback from PUMP mentors confirms the immense value and personal fulfillment that comes with participation in undergraduate mentorship programs. In alignment with our professional values, we encourage psychology graduate students and faculty to consider ways to formally make undergraduate mentorship a priority in their departments. While graduate students eventually advance from their programs, faculty investment in mentorship programming ensures that these efforts are sustained. Moreover, faculty support helps facilitate a system-wide change within the training program, preventing the burden of maintaining programming from falling on students or faculty who might typically take up similar responsibilities within their departments. Whereas informal mentorship may already take place in current training programs, establishing a structured mentorship program can reinforce and deepen the commitment to creating equity in our field.

References

- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct* (2002, Amended June 1, 2010 and January 1, 2017). Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- Bettencourt, B. A., Bol, L., & Fraser, S. C. (1994). Psychology Graduate Students as Research Mentors of Undergraduates: A National Survey. *Psychological Reports*, 75(2), 963–970. <https://doi.org/10.2466/pr0.1994.75.2.963>
- Callahan, J. L., Smotherman, J. M., Dziurzynski, K. E., Love, P. K., Kilmer, E. D., Niemann, Y. F., & Ruggero, C. J. (2018). Diversity in the professional psychology training-to-workforce pipeline: Results from doctoral psychology student population data. *Training and Education in Professional Psychology*, 12(4), 273–285. <https://doi.org/10.1037/tep0000203>
- Chester, A., Burton, L. J., Xenos, S., & Elgar, K. (2013). Peer mentoring: Supporting successful transition for first year undergraduate psychology students. *Australian Journal of Psychology*, 65(1), 30–37. <https://doi.org/10.1111/ajpy.12006>
- Crisp, G., & Cruz, I. (2009). Mentoring college students: A critical review of the literature between 1990 and 2007. *Research in Higher Education*, 50(6), 525–545. <https://doi.org/10.1007/s11162-009-9130-2>
- DeJesus, J. M., Callanan, M. A., Solis, G., Gelman, S. A. (2019). Generic language in scientific communication. *Proceedings of the National Academy of Sciences*, 116(37), 18370–18377. <https://doi.org/10.1073/pnas.1817706116>
- Dolan, E., & Johnson, D. (2014). Toward a Holistic View of Undergraduate Research Experiences: An Exploratory Study of Impact on Graduate/Postdoctoral Mentors. *Journal of Science Education and Technology*, 18(6), 487–500. <https://doi.org/10.1007/s10956-009-9165-3>
- Gershensfeld, S. (2014). A Review of Undergraduate Mentoring Programs. *Review of Educational Research*, 84, 365–391. <https://doi.org/10.3102/0034654313520512>
- Hopkins, P. D. (2017). Tips and Tools for Mentoring Undergraduates as a Graduate Student. *APS Observer*, 30(3). Retrieved from <https://www.psychologicalscience.org/observer/tips-and-tools-for-mentoring-undergraduates-as-a-graduate-student>
- Hughes, A., & Fahy, B. (2009). Implementing an undergraduate psychology mentoring program. *North American Journal of Psychology*, 11(3), 463–470.
- Jacobi, M. (1991). Mentoring and Undergraduate Academic Success: A Literature Review. *Review of Educational Research*, 61(4), 505–532. <https://doi.org/10.3102/00346543061004505>
- Khoo, S. Y. S., Zhao, J., Walker, A., Kirkman, J., & Spehar, B. (2019). Transitions and choices: Graduate student mentoring for psychology honours students. a practice report. *Student Success*, 10(1), 147–154. <https://doi.org/10.5204/ssj.v10i1.648>
- Lin, L., Stamm, K., & Christidis, P. (2018). How diverse is the psychology workforce? News from APA's Center for Workforce Studies. *Monitor on Psychology*, 49(2), 19.
- McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in mental health: Policy implications. *Health Affairs*, 27(2), 393–403.
- Media Relations Office, University at Albany, SUNY. (2018, September 6). *UAlbany Rises Among Washington Monthly's Top-Ranked Universities*. University at Albany, SUNY. <https://www.albany.edu/news/88146.php>
- Nora, A., & Crisp, G. (2007). Mentoring students: Conceptualizing and validating the multi-dimensions of a support system. *Journal of College Student Retention: Research, Theory & Practice*, 9(3), 337–356.
- Roberts, S. O., Bareket-Shavit, C., Dollins, F. A., Goldie, P. D., & Mortenson, E. (2020). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science*, 1745691620927709. <https://doi.org/10.1080/00223980.2020.1771538>
- Rokach, A., & Boulazreg, S. (2020). The Road to Becoming a Psychologist: Indicators of Success and Hardship during the University Years. *Journal of Psychology: Interdisciplinary and Applied*. <https://doi.org/10.1080/00223980.2020.1771538>
- Sanders, C. E., & Landrum, R. E. (2012). The graduate school application process: What our students report they know. *Teaching of Psychology*, 39(2), 128–132.
- Thiry, H., & Laursen, S. L. (2011). The Role of Student-Advisor Interactions in Apprenticing Undergraduate Researchers into a Scientific Community of Practice. *Journal of Science Education and Technology*. <https://doi.org/10.1007/s10956-010-9271-2>
- Tucker, W. H. (2005). The Racist Past of the American Psychology Establishment. *Journal of Blacks in Higher Education*, 48, 108–112.
- U.S. Census Bureau. (2015). *American Community Survey 1-Year PUMS file*. Retrieved from www.census.gov/programs-surveys/acs/data/pums.html
- U.S. Department of Education, National Center for Education Statistics. (2020a). Integrated Postsecondary Education Data System (IPEDS): Human Resources 2018–2019 [Website]. Retrieved from <https://nces.ed.gov/ipeds/use-the-data>
- U.S. Department of Education, National Center for Education Statistics. (2020b). Integrated Postsecondary Education Data System (IPEDS): SUNY at Albany [Website]. Retrieved from <https://nces.ed.gov/ipeds/use-the-data>
- van Vliet, K. J., Klinge, K. E., & Hiseler, L. E. (2013). The mentorship of undergraduate students in counselling psychology research. *Counselling Psychology Quarterly*, 26(3–4), 406–426. <https://doi.org/10.1080/09515070.2013.844095>
- Winston, A. S. (2004). *Defining difference: Race and racism in the history of psychology*. American Psychological Association.

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Practice and Dissemination of Screening Brief Intervention and Referral to Treatment: Integrating Psychology Interns Into Medical Student Education

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ALCOHOL AND ILLICIT DRUG USE are substantial and increasing public health problems (Schumacher & Williams, 2020). Although the need for psychologists to receive training in how to address substance use disorders has been described for over two decades, many psychology graduate programs still provide little or no training in this area (Dimoff et al., 2017; Miller & Brown, 1997). Over the same time period, efforts by the Substance Abuse Mental Health Services Administration (SAMHSA) have increased training in medical schools in how to address harmful alcohol and drug use. Given the affiliation many psychology internships have with medical schools, the expanded training in these settings creates potential opportunities for internships to augment psychology graduate training. In the present article, we describe an internship curriculum that evolved out of the SAMHSA funding initiatives to teach nonspecialist health professionals evidence-based assessment and intervention methods for problematic substance use, particularly alcohol. We also elaborate on how this curriculum has potential to: (a) fill gaps in existing psychology training programs and (b) can increase the feasibility of hands-on training and performance feedback for large numbers of medical students through an innovative psychology trainee-as-instructor model.

SAMHSA's efforts have focused on Screening Brief Intervention and Referral to Treatment (SBIRT), an intervention developed for delivery by individuals who are not specialized in substance use disorders and who work in nonspecialty settings. SBIRT includes four steps: (1) objective screening, (2) feedback provision, (3) brief motivational intervention, and (4)

referral to additional treatment as needed. SBIRT's efficacy for illicit drug use and prescription misuse is questionable, but there is robust evidence supporting its efficacy for harmful alcohol use in a wide variety of settings. SBIRT training provides exposure to evidence-based screening tools for alcohol and drug use, opportunities to increase comfort with discussing alcohol and drug use, basic practices and principles of motivational interviewing, and increased awareness of substance use disorder treatment options (Schumacher & Williams, 2020). Thus, an SBIRT curriculum for psychologists-in-training helps address gaps that may exist in psychology graduate training while also helping trainees develop knowledge and skills that they may use throughout their careers, whether or not they go on to specialize in substance use disorders.

The number of psychologists who work in medical school settings has increased over several decades, topping 4,000 in 2010. Nonetheless, most graduate programs do not fully prepare psychologists to work in these settings (Sanders et al., 2010). Given that three fourths of psychologists in academic medical centers are involved in educational activities (Robiner et al., 2014), frequently with other disciplines, creating interdisciplinary teaching and supervision opportunities during internship may be an important component to preparing psychologists for career success in academic medical settings. Furthermore, integrating psychologists into medical education may help diversify the SBIRT training medical students receive. To date, most SBIRT training occurs within discipline and integrating the unique skill sets psychologists have to offer will likely benefit these students (Wamsley et al., 2018). This type of

multidisciplinary training may help reinforce the idea that SBIRT can and should be conducted by any trained health care professional, even if one does not specialize in substance use disorders.

Beginning in 2008, with funding from the National Institute on Drug Abuse, we developed a practice and dissemination curriculum for motivational interviewing for substance use disorders. This curriculum provided sequential training to psychology interns in how to competently deliver an evidence-based intervention for substance use disorders, and then use principles of technology transfer to disseminate the same intervention to community-based providers (Schumacher et al., 2020). The four-part internship curriculum included: classroom training and supervised practice delivering motivational interviewing (MI) to clients with substance use disorders followed by classroom training and supervised practice delivering MI training to a group of community providers. Beginning in 2016, with funding from SAMHSA, we updated this curriculum to provide classroom training and practicum experience in SBIRT to psychology interns. We paired interns with a faculty supervisor to provide supervision to medical students during their SBIRT practicum, which is a required part of the third-year clerkship in psychiatry at our medical school. In 2018, at the completion of the initial SAMHSA award period, the interns took over as primary supervisors for the medical students to allow sustainable implementation of the curriculum. Below we describe our implementation and evaluation of this curriculum with a focus first on psychology interns as learners of SBIRT and then as teachers of SBIRT for medical students during their internship year.

Curriculum Implementation and Evaluation

In this section, we first present information about the psychology interns as learners during the two academic years spanning 2016–2018, including information collected as part of the evaluation component of the SAMHSA-funded project. We also present information about the psychology interns as supervisors for third-year medical students learning SBIRT, including a comparison of medical student SBIRT Clinical Skills Exam ratings from comparable periods during the 2017–2018 and 2018–2019 academic years. Program faculty provided supervision during the 2017–2018 period, and psychology interns

provided supervision during the 2018–2019 period.

Psychology Interns as Learners

From July 2016 to June 2018, 15 psychology interns received training in SBIRT as part of the project. Eleven interns reported gender information on the evaluation and identified as 64% female ($n = 7$). Ten reported ethnicity information and identified as 100% non-Hispanic ($n = 10$). Nine reported race information and identified as 67% White ($n = 6$). Training involved 6 hours of classroom-based learning, live feedback-based supervision provided on SBIRT delivered on an inpatient psychiatry unit by program faculty, and opportunities to shadow faculty providing supervision and feedback to medical students. The classroom-based instruction occurred at the beginning of the training year, and the practicum took place throughout the training year as interns completed either a full rotation or a mini-rotation focused just on SBIRT on our general adult psychiatry and medical psychiatry inpatient units. These units provide acute psychiatric stabilization for issues such as psychosis, suicidality, and homicidal ideation. Consistent with the focus of SBIRT on nonspecialty settings, they are not detoxification or substance use disorder units, so screening often reveals previously undetected substance use problems.

To evaluate the curriculum, we examined satisfaction with training using the Government Performance and Results Modernization Act of 2010 (GPRA), Best Practices (BP) Training Satisfaction Baseline and Follow-up Surveys (OMB No. 0930-0197). We evaluated knowledge of SBIRT and related concepts including screening guidelines and tools, health conditions linked to drug and alcohol use, pharmacotherapy for substance use disorders, motivational interviewing principles and practices, and the evidence-base for SBIRT with a multiple-choice test reflecting curriculum content. Attitudes about working with individuals with alcohol problems were assessed with the Short Alcohol and Alcohol Problems Perception Questionnaire (SAAPPQ; Anderson & Clement, 1987). The SAAPPQ asks the respondent to indicate agreement to each of 10 statements on a 7-point Likert scale from 7 (*strongly agree*) to 1 (*strongly disagree*) and has two primary subscales: Role Security (total possible score = 28) and Therapeutic Commitment (total possible score = 42). Role security items assess

provider self-efficacy (e.g., “I can”) and sense of legitimacy (e.g., “I should”) in delivering screening and brief intervention. Therapeutic commitment items assess respondent motivation to screen and intervene; it encompasses optimism that people with alcohol problems can change, beliefs that the provider can facilitate such change, and a sense of enjoyment in playing that role for patients. We assessed satisfaction following classroom training and again at the end of the training year. We assessed knowledge, role security, and therapeutic commitment prior to classroom training and again at the end of the training year. Just over 70% of interns ($n = 11$) completed at least some portion of the end-of-year evaluation.

As shown in Table 1, paired samples *t*-tests of those who completed pre- and end-of-year evaluations showed significant benefits of the curriculum in all areas. The percentage correct on the knowledge measure increased from 80% to 94%. Scores on the SAAPPQ Role Security subscale increased by 4.5 points and averaged 25.5 out of possible 28 at the end of the training year. Scores on the SAAPPQ Therapeutic Commitment subscale increased by 4.1 points and averaged 35 out of a possible 42 by the end of the training year. One-sample *t*-tests of satisfaction ratings following classroom training and at the end of the training year revealed that participants’ ratings were significantly more favorable than the neutral benchmark (1 = *strongly agree*; 3 = *neutral*; 5 = *strongly disagree*). In fact, the ratings at both time points were very close to “1 = strongly agree,” 1.32 (0.43); $t(10) = 12.95, p < .001$; and 1.28 (0.28) $t(9) = 2.89, p < .001$, respectively. These evaluation findings indicated that interns were satisfied with the training they received, learned content relevant to delivering SBIRT and despite many being nonspecial-

ized in substance use disorders, reported an increase in both their role security and therapeutic commitment to work with individuals with alcohol problems.

Psychology Interns as Trainers

From October 2017 to May 2018 (during the initial funding period), 107 third-year medical students received training in SBIRT through the curriculum and were supervised during their SBIRT practicum primarily by departmental faculty with expertise in SBIRT and motivational interviewing. Demographic information was collected from 83%–86% of students (depending on the variable) as part of the SAMHSA required evaluation and was reported as 48% male ($n = 51$), 99% non-Hispanic ($n = 91$), 78% White ($n = 69$), 9% Black or African American ($n = 8$), 12% Asian ($n = 11$), and 1% American Indian ($n = 1$). From October 2018 to May 2019 (following completion of the initial funding period), 94 third-year medical students received training in the curriculum and were supervised during their SBIRT practicum primarily by psychology interns participating in the curriculum. We did not collect demographic data from 2018–2019, because the SAMHSA required evaluation ended. All medical students included in this evaluation received 5 hours of classroom-based learning related to SBIRT and completed an SBIRT practicum that involved two observed SBIRT interactions with a psychiatric inpatient during which feedback based on a proficiency checklist was provided, and at least one observation of another student’s SBIRT interaction and feedback (see next paragraph for description of checklist). We evaluated SBIRT proficiency with an SBIRT Clinical Skills Exam during which a standardized patient portrayed a patient who engaged in problematic alcohol use.

Table 1. Year 1 Outcomes of SBIRT Training for Psychology Interns

Measure	Pre M(SD)	Post M(SD)	End M(SD)	t(df)	p
Knowledge	80.0 (12.23)	--	94.00 (9.25)	t (8) = 2.98	.02
Role Security	20.70 (3.68)	--	25.20 (3.49)	t (9) = 9.00	<.001
Therapeutic Commitment	30.90 (6.06)	--	35.00 (6.70)	t (9) = 2.89	.02

Note. We evaluated pre-post change in knowledge, confidence, and commitment with paired samples *t*-tests.

A faculty member rated medical students' SBIRT interactions during the Clinical Skills Exams using the proficiency checklist, which was adapted from an existing measure developed for internal medicine residents (Hettema et al., 2012). Our checklist included ratings of adherence to SBIRT screening (9 items, 18 possible points) and SBIRT brief negotiated interview (8 items, 16 possible points) protocols as well as adherence to principles and practices consistent with motivational interviewing (9 items, 18 possible points) and avoidance of principles and practices inconsistent with motivational interviewing (7 items, 14 possible points). We adapted this checklist in four primary ways. First, we modified the specific list of SBIRT components to reflect the SBIRT protocol at our site. Second, items reflecting a higher level of competence than medical students were expected to have were omitted (e.g., medical students were not rated on whether they considered medical comorbidities in assessing risk). Third, to increase reliability among raters, the anchors on the communication rating items were modified from the original "not at all," "minimally," to some extent," "a good deal," and "a great deal," to "never," "sometimes," and "always." Finally, we created the inconsistent practices subscale and included items such as "Offers unsolicited advice." The percentage of possible points obtained in the two supervision conditions were as follows: faculty supervisor = 92% ($SD = .06$), intern supervisor = 92% ($SD = .06$). Using G*Power 3 (Faul et al., 2007), we determined in a post hoc power analysis that our samples of 107 and 94 had 80% power to detect an effect size of .40. We used this as the upper and lower bounds for two one-sided tests using the TOSTER package in R (Lakens, 2017). Results from the test of equivalence test were significant, $t(199) = 2.83$, $p = 0.003$, given equivalence bounds of -0.018 and 0.018 (on a raw scale and an alpha of .05). The null hypothesis test was nonsignificant, $t(199) = 0.00$, given alpha of 0.05. Based on the equivalence and null-hypothesis tests combined, we conclude that the observed effect is not statistically different from zero and statistically equivalent to zero. This suggests that reliance on psychology interns to provide supervision to medical students does not diminish training outcomes.

Summary and Conclusions

Advanced psychology graduate students begin internship with a broad range

of knowledge of and clinical exposure to substance use problems ranging from almost none to substantial, highly specialized training. This typically depends on the expertise of the faculty in their graduate programs. Regardless of prior level of exposure, many psychologists-in-training have limited exposure to interventions like SBIRT during graduate training (very brief interventions offered in nonspecialty settings), so offering intensive training in this modality is likely to benefit even those with graduate training in substance use (Wamsley et al., 2018). Our curriculum suggests psychology interns can develop increased confidence in and willingness to work with individuals with substance use problems through training and grasp foundational knowledge of SBIRT. Although not formally collected as evaluation data, faculty observed and rated intern performance prior to allowing them to supervise medical students. These observations indicated that with supervision and feedback, interns can become competent in SBIRT. Interns competent in SBIRT are, in turn, likely to be able to provide supervision and feedback to other trainees, including medical students.

Educational interventions designed to enhance substance use training for medical students appear to be effective at increasing students' knowledge and clinical skills (Landoll et al., 2019), but training varies and overall there is a deficit in the amount of training on substance use issues that medical students receive (Madson et al., 2009; Ram & Chisolm, 2016). Supervision and feedback on performance, in addition to lectures or didactics, are important components in training healthcare providers in evidence-based behavioral interventions and communication styles like motivational interviewing (Madson et al., 2018). However, medical student training rarely includes observation and feedback (Schopper et al., 2016). Although use of standardized patients facilitates such training, reliance on standardized patients may not result in the desired level of competence in complex communication strategies like motivational interviewing (Haeseler et al., 2011). Combining training across medical center trainees may increase feasibility of intensive training, which is difficult to scale for medical students, because of large class sizes and limited opportunities for intensive faculty or resident attention on clinical rotations (Madson et al., 2016).

Importantly, the combined training also addresses a gap that many psychologists who will go on to work in medical

centers have in their training: many know nothing about medical student education. Many may get experience as supervisors for other psychology graduate students on vertical teams in their graduate programs (e.g., senior graduate students provide direct clinical supervision to junior graduate students and receive feedback on their work from mentors during meta-supervision), but far fewer have opportunities for such supervised supervision of other professionals. Psychologists working in academic medical centers are in unique positions to develop and implement interprofessional trainings with psychology and psychiatry trainees (Ward et al., 2018). However, intensive supervision and training for medical students may be cost-prohibitive if it requires reliance on psychologists. As training for medical students by psychology interns shows promise, using psychology interns as "junior faculty" could be a sustainable way to implement intensive curricula on behavioral interventions. Given the prevalence of psychiatric disorders in medical populations, as well as the significant behavioral contribution in a variety of common medical problems (e.g., diabetes, obesity), there is a growing need for psychologists to participate in medical school settings and to be actively involved in training medical providers. In other work, medical trainees reported efforts to integrate psychology interns into medical training as an enhancement to their education (Boland et al., 2016; Cubic et al., 2012).

Limitations

It is important to note the limitations of the curriculum evaluation described in this paper. First, although faculty members utilized the proficiency checklist and required repeated scores at or close to 100% to "sign off" on a psychology intern as proficient enough in SBIRT to supervise medical students, we did not have a formal guideline or benchmark in place, did not save the checklist data for analysis, nor complete any reliability rating of intern proficiency. Thus, we cannot draw firm conclusions about the level of intern SBIRT skill before and after the curriculum. Similarly, although we assume that interns acquired knowledge of medical student education by serving as clinical supervisors for this practicum (e.g., learning that medical school is a 4-year curriculum) and anecdotally this was occurring, it was not formally measured. We also lack demographic information for training delivered after the funding period. A fourth limitation is that

although we have data to help us evaluate how our curriculum impacted knowledge, attitudes, and skill (for medical students), we have no data on frequency and effectiveness of SBIRT implementation during or after the curriculum, which obviously is the ultimate aim of a curriculum like this. A final limitation is that we did not assess the acceptability and quality of inter-professional collaboration among the psychology interns and medical students.

It is also important to note a limitation to a curriculum that relies on psychology interns as SBIRT supervisors: the important role of physician modeling in medical student education. While medical student education increasingly promotes interdisciplinary collaboration, physician role modeling remains important. Curricula delivered by psychology faculty and interns may be viewed as "something doctors don't really do" if physicians at training sites do not use the approaches being taught or model or teach messages inconsistent the approaches being taught. Outside of medical school curricula, a key factor in successful SBIRT implementation is physician buy-in and participation (Vendetti et al., 2017). Thus, collaborating with physician colleagues is critically important to the success of dissemination activities with medical students.

Future Directions

The curriculum development and evaluation completed with generous funding from SAMHSA was a starting point. By integrating our medical student education curriculum with our psychology internship curriculum, we have been able to sustain our medical student education curriculum with the same intensity and quality with which we were able to do so during the funding period. Subsequent work is necessary to evaluate the curriculum further, addressing the limitations noted above, and refining the curriculum as necessary so it can effectively achieve as many educational objectives as possible.

References

- Anderson, P., & Clement, S. (1987). The AAPPQ revisited: The measurement of general practitioners' attitudes to alcohol problems. *British Journal of Addiction*, 82(7), 753-759. <https://doi.org/10.1111/j.1360-0443.1987.tb01542.x>
- Boland, D. H., Scott, M. A., Kim, H., White, T., & Adams, E. (2016). Interprofessional immersion: Use of interprofes-

- sional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees. *Journal of Interprofessional Care*, 30(6), 739-746. <https://doi.org/10.1080/13561820.2016.1227963>
- Cubic, B., Mance, J., Turgesen, J. N., & Lamanna, J. D. (2012). Interprofessional Education: Preparing Psychologists for Success in Integrated Primary Care. *Journal of Clinical Psychology in Medical Settings*, 19(1), 84-92. <https://doi.org/10.1007/s10880-011-9291-y>
- Dimoff, J. D., Sayette, M. A., & Norcross, J. C. (2017). Addiction training in clinical psychology: Are we keeping up with the rising epidemic? *The American Psychologist*, 72(7), 689-695. <https://doi.org/10.1037/amp0000140>
- Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191. <https://doi.org/10.3758/BF03193146>
- Haeseler, F., Fortin, A. H., Pfeiffer, C., Walters, C., & Martino, S. (2011). Assessment of a motivational interviewing curriculum for year 3 medical students using a standardized patient case. *Patient Education and Counseling*, 84(1), 27-30. <https://doi.org/10.1016/j.pec.2010.10.029>
- Hettema, J. E., Ratanawongsa, N., Manuel, J. K., Ciccarone, D., Coffa, D., Jain, S., & Lum, P. J. (2012). A SBIRT curriculum for medical residents: Development of a performance feedback tool to build learner confidence. *Substance Abuse*, 33(3), 241-250. <https://doi.org/10.1080/08897077.2011.640172> (Screening and brief intervention for substance abuse)
- Lakens, D. (2017). Equivalence Tests: A Practical Primer for t Tests, Correlations, and Meta-Analyses. *Social Psychological and Personality Science*, 8(4), 355-362. <https://doi.org/10.1177/1948550617697177>
- Landoll, R. R., Maggio, L. A., Cervero, R. M., & Quinlan, J. D. (2019). Training the doctors: A scoping review of interprofessional education in primary care behavioral health (pcbh). *Journal of Clinical Psychology in Medical Settings*, 26, 243-258. <https://doi.org/10.1007/s10880-018-9582-7>
- Madson, M. B., Loignon, A. C., & Lane, C. (2009). Training in motivational interviewing: A systematic review. *Journal of Substance Abuse Treatment*, 36(1), 101-109. <https://doi.org/10.1016/j.jsat.2008.05.005>
- Madson, M. B., Schumacher, J. A., Baer, J. S., & Martino, S. (2016). Motivational

- interviewing for substance use: Mapping out the next generation of research. *Journal of Substance Abuse Treatment*, 65, 1-5. <https://doi.org/10.1016/j.jsat.2016.02.003>
- Madson, M. B., Villarosa-Hurlocker, M. C., Schumacher, J. A., Williams, D. C., & Gauthier, J. M. (2018). Motivational interviewing training of substance use treatment professionals: A systematic review. *Substance Abuse*. <https://doi.org/10.1080/08897077.2018.1475319>
- Miller, W. R., & Brown, S. A. (1997). Why psychologists should treat alcohol and drug problems. *American Psychologist*, 52(12), 1269-1279. <https://doi.org/10.1037/0003-066X.52.12.1269>
- Ram, A., & Chisolm, M. S. (2016). The Time is Now: Improving Substance Abuse Training in Medical Schools. *Academic Psychiatry*, 40(3), 454-460. <https://doi.org/10.1007/s40596-015-0314-0>
- Robiner, W. N., Dixon, K. E., Miner, J. L., & Hong, B. A. (2014). Psychologists in medical schools and academic medical centers: Over 100 years of growth, influence, and partnership. *American Psychologist*, 69(3), 230-248. <https://doi.org/10.1037/a0035472>
- Sanders, K., Breland-Noble, A., King, C., & Cubic, B. (2010). Pathways to Success for Psychologists in Academic Health Centers: From Early Career to Emeritus. *Journal of Clinical Psychology in Medical Settings*, 17, 315-325. <https://doi.org/10.1007/s10880-010-9219-y>
- Schopper, H., Rosenbaum, M., & Axelsson, R. (2016). 'I wish someone watched me interview: medical student insight into observation and feedback as a method for teaching communication skills during the clinical years. *BMC Medical Education*, 16(1), 286. <https://doi.org/10.1186/s12909-016-0813-z>
- Schumacher, J. A., Coffey, S. F., Williams, D. C., Madson, M. B., & McAfee, N. W. (2020). Practice and dissemination of motivational interviewing: A psychology internship curriculum. *Training and Education in Professional Psychology*, 14(1), 34-41. <https://doi.org/10.1037/tep0000280> (Education and Training in Substance Use Disorders and Addictions: Coordinated Special Issue With Professional Psychology: Research and Practice)
- Schumacher, J. A., & Williams, D. C. (2020). *Psychological treatment of medical patients struggling with harmful substance use*. American Psychological Association. <https://doi.org/10.1037/0000160-000>
- Vendetti, J., Gmyrek, A., Damon, D., Singh, M., McRee, B., & Del Boca, F.

(2017). Screening, brief intervention and referral to treatment (SBIRT): implementation barriers, facilitators and model migration. *Addiction*, 112(Suppl 2), 23-33. <https://doi.org/10.1111/add.13652>

Wamsley, M., Satterfield, J. M., Curtis, A., Lundgren, L., & Satre, D. D. (2018). Alcohol and Drug Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Implementation: Perspectives from 4 Health Professions. *Journal of Addiction Medicine*, 12(4),

262-272. <https://doi.org/10.1097/adm.0000000000000410>

Ward, W., Zagoloff, A., Rieck, C., & Robiner, W. (2018). Interprofessional education: Opportunities and challenges for psychology. *Journal of Clinical Psychology in Medical Settings*. <https://doi.org/10.1007/s10880-017-9538-3>

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CLINICAL PRACTICE FORUM

Adapting a Mental Health Promotion Program for LGBTQ Youth and Their Allies to Address Activism as a Coping Strategy

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LESBIAN, GAY, bisexual, transgender, and queer (LGBTQ) youth are disproportionately affected by negative mental health outcomes relative to cisgender and heterosexual youth (Bolton & Sareen, 2011; McDermott, 2014; Meyer, 2003; Mustanski et al., 2016). Meyer proposed the minority stress model as an explanation for these disparities, suggesting that the higher rates of mental health problems observed among LGBTQ individuals could be explained by stress related to their LGBTQ identities. This is consistent with evidence that LGBTQ youth are also at increased risk for experiencing violence compared to cisgender and heterosexual youth (Corliss et al., 2009; Dragowski et al., 2011). In turn, violence from peers and family members, along with the perceived threat of violence and cultural norms promoting anti-LGBTQ attitudes, contributes to the mental health challenges observed among LGBTQ youth (Bolton & Sareen; Cox et al., 2009; McAndrew & Warne, 2004; Roberts et al., 2012; Schrimshaw et al., 2013). Given the mental health disparities affecting LGBTQ youth, there is a critical need for interventions tailored to address their unique needs.

To that end, Heck (2015) developed a mental health promotion program for LGBTQ youth, which taught them cognitive-behavioral coping skills (e.g., diaphragmatic breathing, cognitive restructuring) that could be used in response to stress (including stress related to their LGBTQ identities). The program was delivered in the context of a GSA (Gender and Sexuality Alliance or Gay-Straight Alliance), and he demonstrated the feasibility of this approach and the acceptability of the program in a pilot trial. While the program included content focused on coping with stress related to one's LGBTQ identity, it did not address the potential for activism to serve as a coping strategy, and emerging evidence suggests that engaging in activism can be a powerful tool for coping with stress (Pender et al., 2018; Poteat et al., 2015; Rhoades, 2012). Furthermore, when the intervention was piloted, participants provided recommendations for improving the content (e.g., making it more relevant to allies, making it more interactive). As such, we adapted the intervention to incorporate an explicit focus on engaging in activism as a way to cope with stress, and we also adapted the content to address the recommendations

of participants in the previous pilot trial. In this article, we briefly review the literature on the benefits of activism for LGBTQ youth, we describe the adaptations that we made to the intervention, and we reflect on the process of delivering the adapted content to a small group of LGBTQ youth and their allies. In doing so, we hope to inspire others (especially clinicians) to consider the potential value of framing activism as a coping strategy that can be used in response to the stress experienced by members of marginalized communities, along with more traditional cognitive-behavioral coping strategies.

Activism as a Coping Strategy

Despite being faced with discrimination, rejection, and oppression, many LGBTQ youth demonstrate considerable resilience in how they cope with these experiences. Previous research has found that connecting with other LGBTQ youth and working to understand and improve the status of LGBTQ rights can be sources of strength and empowerment for LGBTQ youth (Asakura, 2019; Rhoades, 2012; Wagaman, 2016). For example, engaging in collaborative research for the purpose of improving services for LGBTQ youth can provide them with a safe space to challenge themselves and learn new skills (Harper et al., 2007). Furthermore, engaging in activism, or activities meant to promote social justice at individual, community, and systemic levels, can be a powerful tool for coping with stress (Wagaman). Specifically, engaging in activism can be empowering, promote a sense of control, and connect people to other members of their communities through strong and meaningful social ties (Pender et al., 2018; Poteat et al., 2015; Rhoades, 2012), all of which can help them to manage stress related to stigma and discrimination.

Importantly, accumulating evidence suggests that participating in advocacy and social justice activities in the context of a GSA is associated with better psychosocial functioning, including a greater sense of purpose in one's life (Poteat et al., 2015), greater feelings of belonging at school and greater academic achievement (Toomey & Russell, 2011), and greater agency (defined as belief in one's capacity to initiate and sustain actions; Poteat et al., 2016). These findings are consistent with evidence that empowerment, or feeling a sense of control and agency over one's life, can have a positive impact on LGBTQ youths' ability to cope with stress and their psychosocial functioning (e.g., confidence, self-efficacy; Poteat et al., 2019; Russell et al., 2009). Russell and colleagues specifically demonstrated that LGBTQ youth empowerment at multiple levels (individual, interpersonal, and community) involved youth positively influencing their own lives, along with positively influencing intercommunity support and functioning (Russell et al.). Youth may thus feel capable of enacting positive change in their own lives for themselves, as well as encouraging others to make positive change, either for themselves or others (Russell et al.). For example, youth can develop the skills to advocate for themselves in their relationships and community spaces to ensure their LGBTQ identity is recognized and respected, as well as encourage others to advocate on their behalf, which can help improve their relationships and sense of security (Russell et al.). In addition, if youth activism is able to enact positive change for LGBTQ individuals within their community, they may be able to benefit from a more supportive environment as well as from a sense of self-efficacy, accomplishment, and control related to enacting meaningful change in their community (Russell et al.).

Given the benefits of engaging in activism, it may be beneficial to incorporate activism skills into interventions to improve the mental health of LGBTQ youth. In fact, some GSAs already encourage activism and community engagement (Heck, 2015; Poteat et al., 2019, 2020; Russell et al., 2009). The act of creating a GSA and maintaining it over time is often the result of activism within school settings, and some youth experience GSAs as spaces where they can find support as well as build skills to address discrimination in their lives and in society in general (Heck, 2015; Porta et al., 2017; Poteat et al., 2012). While systemic discrimination against LGBTQ people is generally a source of

stress for LGBTQ youth, it can be compounded by a sense of having limited or no ability to influence it (Meyer, 2003). Using traditional cognitive-behavioral coping skills may not be sufficient for stress related to systemic issues; instead, increasing critical awareness of how power and oppression interact in one's life and learning skills to enact change at multiple systemic levels may be better suited to coping with stress related to systematic oppression (Rhoades, 2012; Wagaman, 2016). It is important to provide youth with individual coping skills, but without larger social changes, youth will continue to experience discrimination and prejudice on the basis of their marginalized identity, which can continue to negatively affect their mental health (Meyer, 2003; Mustanski et al., 2016). Teaching youth to manage experiences of discrimination after they occur rather than working to prevent them through efforts to create social change may instill the belief that these are individual problems rather than large-scale issues that negatively influence the health and well-being of entire communities, not just specific individuals (Meyer, 2003). Meanwhile, developing strategies for engaging in activism can increase youth's sense of self-efficacy and their ability to influence stressors while also contributing to positive outcomes for one's community. This sense that they are able to improve conditions for themselves as well as others may help both to improve their material realities by decreasing experiences of individual and systemic discrimination as well as to improve overall mental health and functioning (Russell et al., 2009).

Program Adaptation

The original program consisted of four sessions addressing the following topics: (1) psychoeducation; (2) affect regulation; (3) cognitive coping skills; and (4) disclosure-related decision making. Session 1 focused on identifying types of minority stress, differentiating it from general stress, and discussing the link between bias against LGBTQ individuals and mental health problems. Sessions 2 and 3 focused on identifying emotional and cognitive reactions to stress and using skills such as diaphragmatic breathing and cognitive restructuring to regulate emotions and to replace unhelpful thoughts with more helpful ones. Finally, Session 4 focused on the challenges related to disclosing one's LGBTQ identity and developing a method for making decisions regarding whether to do so.

Heck (2015) conducted a pilot study with 10 students (8 of whom identified as LGBTQ) in a high school located in the northeastern United States. Sessions were held during GSA meetings and students completed evaluations at the end of each session. Overall, the program was rated high in terms of acceptability (Heck, 2015). Still, youth recommended several potential changes to improve the program, including making the material more relevant to allies (in addition to LGBTQ youth) and creating more opportunities for youth-directed participation (e.g., games, activities).

In adapting the aforementioned intervention, we sought to incorporate the recommendations of the participants in the original pilot study (Heck, 2015) and to add content focused on community organizing and activism. First, in order to make the intervention relevant to allies or students who did not identify as LGBTQ, we adapted some of the language used throughout the intervention. For example, rather than asking youths to reflect on their own experiences with stress related to their LGBTQ identities, they would be asked to reflect on the experiences of LGBTQ youth in general or their own experiences as well as their friends' experiences. Second, efforts were made to increase opportunities for youth engagement. For example, each session would start with a review of the previous session. Youths who attended the previous session would be asked to describe what they had learned, both as a way to include them in teaching their peers and to ensure that they understood the material and skills that had been discussed.

Third, we created a new session focused on activism as a way to promote resilience and cope with minority stress. This new session was designed to be youth-led and flexible based on their interests and needs. Some essential questions were constructed (e.g., "What do you think are some issues facing LGBTQ youth in [this school, city, country] right now?" and "Okay, you've mentioned a few different issues that are important. Why don't we pick a few to focus on today?") along with suggested prompts to encourage further discussion if appropriate. The facilitator also developed a handout for students to consider some goal they wanted to achieve, and then specific prompts about actions they could take in the next few months and the next 2 years to make meaningful progress toward this goal. The session would begin with a discussion of how activism could be used along with other coping strategies. During this discussion, the facilitator would make

connections between activism and the other cognitive and affective coping strategies that had been discussed throughout the program, noting which strategies might be most beneficial in different situations, and what overall goals were related to their individual and community outcomes.

The facilitator's role would be primarily that of a moderator, encouraging youths to select a few key issues that were important to them and then to develop short- and long-term goals related to the changes that they wanted to see. The facilitator would also allow youths to choose the issues that they wanted to focus on, even if the issues were not unique to LGBTQ populations. For example, police brutality is not unique to the LGBTQ community, but LGBTQ young people (especially those who are also people of color) are disproportionately exposed to police violence and discrimination (Bornstein et al., 2006; Calton et al., 2016; Coston, 2017; Guadalupe-Diaz & Jasinski, 2016; Serpe & Nadal, 2017). As such, it is important to allow individuals to discuss the issues that are most relevant to their lives and, in doing so, to empower them to engage in activism and community organizing related to these issues. With this flexibility, the session plan focused on how to prompt brainstorming and problem-solving ideas that would be relevant for any issue youth discussed. Regardless of the issue, the structure of the session focused on encouraging youth to consider their ability to influence the issue in their immediate lives and in the future.

Reflections on Piloting the Adapted Content

After developing the manual for the adapted intervention, it was delivered to a small group of LGBTQ youths and their allies at a relatively large public high school in Chicago. Over half of the students in general enrollment at the high school are either Black or Hispanic, and nearly half qualify for free or reduced lunch (Chicago Public Schools, 2021). Of note, our goal in delivering this program was to provide a service to the LGBTQ youth and their allies at the school and to continue to refine the content of the adapted intervention. This was not conducted as a formal research study. The facilitator was a doctoral student in a clinical psychological program who was receiving clinical training at a community mental health clinic that partnered with the local high school. As in the original pilot study (Heck, 2015), the intervention was delivered in the context of the

school's GSA (during its regularly scheduled meetings). The leader of the GSA (a teacher at the school) introduced the program to the students, assisted in scheduling and setting up the sessions, and was present during some of the sessions. However, the facilitator led the sessions. Similar to the pilot trial of the original intervention, retention across sessions varied. The number of students who attended each session ranged from three to six and most attended three to four out of five sessions. According to the GSA advisor, this was consistent with the number of students who typically attended the GSA's meetings. Of note, the students were informed of the dates of the meetings during which the program would be implemented and they could decide whether or not they wanted to attend those meetings.

Even before the activism session, activism was spontaneously discussed at other times in the program. For example, self-advocacy in response to anti-LGBTQ discrimination and fatigue related to educating others about LGBTQ issues were discussed as emotional stressors. Educating others can be a complex issue given the desire to stand up for the LGBTQ community combined with a sense of pressure to represent the community within school spaces and to respond to anti-LGBTQ discrimination in an effective manner. Within the activism session, youths were asked about specific issues they found important to the LGBTQ community and brainstormed different ways that these issues needed to be addressed. Then, a discussion took place regarding issues such as lack of representation and misrepresentation of LGBTQ individuals in mass media, including media that reinforces stereotypes of the LGBTQ community, as students identified this as an area of interest for activism. After discussing this issue, the facilitator prompted youths to consider how to best address this issue and what specific immediate and long-term steps they could take to make progress that they wanted to see.

A major goal here was to help the students feel empowered to begin taking action to create the change they wished to see, as well as to consider long-term goals, even within a context in which larger systems may create and maintain the problems they wish to address. Within the session, youth discussed several strategies to combat problematic representation and erasure of the LGBTQ community, as consumers (e.g., promoting and consuming media with positive portrayals of the LGBTQ community) or as potential cre-

ators and educators (e.g., developing LGBTQ-focused material and media). The facilitator prompted youths to consider not only immediate steps but long-term goals, as well. For example, consistent with traditional problem-solving strategies, the facilitator encouraged the students to break down larger goals into smaller, more manageable ones, and to focus on specific (i.e., measurable) actions that could be taken in specific timeframes (e.g., within 1 week or 1 month). Given that this was the final session of the program, the facilitator was unable to check in on the students' progress toward their goals. However, the students were encouraged to monitor their own progress and to support each other in working toward their goals. Over the course of the session, youths appeared engaged as they discussed issues that they were passionate about and affirmed each other's ideas and goals.

Conclusion

Throughout this article, we discussed activism as a strategy for coping with stress related to LGBTQ identities and we described the adaptation of a mental health promotion program for LGBTQ youth and their allies to address activism as a coping strategy. Specifically, we described the addition of a session focused on activism and community organizing, which served to provide youth with additional coping strategies as well as to empower them and to encourage them to take steps toward affecting long-term change. The session was designed to be youth-guided and flexible, which helped with engaging youth, but also presented challenges (e.g., at times, the facilitator needed to redirect the students). This is a natural challenge to encounter when delivering an intervention in the context of a GSA, because it is a social space for youth to connect with others. However, future refinement of this session could include increasing its structure. In addition, though a worksheet was provided to facilitate individual and group planning during the session, youths were generally more interested in conversing about the topic. As such, it may be helpful to incorporate creative tools for facilitating discussion (e.g., flip charts) rather than using worksheets. Overall, while there can be challenges to delivering an intervention in the context of a GSA (e.g., learning and navigating the school's policies and procedures, inconsistent group attendance, the social nature of the group), there are also a number of advantages (e.g., an existing

infrastructure for delivering a group-based intervention in a safe space, the explicit focus of the group on LGBTQ identities and experiences), and in our experience they are well worth the effort.

Although Heck (2015) provided support for the feasibility and acceptability of the original program, its efficacy has yet to be tested. In the future, we hope to be able to test the efficacy of the adapted program to assess the extent to which participation contributes to improvements in mental health (e.g., depression, anxiety), coping self-efficacy, and other positive outcomes (e.g., pride in one's LGBTQ identity, continued engagement in activism). Of note, while the program was developed as a mental health promotion program, it could be used for prevention or intervention purposes because it draws on the core components of cognitive-behavioral therapy for the prevention and treatment of adolescent depression (e.g., psychoeducation, cognitive coping, affect regulation). As such, future studies could also test it as an intervention for LGBTQ youth and their allies who report clinically significant levels of depression and/or anxiety.

Furthermore, the potential benefits of engaging in activism are not limited to members of GSAs. Other interventions designed to improve the mental health of LGBTQ individuals (youths and adults alike) could also incorporate a component focused on teaching skills related to engaging in activism as a coping strategy. Given the group nature of GSAs and their explicit focus on the LGBTQ community, they are particularly well suited to a focus on activism. In other contexts, such as individual therapy, it may be important to help clients explore ways to connect with the LGBTQ community (if they are not already connected) prior to focusing on activism as a coping strategy. Alternatively, if someone is not connected to the LGBTQ community, discussions of activism could focus on activities that an individual could do without being a member of a group (e.g., volunteering). In addition, while the focus of our program adaptation was to incorporate content on activism as a coping strategy, there may be other types of content that could also be beneficial for LGBTQ youth's mental health (e.g., learning about and celebrating LGBTQ history and culture). As such, it may be valuable to include activities focused on celebrating LGBTQ history and culture in future iterations of the current program, and for clinicians to encourage LGBTQ clients to explore the history and culture of the LGBTQ community.

Regardless of the context (e.g., a GSA, individual therapy), it is important for the facilitator or clinician to have foundational knowledge of LGBTQ identities and experiences and to strive to create an empowering space wherein individuals are able to actively determine their values and goals for activism. Individuals should not, for example, experience the pressures of educating facilitators about their experiences, but instead deserve an affirming space wherein they can explore their goals for themselves and their communities. Facilitators should have clearly developed empathetic and relational skills to encourage openness and ensure individuals feel heard and understood. Furthermore, when working with youth, it is particularly important to embrace principles of positive youth development (e.g., that all youth have strengths and can contribute to society, that positive development occurs when there are resources available to cultivate strengths and promote thriving; Damon, 2004).

In conclusion, given evidence that activism can be used as a tool for coping with stress (Pender et al., 2018; Poteat et al., 2015; Rhoades, 2012), it may be helpful for clinicians and educators to support LGBTQ youth in efforts to engage in activism. By describing how we framed activism as a coping strategy in our adaptation of a mental health promotion program for LGBTQ youth and their allies, we hope clinicians will feel inspired to incorporate activism skill-building into their work with members of marginalized communities. Doing so has the potential to improve LGBTQ clients' mental health, while also benefiting the LGBTQ community at large.

References

- Asakura, K. (2019). Extraordinary acts to "show up": Conceptualizing resilience of LGBTQ youth. *Youth & Society, 51*(2), 268-285.
- Bolton, S., & Sareen, J. (2011). Sexual orientation and its relation to mental disorders and suicide attempts: Findings from a nationally representative sample. *Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie, 56*(1), 35-43.
- Bornstein, D., Fawcett, J., Sullivan, M., Senturia, K., & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality, 51*(1), 159-181.
- Calton, J., Cattaneo, L., & Gebhard, K. (2016). Barriers to help seeking for lesbian, gay, bisexual, transgender, and queer survivors of intimate partner violence. *Trauma, Violence & Abuse, 17*(5), 585-600.
- Chicago Public Schools. (2021). *Schools: Chicago Public Schools*. Retrieved from <https://www.cps.edu/schools/>
- Corliss, H. L., Cochran, S. D., Mays, V. M., Greenland, S., & Seeman, T. E. (2009). Age of minority sexual orientation development and risk of childhood maltreatment and suicide attempts in women. *American Journal of Orthopsychiatry, 79*(4), 511-521. doi: 10.1037/a0017163
- Coston, B. (2017). Power and inequality: Intimate partner violence against bisexual and non-monosexual women in the United States. *Journal of Interpersonal Violence, 14*(1), 1-25
- Cox, N., Berghe, W. V., Dewaele, A., & Vincke, J. (2009). Acculturation strategies and mental health in gay, lesbian, and bisexual youth. *Journal of Youth and Adolescence, 39*(10), 1199-1210. doi: 10.1007/s10964-009-9435-7
- Damon, W. (2004). What is positive youth development? *Annals of the American Academy of Political and Social Science, 591*, 13-24. <https://doi.org/10.1177/0002716203260092>
- Dragowski, E. A., Halkitis, P. N., Grossman, A. H., & Daugelli, A. R. (2011). Sexual orientation victimization and posttraumatic stress symptoms among lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Social Services, 23*(2), 226-249. doi: 10.1080/10538720.2010.541028
- Guadalupe-Diaz, X. L., & Jasinski, J. (2016). "I wasn't a priority, I wasn't a victim": Challenges in help seeking for transgender survivors of intimate partner violence. *Violence Against Women, 23*(6), 772-792. doi: 10.1177/1077801216650288
- Harper, G. W., Jamil, O. B., & Wilson, B. D. M. (2007). Collaborative community-based research as activism: Giving voice and hope to lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Psychotherapy, 11*(3-4), 99-119. doi: 10.1300/j236v11n03_06
- Heck, N. C. (2015). The potential to promote resilience: Piloting a minority stress-informed, GSA-based, mental health promotion program for LGBTQ youth. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 225-231.
- McAndrew, S., & Warne, T. (2004). Ignoring the evidence dictating the practice: Sexual orientation, suicidality and the dichotomy of the mental health nurse. *Journal of Psychiatric and Mental Health Nursing, 11*(4), 428-434. doi: 10.1111/j.1365-2850.2004.00739.x
- McDermott, E. (2014). Asking for help online: Lesbian, gay, bisexual and trans youth, self-harm and articulating the

- 'failed' self. *Health*, 19(6), 561-577. doi:10.1177/1363459314557967
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697. doi:10.1037/0033-2909.129.5.674
- Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health*, 106(3), 527-533. doi:10.2105/ajph.2015.302976
- Pender, H. (2018). Queering Black activism: Exploring the relationship between racial identity and Black activist orientation among Black LGBTQ youth. *Journal of Community Psychology*, 47(3), 529-543. https://doi.org/10.1002/jcop.22136
- Porta, C. M., Singer, E., Mehus, C. J., Gower, A. L., Saewyc, E., Fredkove, W., & Eisenberg, M. E. (2017). LGBTQ youth's views on gay-straight alliances: Building community, providing gateways, and representing safety and support. *Journal of School Health*, 87(7), 489-497. doi:10.1111/josh.12517
- Poteat, V. P., Calzo, J. P., & Yoshikawa, H. (2016). Promoting youth agency through dimensions of Gay-Straight Alliance involvement and conditions that maximize associations. *Journal of Youth and Adolescence*, 45, 1438-1451. https://doi.org/10.1007/s10964-016-0421-6
- Poteat, V. P., Calzo, J. P., Yoshikawa, H., Lipkin, A., Ceccolini, C., Rosenbach, S., O'Brien, M., Marx, R., Murchison, G., & Burson, E. (2019). Greater engagement in gender-sexuality alliances (GSAs) and GSA characteristics predict youth empowerment and reduced mental health concerns. *Child Development*. https://doi.org/10.1111/cdev.13345
- Poteat, V. P., Godfrey, E. B., Brion-Meisels, G., & Calzo, J. P. (2020). Development of youth advocacy and sociopolitical efficacy as dimensions of critical consciousness within gender-sexuality alliances. *Developmental Psychology*, 56(6), 1207-1219. https://doi.org/10.1037/dev0000927
- Poteat, V. P., Sinclair, K. O., Digiovanni, C. D., Koenig, B. W., & Russell, S. T. (2012). Gay-straight alliances are associated with student health: A multischool comparison of LGBTQ and heterosexual youth. *Journal of Research on Adolescence*, 23(2), 319-330. doi:10.1111/j.1532-7795.2012.00832.x
- Poteat, V. P., Yoshikawa, H., Calzo, J. P., Gray, M. L., DiGiovanni, C. D., Lipkin, A., Mundy-Shepherd, A., Perrotti, J., Scheer, J. R., & Shaw, M. P. (2015). Contextualizing gay-straight alliances: Student, advisor, and structural factors related to positive youth development among members. *Child Development*, 86(1), 176-193. https://doi.org/10.1111/cdev.12289
- Rhoades, M. (2012). LGBTQ youth video activism: Arts-based critical civic praxis. *Studies in Art Education*, 53(4), 317-329. doi: 10.1080/00393541.2012.11518872
- Roberts, A. L., Rosario, M., Corliss, H. L., Koenen, K. C., & Austin, S. B. (2012). Childhood gender nonconformity: A risk indicator for childhood abuse and Post-traumatic Stress in youth. *Pediatrics*, 129(3). doi: 10.1542/peds.2011-1804d
- Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school gay-straight alliances. *Journal of Youth and Adolescence*, 38(7), 891-903. https://doi.org/10.1007/s10964-008-9382-8
- Schrimshaw, E. W., Siegel, K., Downing, M. J., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, 81(1), 141-153. doi: 10.1037/a0031272
- Serpe, C. R., & Nadal, K. L. (2017). Perceptions of police: Experiences in the trans*community. *Journal of Gay & Lesbian Social Services*, 29(3), 280-299. doi: 10.1080/10538720.2017.1319777
- Toomey, R. B., & Russell, S. T. (2011). Gay-Straight Alliances, social justice involvement, and school victimization of lesbian, gay, bisexual, and queer youth: Implications for school well-being and plans to vote. *Youth & Society*, 45, 500-522. https://doi.org/10.1177/0044118X11422546
- Wagaman, M. A. (2016). Promoting empowerment among LGBTQ youth: A social justice youth development approach. *Child and Adolescent Social Work Journal*, 33(5), 395-405. doi: 10.1007/s10560-016-0435-7
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- Brian Feinstein's time was supported by a grant from the National Institute on Drug Abuse (K08DA045575). The content is solely the responsibility of the authors and does not necessarily represent the official views of the funding agency.

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A B C T O N L I N E w w w . a b c t . o r g

Our website continues
to expand in constructive
and inspiring ways.
Check out these new,
established, and
developing pages:



ABCT > FOR MEMBERS > SIGS
ABCT > FOR MEMBERS > PIONEERS
ABCT > FOR MEMBERS > PRESIDENTS MUSE
ABCT > FIND HELP > SELF-HELP BOOKS
ABCT > FIND HELP > FEATURED THERAPISTS
ABCT > GET INFORMATION > COVID-19
ABCT > JOURNALS > THE BEHAVIOR THERAPIST
ABCT > CONVENTION > VIRTUAL / ON DEMAND
ABCT > CONVENTION & CE > WEBINARS
ABCT > GET INFORMATION > SUICIDE ACROSS THE LIFESPAN
ABCT > RESOURCES FOR PROFESSIONALS & STUDENTS > JOB BANK
ABCT > RESOURCES FOR PROFESSIONALS & STUDENTS > FEATURED LAB

Minutes of the Annual Meeting of Members

Saturday, November 21, 2020 | *via Zoom*

Call to Order

President Martin Antony called the meeting to order at 5:00 P.M., noting he was doing this without the advantage of a gavel.

Minutes

Secretary-Treasurer Sandra Pimentel presented the minutes from the November 23, 2019, Annual Meeting of Members, which were unanimously approved as submitted. She noted that those minutes are archived in the February 2020 *tBT*, available at <https://www.abct.org/docs/PastIssue/43n2.pdf> for those who want to review.

Expressions of Gratitude

President Antony thanked Bruce Chorpita, "Immediate Past President for the remainder of the hour," whom he applauded for his great support; and the President thanked Risa Weisberg, outgoing Representative-at-Large, "an amazing person who always contributes"; Katie Baucom, concluding her role of as Coordinator of Academic and Professional Issues; Lee Cooper, Chair of Academic Training, and Education Standards Committee; Cassidy Gutner, Awards and Recognition Committee Chair; Lance Rappaport, Special Interest Group Committee Chair; Thomas Rodebaugh, Membership Committee Chair; Jamie Micco, List Serve Committee Chair; Brian Chu, Ph.D., Editor, *Cognitive and Behavioral Practice*; Regine Galanti, Web Editor; Anu Asnani, Continuing Education Committee Chair; Courtney Benjamin Wolk, Master Clinician Seminar Chair; Abby Alder Mandel, Local Arrangements Committee Chair. President Antony thanked profusely Daniel Cheron, Associate Program Chair, and Shannon Wiltsey Stirman, Program Chair, for planning for an onsite meeting and pivoting without a misstep to a totally virtual Annual Convention.

President Antony thanked the Program Committee, all 285 members, which included 101 super-reviews and 155 student reviewers. He also thanked staff. Staff worked tirelessly, but this year is like no

year ever, with the pandemic and virtual convention.

Program Committee

(*denotes Super Reviewers):

*Amitai Abramovitch, Nicholas Allan, Lauren Alloy, Drew Anderson, *Arthur Andrews, Joye Anestis, Anu Asnaani, *Marc Atkins, David Austern, *Dara Babinski, Amanda Baker, Miya Barnett, *Kimberly Becker, *Stephen Becker, Emily Becker-Haimes, *Rinad Beidas, Kathryn Bell, *Christopher Berghoff, Noah Berman, Justin Birnholz, Claire Blevins, Jennifer Block-Lerner, Heidemarie Blumenthal, Christina Boisseau, *Maya Boustani, Lindsay Brauer, *Lily Brown, *Timothy Brown, *Wilson Brown, Steven Bruce, Julia Buckner, Will Canu, *Nicole Caporino, E. B. Caron, *Erin Cassidy-Eagle, Corinne Catarozoli, Nadine Chang, Gregory Chason, Daniel Cheron, Joshua Clapp, *David Clark, *Meghan Cody, Laren Conklin, *Elizabeth Connors, Laura Corona, *Travis Cos, Torrey Creed, Jessica Cronic, *Jennifer Dahne, Kristy Dalrymple, *Pooja Dave, Charlie Davidson, *Tatiana Davidson, Thompson Davis III, Alessandro De Nadai, *Thilo Deckersbach, *Tamara Del Vecchio, Patricia DiBartolo, Kelsey Dickson, Gretchen Diefenbach, *Ray DiGiuseppe, David DiLillo, *Linda Dimeff, *Laura Dixon, Keith Dobson, Kelly Donahue, *Deidre Donaldson, Alex Dopp, Sheila Dowd, *Emily Dworkin, *Anthony Ecker, *Jill Ehrenreich-May, *Flint Espil, Wyatt Evans, *Brian Feinstein, Thomas Fergus, Melanie Fischer, Julianne Flanagan, Nicholas Forand, Whitney Fosco, Elizabeth Frazier, *Robert Friedberg, Steven Friedman, Patti Fritz, *Daniel Fulford, Nancy Gajee, Matthew Gallagher, *Richard Gallagher, *Frank Gardner, Sarah Garnaat, Brandon Gaudiano, *Emily Georgia Salivar, *Philippe Goldin, *Jeffrey Goodie, Cameron Gordon, Andrea Graham, Kelly Green, Amie Grills, *Karen Guan, John Guerri, *Cassidy Gutner, *Lauren Hallion, Lindsay Ham, *David

Hansen, Rochelle Hanson, Audrey Harkness, Tae Hart, Trevor Hart, Sarah Hayes-Skelton, *Alexandre Heeren, Sarah Helseth, Craig Henderson, *Aude Henin, Juventino Hernandez Rodriguez, Nathaniel Herr, Joanna Herres, *Kathleen Herzig, Melanie Hetzel-Riggin, Michiyo Hirai, Daniel Hoffman, Laura Holt, Janie Hong, *Debra Hope, *Joseph Hovey, Megan Hughes Feltenberger, Anna Jaffe, Amanda Jensen-Doss, Kathryn Kanzler, Heather Kapson, Amy Keefer, Connor Kerns, Elizabeth Kiel, *Katharina Kircanski, *John Kloczek, Nancy Kocovski, Sara Landes, David Langer, *Jennifer Langhinrichsen-Rohling, Penny Leisring, Greg Lengel, Michelle Leonard, *Marie LePage, Matthew Lerner, Crystal Lim, Kristen Lindgren, Danielle Lindner, Sandra Llera, Patricia Long, Christopher Lootens, *Stefanie LoSavio, Brenna Maddox, *Joshua Magee, Sarah Markowitz, *Donald Marks, *Patrick McGrath, *Joseph McGuire, *Kate McHugh, *Carmen McLean, *Alison McLeish, *Daniel McNeil, Julia McQuade, *Douglas Mennin, *Robert Meyers, Nicholas Mian, Jamie Micco, Alec Miller, John Mitchell, Kelly Moore, *Michael Moore, *Angela Moreland, Lauren Moskowitz, Jordana Muroff, Taryn Myers, Cy Nadler, *Brad Nakamura, Douglas Nangle, *Amie Newins, *Michelle Newman, Roisin O'Connor, Kelsie Okamura, Bunmi Olatunji, *Tom Olino, *Camilo Ortiz, Mandy Owens, Julie Owens, Kathleen Palm Reed, *David Pantalone, *Laura Payne, Andrew Peckham, Nicholas Perry, *Jacqueline Persons, Sandra Pimentel, Elisabeth Pollio, Antonio Polo, Mitch Prinstein, Amy Przeworski, Jae Puckett, Amanda Raines, Elizabeth Raposa, Carla Rash, Judy Reaven, Hannah Reese, Simon Rego, Elizabeth Reichert, Megan Renna, Lillian Reuman, *Jazmin Reyes-Portillo, Lane Ritchie, *Ronald Rogge, *Kelly Rohan, Barbara Rothbaum, *David Rozek, Lauren Rutter, Dustin Sarver, Steven Sayers, Heather Schatten, Nicole Schatz, Katherine Schaumberg, Brad Schmidt, Sonja Schoenwald, Casey Schofield, Kelli Scott, Laura Seligman, *Kathy Sexton-Radek, *Nicholas Sibrava, *Greg Siegle, Colleen Sloan, April Smith, Stephanie Smith, Lisa Smith Kilpela, Moria Smoski, Jennifer Snyder, Laura Sockol, Matthew Southward, Claire Spears, *Amanda Spray, Susan Sprich, *Shari

Steinman, Gail Steketee, Jessica Stern, Shannon Wiltsey-Stirman, *Eric Storch, *Lauren Stutts, *Jennifer Taitz, Sarah Tanenbaum, Alix Timko, Kiara Timpano, *Kathryn Tomasino, *Kimberli Treadwell, *Emily Treichler, Joseph Trombello, *Hannah Tyler, *Eehwa Ung, *David Valentiner, *Shona Vas, *Clorinda Velez, Andres Viana, Bianca Villalobos, *Jason Vogler, *Anka Vujanovic, *Alyssa Ward, Alia Warner, Laura Watkins, Christian Webb, Hilary Weingarden, *Jeremiah Weinstock, Lauren Weinstock, Amy Weisman, *Brandon Weiss, Susan Wenzel, *Michael Wheaton, *Kamila White, Courtney Wolk, *Erica Woodin, Sheila Woody, Edward Wright, Brian Wymbs, Chelsie Young, *Matthew Young, *Kristyn Zajac, Alyson Zalta, and Laurie Zandberg.

Student Reviewers:

Sarah Adut, Abby Bailin, Gina Belli, Grace Boland, Emily Brackman, Hannah Broos, Michelle L. Buffie, Catarina Carosa, Joseph Carpenter, Weilynn Chang, Maxwell Christensen, Matthew Clayton, Charlotte Corran, Laura Nelson Darling, Alicia Fenley, Robert Fite, Arti Gandhi, Annika Goldman, C. Elizabeth Hamilton, Nathaniel Healy, Luke F. Heggeness, Kaitlin A. Hill, Stephanie Hudiburgh, Brynn Huguenel, Charlie Huntington, Samuel Jackson, Emma A. Kannard, Kateryna Kolnogorova, Tommie Mitsuko Laba, Clara Law, Antoine Lebeaut, Caroline E. Lee, Sarah Levinson, Laura Long, Alexandria Luxon, Tristan J. Maesaka, Mary A. Marchetti, Catherine Nobile, Maggie O'Reilly-Treter, Angela Pisoni, Sriramya Potluri, Alyson Randall, Danielle Richardson, Jessica Sandler, Kevin G. Saulnier, Jennifer Schild, Mira D. H. Snider, Monica Shah, Ki Eun Shin, Ashlynn Smart, Taylor Stracy, Kelci Straka, Debbie Torres, Joyce Wong, and Rachel Zuckerman.

The President also thanked Stephen Crane, ABCT's Convention Manager, who not only organized a successful remote convention with recorded sessions available to attendees afterwards, but prepared for three alternatives, including a traditional physical meeting and a hybrid meeting, as well as this one. Thank you, Stephen.

Appointments

President Antony announced the appointments and positions to our governance: Nathaniel Herr, Academic & Pro-

fessional Issues Coordinator; Monnica Williams, Academic Training and Education Standards Committee Chair; Sara Elkins, Awards and Recognition Committee Chair; Erum Nadeem, Committee on Dissemination, Implementation and Stakeholder Engagement Chair; Gregory Chassen, 2021 Program Chair; Liz Roberts, 2021 Associate Program Chair; Rosaura Orenge-Aguayo, 2022 Program Chair; Lily Brown, Continuing Education Committee Chair; Broderick Sawyer, Special Interest Group Committee Chair; Rebecca Skolnick, Membership Committee Chair; Nikolaus Kazantzis, Editor, *Cognitive and Behavioral Practice*, Volumes 28-31; and Laura Payne, Web Editor.

Finance Committee Report

Secretary-Treasurer Sandra Pimentel thanked Mary Larimer for her 3 years of leadership and thanked the central office; she said she wouldn't be able to do this without Mary Jane Eimer, Executive Director, and Kelli Long, Bookkeeper, and all staff who work so hard. We have always been financially stable and continue to be so. She thanked her committee: Brian Chu, Kristin Lindgren, and David Tolin.

The Secretary-Treasurer reported that ABCT is a financially responsible organization—a bedrock on which to build. She stated that we will have a very good 2019 with about \$650,000 income over expenses for the year. Primary revenue streams are the convention, publications, and membership. Our investments paid handsome dividends. The Audit Committee reports that we are solid and sound with 1 year in reserve. Expenses were lower than projected; Central Office is amazing at reducing expenses. She reinforced that 2020 has been a turbulent year and it is good to have a financial cushion to get us through these difficult times as 2021 will be a fiscal challenge for us.

The Website and new AMS (Association Management System, or database) are major projects heading into their second and final years under David Teisler, Director of Communications, and Dakota McPherson, Membership and Marketing Manager. The AC was repaired, a major capital expense. We lost our Outreach and Partnership Director and will leave that position vacant until at least February 2021 so we can consider whether to hire and with what directives. We paid \$75,000 in advance for our 2024 Philadelphia meeting in lieu of a cancellation penalty; some expenses we didn't use, but committed to

another \$110,000 more for the various electronic aspects related to a fully remote meeting; \$30,000 to record 200 sessions; and an additional \$6,000 for closed captions. There were no exhibit sales; and webinars continue to make money even with decreased prices, plus we brought the production of the webinars in house seamlessly.

Development Committee Report

Chair Gail Steketee noted that members are current and past presidents Martin Antony, David Barlow, Bruce Chorpita, Tom Ollendick, and David Tolin. The Committee oversees donations and considers strategies to support goals of the organizations. There are two new awards: Michael J. Kozak Critical Inquiry and Analytical Thinking Award, funded by a large donation from the Kozak family and additional donations; it will alternate with the Sobell Innovative Addictions Research Award. The Sobell Award was given for the first time this year. Another new award is the Francis C. Sumner Excellence Award, which recognizes Black and Indigenous practitioners and scholars; alternating years will recognize an early career professional or a student. We encourage you to donate to any of these awards by visiting our donations page. Giving Tuesday is December 1 and a reminder will be sent. We also are a recognized charity on Amazon Smile and hope you will consider entering ABCT as your designated charity.

Coordinators' Reports

Academic and Professional Issues

Coordinator Katherine J.W. Baucom noted that Lee Cooper is stepping down as chair of Academic Training and Education Standards Committee, with Monnica Williams assuming the Chair role. Teaching resources on the web are updated; Spotlight on a Mentor program is going well with four members recognized; a manuscript on master's program recommendations was accepted for special issue of *Training & Education in Professional Psychology*. In Awards and Recognition, Cassidy Gutner's term is ending and Sara Elkins will assume the Chair role. The 2020 award recipients and 2021 call for awards are posted, and include new awards mentioned by Gail Steketee. Shannon Sauer-Zavala, Chair of Research Facilitation Committee, has featured early career researcher Anu Asnaani and mid-career researcher Sara J. Becker on the web. They are discussing a "find a researcher" tool for

grant/symposia collaborations; and they awarded a Student Research Grant and honorable mention during the Friday-night Awards Ceremony. The Self-Help Book Recommendations Committee (Chair Chris Berghoff) reviewed, and the Board approved, 16 new books, with 22 books under review. They are listed on our website and are one of the most frequently visited pages on our site.

International Associates Chair Lata McGinn helped launch the World Confederation of Cognitive & Behavioral Therapies (WCCBT) and is working with Central Office to register the organization as a 501(c)(3) in New York. The WCCBT leadership is working with staff and ABCT's Social Networking Committee to create a greater presence on both the ABCT website and in our social media platforms. The newly formed Dissemination, Implementation, and Stakeholder Engagement Committee is just getting started under the leadership of Erum Nadeem.

Convention and Education Issues

Coordinator Katharina Kircanski noted that things are going well for our first virtual convention. She has already received great feedback. It takes dedicated and creative leadership to transition from an onsite to a virtual format. She thanked Shannon Wiltsey Stirman, Program Chair; Dan Cheron, Associate Program Chair; Shireen Rizvi, our Board liaison; Christina Boisseau, Workshops; Abby Alder Mandel, Local Arrangements; Samantha Farris, Institutes; Brian Baucom, AMASS; Courtney Benjamin Wolk, Master Clinician Seminars; Cole Hooley, Research and Professional Development Seminars; and Patrick McGrath, Sponsorship. Greg Chasson with Elizabeth Katz will serve as 2021 Chair and Associate Chairs, respectively. She praised Mary Jane Eimer, our fearless leader, and Stephen Crane, Convention Manager, for their expertise and support during a year of big change on how we present our convention.

The Coordinator reminded members of our next four conventions: New Orleans, Washington, DC, Seattle, and Philadelphia. She reminded members that the portal for ticketed sessions opens January 4 and the general call for papers opens February 4. She encouraged members to submit their work and to provide feedback on this year's convention. The Coordinator reminded the membership that the virtual convention will be posted on the website shortly and that continuing education credit is included in the registration fee. And she

thanked the Continuing Education Issues Committee, chaired by Anu Asnaani, for their useful and relevant webinars.

Membership Issues

Coordinator Kathleen Gunthert reported that membership is down to 2,926, from 3,907 last year, which is to be expected as it is tied to the convention (Atlanta) and the toll of the pandemic. ABCT is a wonderful professional home for all career paths and she encouraged members to renew for 2021. Over the coming year, the Membership and Student Membership Committees will focus on retention and recruiting members that are clinicians; psychologists in VA settings; students and graduates of Psy.D. programs; students and graduates of master-level programs; psychologists and students from underrepresented groups; licensed professionals within a 6-hour driving distance of New Orleans; in addition to graduate students and faculty in clinical psychology.

The Coordinator noted the Committee on Clinical Directory & Referral Issues has been a strong team under the leadership of Daniella Cavanaugh. They were focused on getting more members to identify if they offer telehealth; they continue to update the website with information for the public; contributed to our library of fact sheets; and oversee our Featured CBT Therapist. The Find a CBT Therapist is the most visited resource for the public on our website. The Fellows Committee was on hiatus this year; Patty DiBartolo led the Committee on Leadership & Elections through the transition of holding the annual election in November and encouraged members to vote now; the Membership Committee engages in outreach and its chair, Tom Rodebaugh, will be succeeded by Rebecca Skolnick; and the List Serve Committee, headed by Jamie Micco, will be folded into the Social Networking Media Committee, led by Shari Steinman, who urges us to follow ABCT on FB, Twitter, and Instagram. The Special Interest Groups Committee provides opportunities for member to be active in smaller groups. She thanked SIG Committee Chair Lance Rappaport who will be succeeded by Broderick Sawyer. Shannon Blakey has led the Committee on Student Members, producing virtual tools to get into graduate school, the featured lab series, and introduced our students to a valuable webisodes that can be found on our website and YouTube channel. She reminded the membership that they are our best ambassadors and to

encourage colleagues and students to support ABCT by renewing or joining.

Publications Committee

Michelle Newman reported that *Behavior Therapy* is strong, with a stable Impact Factor, amazingly fast turnaround, and acceptance rate down to 20% even as the page count rises. Denise Sloan is Editor, and Jon Comer will take over new manuscripts the first of the year. Nik Kazantzis is the new Editor of *Cognitive and Behavioral Practice*, succeeding Brian Chu. *C&BP*'s impact factor is up from last year, which is remarkable for a clinician journal. Richard LeBeau completes his first year at the *Behavior Therapist* as Editor and has published a large number of engaging special series, with more coming, including the next issue on suicide. All of the editors are still discussing ways for us to return to book reviews.

Laura Payne (incoming) and Regine Galanti (outgoing) Web Editor focus on the complex content and navigation of the website. They have been working with staff and our IT consultant and will continue to help design our new site. Emily Bilek and Rita Hitching crafted ABCT's first Briefing Book, on Suicide, and this works well with the upcoming *tBT* series on suicide. David DiLillo has been shepherding new facts sheets and overseeing the translation into Spanish of many existing popular fact sheets. In addition, he oversaw two fact sheet videos that provide short overview of the content. He coordinates closely with the Clinical Directory and Referral Issues Committee to determine need. Mitch Schare guides our book publishing with the long-standing series with Oxford University Press. That series has 6 titles already, all developed under Susan White's guiding hand. Jordanna Muroff will be taking over the series in January. And Josh Magee has been working closely with many of the committees to create a well-populated YouTube channel.

Executive Director's Report

Mary Jane Eimer reported that staff is coping with COVID, as the central office resumed a "soft reopening" in July (appreciating the new AC that was approved and installed). Technology has been a top priority at the central office, not only with all the new approaches to the virtual convention, but also with the web and database. David Teisler and Dakota McPherson work with IT consultants to integrate a new Association Management System (AMS)

with a redesigned web. All data will flow from the AMS into the web's directories. They are working with members in focus groups, and with Regine Galanti and Laura Payne to craft the new website. Staff also worked with an ad hoc group to develop taxonomies that will govern how we use the data and solicited feedback from members, nonmembers, and consumers to ensure we are considering all audiences who visit our website.

The Executive Director stressed that governance has been a major focus: leadership has been generous with their time participating and reviewing the feedback from the environmental scan and orthodoxy map, which guides decision-making as we look at our purpose and desired outcomes. Per the feedback received, ABCT is identifying multiple stakeholders, and we are trying to reframe our approach, to make it more ongoing; not making decisions, but listening. Our Board and Coordinators along with incoming leadership participated in a virtual retreat this summer led by a consultant. Leadership is considering transition from a 3-year plan to a strategic intent. ABCT holds a leadership strategic retreat once every 3 years to keep ABCT focused and vibrant on the most important issues and trends. Mary Jane Eimer remarked on President Antony's updates on our deliberations and progress via his tBT columns, adding that both Dr. Antony and David Tolin, President Elect, are generous with their time as they meet twice a week.

The Executive Director described 2020 as both a challenging and satisfying year, and she assured the membership that we work hard to live up to the sentiment of our members who value ABCT as their professional home, adding that during the convention week, "all staff are at the office,

social distancing, but you are all worth the risk to provide you a stimulating and beneficial annual convention."

The Executive Director shared that the central office staff are a delight to work with, maintain their sense of humor, and do what needs to be done in a professional and timely fashion: "I think we have an amazing and professional staff and would like to take this opportunity to thank: David Teisler, Director of Communications and Deputy Director; Stephen Crane, Convention Manager; Amanda Marmol, Administrative Secretary, who handles all fulfillments, and works registration at the Annual Convention; Tonya Childers, Senior Executive Assistant, Exhibits Manager, and Convention Registrar; Dakota McPherson, Membership and Marketing Manager, who handles membership retention and recruitment, oversees our Special Interest Group program, became our in-house expert on running Zoom webinars, and one day soon will be our marketing maven; Veronica Bowen, Membership Services Assistant who assists Dakota with running webinars and the SIGs in addition to processing membership and convention forms; Stephanie Schwartz, Managing Editor and graphic designer; and Kelli Long, our bookkeeper and human resources point person."

She closed by stating, "A convention of this size and scope, especially virtual, requires a few more experts," and thanked Melissa Robilotta, Shanita Quinn, Corine Desroches, Christopher Grimm, and Nora Keller for their active participation and technical prowess ensuring sessions ran smoothly.

President's Report

Martin Antony noted that the Board was quick to respond to COVID, including

our move to a virtual convention; adding programming related to COVID, adding a section on the web for COVID resources, multiple webinars, and a special *tBT* issue on how to adapt to COVID. We are addressing bigotry and bias. We posted a statement on racism on the web and collected comprehensive resources on racism for the website and will continue to add materials as they become known to us.

The President highlighted the Task Force to Promote Equity, Inclusion and Access, which was created Fall 2019 and co-chaired by Sandy Pimentel, Shireen Rizvi, and Laura Seligman. They and task force members Anu Asnaani, RaeAnn Anderson, Sierra Carter, Ryan DeLapp, Brian Feinstein, Christine (Cho) Laurine, Cristina López, and Jae Puckett assessed the degree to which marginalized groups are supported by ABCT. The Board received the Task Force's draft report, with eight recommendations, including hire a diversity officer; create a standing committee; systematize operating procedures to solicit bids; collect and make public more data to increase transparency and reporting; promote and recruit underrepresented groups in all areas of governance; provide resources for SIGs for to provide material for and access to underrepresented groups; create more targeted content. We are adding a new committee on Dissemination and Integration Science.

President Antony introduced Laura Seligman, 2020-2021 President-Elect; Carolyn Black Becker, Representative-at-Large and liaison to Membership Issues; and David Tolin, "the President to whom, if I had a gavel, I'd turn it over."

President David Tolin, in his first official action, receiving no questions or comments, adjourned the meeting at 5:54 P.M. EST. ■

Congratulations



The American Psychological Association has named **Mitchell J. Prinstein, Ph.D.**, its new Chief Science Officer, responsible for leading the association's science agenda and advocating for the application of psychological research and knowledge in settings to include academia, government, industry and the law.

Prinstein will begin transitioning into the post March 1 after a long career as a psychology professor, researcher and university administrator. He is currently the John Van Setters distinguished professor of psychology and neuroscience and assistant dean of Honors Carolina at the University of North Carolina at Chapel Hill. He joined the Department of Psychology and Neuroscience faculty at UNC-Chapel Hill in 2004 as an associate professor, rising to full professor in 2008. He began his academic career in 1999 as an assistant professor and later the director of clinical psychology at the Yale University Department of Psychology.

"I believe that science is the heart of our field, and the foundation upon which our association's work is based,"

Prinstein said. "Psychological science has enormous power to improve people's lives and I am honored to join APA's staff, where I will continue to work with APA and our profession to increase the production, dissemination and application of psychological science."

Welcome, New Members!

Full Members

Jennifer Abbott
Jodie Benabe
Monica Berger
Debra Boeldt
Stacy Braun
Lauren Brenner
Richard Brodsky
Rebecca Burke
Melanie Cain
John Calamari
Chrissy cammarata
Pearl Chiu
Stephanie Clarke
Alycia Dadd
James DeGroot
Marla Deibler
Maythal Eshaghian
Lisa Evans
Ana Fins
Lee Fitzgibbons
Emi Furukawa
Liana Georgoulis
Juliet Glinski
Michael Grant
Elizabeth Gravalles-Anderson
Amy Hale
Mallory Haney Veres
Liisa Hantsoo
Owen Helmkey
Natalie Henry
Kelly Horner
Shari Jager-Hyman
Debora Jason
Jose Juarez
Tamar Kairy
Sara Kaplan-Levy
Elizabeth Katz
Aleksandra Kaurin
Bruce Kirby
Dan Kirschenbaum
Autumn Kujawa
Janice Kuo
Jessica Lipschitz
Kan Long
Amy Loree
Elana Maurin
Jennifer McCollum
Patrick McElwaine
Michael Messina
Kelly Moore
Eric Morris
Virginia Norris
Sean O'Dell
Christy Olson
Rachel Oppen
Seema Patidar
Patrick Quinn
Kathleen Ransome

Kristie Reed
Josef Ruzek
Ivar Snorrason
Jordan Soper
Brittany Soto
Karen Stewart
Amelia Swanson
Margaret Tripp
Deborah Tsagris
Amanda Vaught
Kamilla Venner
Anna Villavicencio
Amy Wagner
Stephen Walden
Rose Marie WARD
Jamell White
Thomas Willis
Laura Wilson
Michelle Witkin
Flora Zaken-Greenberg

Associate Members

Ziyi Feng
Rubin Khoddam
Sandra Sagrati

New Professional 1

Michele Hiserodt
Rachel Lacks
Amy Sanchez
Nathan Mazur
Heather Davis
Marie Hansen
Madison Aitken
Liz Basanez
Faviana Bautista
Alexandra Bergmann
Noah Bluestone
Jenna Boyd
Jessica Brower
Alexander Busch
Jennifer Eshagh-Hay
Karl Fua
Alexis Hershfield
Miriam Holtzman
Elizabeth Nutting
Jamie-lee Pennesi
Brittany Stevenson
Emily Sykes

New Professional 2

Katie Arfa
Julia Asbrand
Danielle Cooper
Alana Devine-Dunn
Patrick Fletcher
Willa Marquis
Laura Pantaleo
Kesley Ramsey
Halle Ross-Young

Stephanie Wells

New Professional 3

Jennifer Blossom
Beau Brendley
Jordan Burko Macatee
Noelle Deckman
Danielle Dorn
Keri Kirk
Jennifer Kramer

Postbaccalaureate

Evan Albury
Ilana Ander
Shayan Asadi
Anna Bartuska
Gabriela Becerra
Erin Beckham
Isabel Benjamin
Andreas Bezahler
Emily Bibby
Jessica Bimstein
Alexandra Bowling
Simone Boyd
Rebecca Bradley
Claudia Byer-Tyre
Sharon Chen
Lilly Derby
Rebecca Dominguez
Jessica Duda
Jacob Feldman
Molly Fennig
Emily Franco
Noah French
Lindsay Gillikin
Carolina Gutierrez
Diana Heath
Daniel Hernandez
Altamirano
Rosa Hernandez-Ramos
Hannah Ishimuro
Wilson Jacobs
Emma Jennings
Hye Yoon Jeong
Sarah-Nicole Johnson
Rebecca Jordan
Kathleen Koval
Daniella Levine
Nicole Litvitskiy
Taylor Loskot
Celine Lu
Kera Mallard-Swanson
Erin Mamaril
Lana Marks
Daniel Mayo
Ashley Meyer
Carly Miron
Chloe Mullins
Kristen Mummert
Mikela Murphy

Grace Murray
Nicholas Myers
Charlotte Quincoses
Shelley Randall
Madeleine Rassaby
Chantelle Roulston
Sonia Rowley
Akash Shroff
Mara Sindoni
Kelci Straka
Eli Susman
Abigail Szkutak
Doug Terrill
Sylvie Tuchman
Robert Valela
Yuqi Wang
Madeline Ward
Megan Wirtz
Katherine Wislocki
Jordan Zimmerman

Student

Angela Abraham
Olutosin Adesogan
Alexis Adler
Isaac Ahuvia
Elizabeth Alhatab
Meredith Allgood
Reem AlRabiah
Joseph Amodeo
Lindsay Arader
Sophie Arkin
Subasri Ashok
Laura Austin
Sara Babad
Selena Baca
Nina Bahl
Anna Barbano
Melissa Barnes
Genicelle Barrington
Dina Bashoura
Christine Bird
Lauren Blanchette
Grace Boland
Kathryn Bolton
Kimberly Bonsky
Jared Boot
Stephan Brandt
Phoebe Brosnan
Caroline Bucher
Catherine Callaway
Karis Casagrande
Wanda Cegers
Marie Chamberlain
Kapil Chauhan
Shuquan Chen
Aaron Cherniak
Elvina Chow
Maxwell Christensen
Haley Church

Alexa Cilia
Meredith Cola
Amanda Colangelo
Luke Collier
Myranda Cook
Christopher Corbin
Kristen Cornish
Charlotte Corran
Margarita Cossuto
Laura Curren
Michelle Cusumano
Nayara Aparecida Da
Costa Silva Beall
Lee Dal Pra
Murphy Danahy
Jacqueline Davis
Lauralee Davis
Nina Dell'Aera-Jachym
Elizabeth DeLucia
Yingyi Deng
Danielle DeVille
Chiara Diona
Hillary Ditmars
H. Clyde Dixon
Jordan Drake
Barry Eichenbaum
Raizel Esguerra-Wong
Kathryn Evans
Francesca Favieri
Erica Ferrara
Lia Follet
Iris Fraude McMillan
Arti Gandhi
Roscoe Garner IV
Melissa Gates
Christopher Georgiadis
Megan Giles
Nina Glover
Christopher Gomez
Alice Guberman
Sara Guttentag
Caleb Hallauer
Olivia Hamblin
Emma Harris
Joseph Harrison
Faraha Hasan
Moises Hernandez
Christine Hernandez
Emily Hersch
Arielle Hershkovich
Philippa Hood
Cheyenne Horner
Dennis Hoyer
Adam Iskric
Samuel Jackson
Justin Jacques
Nigel Jaffe
Alexis Jankowski
Samantha Jankowski
Sarah Johnson

Sowan Kang	Taylor Perry
Makena Kaylor	Stephanie Pham
Jane Kim	John Pinsky
Joseph Kinel	Kendall Poovey
Samantha Klaver	Gabriella Pucci
Nora Kline	Kendal Reeder
Matthew Kramer	Erin Reid
Caroline Krupica	Annie Reiner
Catharine Krush	Annie Resnikoff
Zoë Laky	Danielle Reyes
Robert Langwerden	Lauren Richardson
Antoine Lebeaut	Emma Roberts
Michael LeDuc	Lydia Roberts
Laura Lee	Melany Rodriguez
Tali Lesser	Genesis Saenz
Madeline Levitt	Phoebe Sanders
Nicholas Livingston	Melissa Santiago
Janice Lu	Hannah Sawyer
Alexandria Luxon	Megan Scafaria
Daniel Lydon	Rachel Schaefer
Bridget Lynn	Tohar Scheininger
Luisa Mader	Kaitlyn Schuler
Isha Malik	Delshad Shroff
Mary Martinelli	Shania Siebert
Julia Marver	Anika Sigel
Alexandra Mattern	Alana Silber
Gina May	Alix Simonson
Marcella May	Simone Sims-Riley
Mitchell Mazzone	Arielle Snow
Kaitlyn McCarthy	Samantha Snyder
Riley McDanal	Ithan Sokol
Mollie McDonald	Haley Sterling
Alyssa Medenblik	Carly Stern
Justin Mendonca	Jacqueline Sullivan
Alexandra Meredith	Emily Taverna
James Merle	Eric Teeters
Haley Miles-McLean	Christian Terry
Lauren Milgram	Anisha Thomas
Justin Miller	Katherine Thompson
Jan Kevin Moises	Liliana Varman
Mahsa Mojallal	Sage Volk
Tori Moore	Elizabeth Wade
Sarah Moran	Logan Wahl
Kasey Morey	Maggie Walgren
Emily Mueller	Xinni Wang
Matt Murphy	Haley Ward
Elijah Murphy	McKenzie Watson
Whitney Muscat	Mia Weed
Samantha Nagy	Elliott Weinstein
Khushi Narvekar	Mariani Weinstein
Katherine Nesbitt	Anna Weis
Maria Ngangha	Caroline Weppner
Victoria O'Connor	Abigail Wharton
Sinclair O'Grady	Brian Wiley
Grace Ohayon	Ashley Winch
Hide Okuno	Aria Wiseblatt
Harlee Onovbiona	Valerie Wong
Jordan Ortman	Michelle Woods
Stephanie Osborn	Elisa Xu
Urmi Pandya	Rebecca Young
Devora Panish	Miriam Zegarac
Suraj Patel	
Jade Perry	

✓ PREPARING to SUBMIT an ABSTRACT

ABCT's 55th Annual Convention

November 18–21, 2021 | New Orleans

The ABCT Convention is designed for scientists, practitioners, students, and scholars who come from a broad range of disciplines. The central goal is to provide educational experiences related to behavioral and cognitive therapies that meet the needs of attendees across experience levels, interest areas, and behavioral and cognitive theoretical orientations. Some presentations offer the chance to learn what is new and exciting in behavioral and cognitive assessment and treatment. Other presentations address the clinical-scientific issues of how we develop empirical support for our work. The convention also provides opportunities for professional networking. The ABCT Convention consists of General Sessions, Targeted and Special Programming, and Ticketed Events.

ABCT uses the Cadmium Scorecard system for the submission of general session events. The step-by-step instructions are easily accessed from the Abstract Submission Portal, and the ABCT home page. Attendees are limited to speaking (e.g., presenter, panelist, discussant) during no more than FOUR events. As you prepare your submission, please keep in mind:

- **Presentation type:** For descriptions of the various presentation types, please visit http://www.abct.org/Conventions/?fa=Understanding_The_ABCT_Convention
- **Number of presenters/papers:** For Symposia please have a minimum of four presenters, including one or two chairs, only one discussant, and 3 to 5 papers. The total number of speakers may not exceed 6. Symposia are either 60 or 90 minutes in length. The chair may present a paper, but the discussant may not. Symposia are presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols. For Panel Discussions and Clinical Round tables, please have one moderator and between three to five panelists.
- **Title:** Be succinct.
- **Authors/Presenters:** Be sure to indicate the appropriate order. Please ask all authors whether they prefer their middle initial used or not. Please ask all authors their degree, ABCT category (if they are ABCT members), and their email address. (Possibilities for "ABCT category" are current member; lapsed member or nonmember; postbaccalaureate; student member; student nonmember; new professional; emeritus.)
- **Institutions:** The system requires that you enter institutions before entering authors. This allows you to enter an affiliation one time for multiple authors. DO NOT LIST DEPARTMENTS. In the following step you will be asked to attach affiliations with appropriate authors.
- **Key Words:** Please read carefully through the pull-down menu of defined keywords and use one of the keywords on the list. Keywords help ABCT have adequate programming representation across all topic areas.
- **Objectives:** For Symposia, Panel Discussions, and Clinical Round Tables, write three statements of no more than 125 characters each, describing the objectives of the event. Sample statements are: "Described a variety of dissemination strategies pertaining to the treatment of insomnia"; "Explained data on novel direction in the dissemination of mindfulness-based clinical interventions."
- **Overall:** Ask a colleague to proof your abstract for inconsistencies or typos.

For an in-depth explanation of ABCT's convention program, including the differences among ticketed, general, and special programming, visit us at:

www.abct.org > Conventions & CE > Understanding the ABCT Convention

The submission portal will be opened from February 8–March 8. Look for more information in the coming weeks to assist you with submitting abstracts for the ABCT 55th Annual Convention.

➔ Submission Deadlines:

3:00 a.m. (EST), Feb. 8 (*ticketed*) & March 8 (*general*)

call

55th Annual Convention

November 18–21, 2021 | New Orleans

ticketed
sessions

for Ticketed Sessions

Workshops & Mini Workshops

Workshops cover concerns of the practitioner/ educator/researcher. Workshops are 3 hours long, are generally limited to 60 attendees, and are scheduled for Friday and Saturday. Please limit to no more than 4 presenters. Mini Workshops address direct clinical care or training at a broad introductory level. They are 90 minutes long and are scheduled throughout the convention. Please limit to no more than 4 presenters. When submitting for Workshops or Mini Workshop, please indicate whether you would like to be considered for the other format as well.

For more information or to answer any questions before you submit your abstract, email **Christina Boisseau, Workshop Committee Chair, workshops@abct.org**

Institutes

Institutes, designed for clinical practitioners, are 5 hours or 7 hours long, are generally limited to 40 attendees, and are scheduled for Thursday. Please limit to no more than 4 presenters.

For more information or to answer any questions before you submit your abstract, email **Samantha G. Farris, Institutes Committee Chair, institutes@abct.org**

Master Clinician Seminars

Master Clinician Seminars are opportunities to hear the most skilled clinicians explain their methods and show taped demonstrations of client sessions. They are 2 hours long, are limited to 40 attendees, and are scheduled Friday through Sunday. Please limit to no more than 2 presenters.

For more information or to answer any questions before you submit your abstract, email **Tejal Jakatdar, Master Clinician Seminars Committee Chair, masterclinicianseminars@abct.org**

Research and Professional Development

Presentations focus on “how to” develop one’s own career and/or conduct research, rather than on broad-based research issues (e.g., a methodological or design issue, grantsmanship, manuscript review) and/or professional development topics (e.g., evidence-based supervision approaches, establishing a private practice, academic productivity, publishing for the general public). Submissions will be of specific preferred length (60, 90, or 120 minutes) and format (panel discussion or more hands-on participation by the audience). Please limit to no more than 4 presenters, and be sure to indicate preferred presentation length and format.

For more information or to answer any questions before you submit your abstract, email **Cole Hooley, Research and Professional Development Committee Chair, researchanddevelopmentseminars@abct.org**

Conference Theme:
*“Championing CBT:
Promoting Cognitive
and Behavioral
Practice and Science
in the Context of
Public Health,
Social Justice,
Policy, Research,
Practice, and
Training”*

Visit our home page
and click on the main
convention banner
to start your
submission

Submission deadline: February 8, 2021, 3:00 A.M. EST

CALL for PAPERS

ABCT is proud to announce the 2021 convention theme of *Championing CBT: Promoting Cognitive and Behavioral Practice and Science in the Context of Public Health, Social Justice, Policy, Research, Practice, and Training*.

Sometimes it can feel like swimming against a strong current when advocating for cognitive and behavioral science and practice (i.e., henceforth, "CBT") outside of our close professional circles. The international landscape of mental health prevention, intervention, and training is replete with alternative theories, practices, and interests. The 2021 Annual Convention will place a spotlight on success stories, trials, and lessons learned related to promoting CBT and differentiating it from the other mental health worldviews. In doing so, the ABCT community will come together for a rich discussion that facilitates a core component of the organization's mission to facilitate "the global application of behavioral, cognitive, and biological evidence-based principles." Examples of topics consistent with this theme include, but are not limited to, the following (in no particular order):

- Advocating for the value of CBT in the priorities of major funding agencies and organizations (e.g., importance of promoting cognitive and behavioral science within the NIMH RDoC framework).
- Providing a platform for CBT in the context of social justice (e.g., using cognitive and behavioral science and practice to affect change in prejudice and stigma).
- Encouraging CBT with policymakers to enhance public health through science and practice (e.g., adopting cognitive and behavioral science and practice to reduce unhealthy behaviors, like smoking).
- Promoting CBT priorities in the training of the mental health researchers and practitioners of tomorrow (e.g., encouraging CBT principles as part of establishing training competencies and standards).
- Educating the public about CBT on social media and other public-facing platforms (e.g., impacting public perception of CBT via #CBTWorks).
- Supporting dissemination and implementation of CBT (e.g., integrating CBT principles in a population-level health initiative or system).

Submissions may be in the form of symposia, clinical round tables, panel discussions, and posters. Information about the convention and how to submit abstracts will be on ABCT's website, www.abct.org, after January 1, 2021. The online submission portal for general submission will open on February 8, 2021.

✱ **Deadline for submissions: Monday, March 8, 2021**

• • • PROGRAM CHAIR: **Gregory Chasson** • • •

• • • ASSOCIATE PROGRAM CHAIR: **Elizabeth Katz** • • •

ABCT & Continuing Education

At the ABCT Annual Convention, there are Ticketed events (meaning you usually have to buy a ticket for one of these beyond the general registration fee) and General sessions (meaning you can usually get in by paying the general registration fee), the vast majority of which qualify for CE credit. See the end of this document for a list of organizations that have approved ABCT as a CE sponsor. Note that we do not offer CMEs. Attendance at each continuing education session in its entirety is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit. General session attendees must check in and out and answer evaluation questions regarding each session attended. For those who have met all requirements according to the organizations which have approved ABCT as a CE sponsor, certificates will be available electronically.

TICKETED EVENTS Eligible for CE

All Ticketed events offer CE in addition to educational opportunities to enhance knowledge and skills. These events are targeted for attendees with a particular level of expertise (e.g., basic, moderate, and/or advanced). Ticketed sessions require an additional payment beyond the general registration fee. For ticketed events, attendees must complete an individual evaluation form. It remains the responsibility of the attendee to check in at the beginning of the session and out at the end of the session. CE will not be awarded unless the attendees check in and out.

Clinical Intervention Training

One- and two-day events emphasizing the "how-to" of clinical interventions. The extended length allows for exceptional interaction. Participants attending a full-day session can earn 7 continuing education credits, and 14 continuing education credits for the two-day session.

Institutes

Leaders and topics for Institutes are selected from previous ABCT workshop presentations. Institutes are offered as a 5- or 7-hour session on Thursday and are generally limited to 40 attendees. Participants in the full-day Institute can earn 7 continuing education credits, and in the half-day Institutes can earn 5 continuing education credits.

Workshops

Covering concerns of the practitioner/ educator/researcher, these remain an anchor of the Convention. Workshops are offered on Friday and Saturday, are 3 hours long, and are generally limited to 60 attendees. Participants in these workshops can earn 3 continuing education credits per workshop.

Master Clinician Seminars (MCS)

The most skilled clinicians explain their methods and show videos of sessions. These 2-hour sessions are offered throughout the Convention and are generally limited to 40 to 45 attendees. Participants in these seminars can earn 2 continuing education credits per seminar.

Advanced Methodology and Statistics Seminars (AMASS)

Designed to enhance researchers' abilities, there are generally two seminars offered on Thursday. They are 4 hours long and limited to 40 attendees. Participants in these courses can earn 4 continuing education credits per seminar.

GENERAL SESSIONS Eligible for CE

There are more than 200 general sessions each year competing for your attention. All general sessions are included with the registration fee. Most of the sessions are eligible for CE, with the exception of the poster sessions, some Membership Panel Discussions, the Special Interest Group Meetings (SIG), and a few special sessions. You are eligible to earn 1 CE credit per hour of attendance.

General session attendees must check in and out and answer evaluation questions regarding each session attended.

General session types that are eligible for CE include the following:

Clinical Grand Rounds

Clinical experts engage in simulated live demonstrations of therapy with clients, who are generally portrayed by graduate students studying with the presenter.

Invited Panels and Addresses

Speakers well-established in their field, or who hold positions of particular importance, share their unique insights and knowledge on a broad topic of interest.

Mini-Workshops

Designed to address direct clinical care or training at a broad introductory level and are 90 minutes long. Mini-workshops are offered on Friday and Saturday and are gen-

erally limited to 80 attendees. Participants can earn 1.5 continuing education credits.

Panel Discussion

Discussions (or debates) by informed individuals on a current important topic that are conceptual in nature, rather than pertaining directly to clinical care. Examples of topics for panel discussions include (but are not limited to) supervision/training issues, ethical considerations in treatment or training, the use of technology in treatment, and cultural considerations in the application of CBTs. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. These are organized by a moderator and include between three and five panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Clinical Round Tables

Discussions (or debates) by informed individuals on a current important topic directly related to patient care, treatment, and/or the application/implementation of a treatment. Examples of topics for Clinical Round Tables include (but are not limited to) challenges/suggestions for treating a certain disorder or group of patients, application of a treatment protocol or type of treatment to a novel population, considerations in applying CBTs to marginalized communities and/or minority groups. Some topics may be appropriate for either Clinical Round Tables or Panel Discussions, and authors are invited to use their judgment in making this decision. Clinical Round Tables are organized by a moderator and include between 3 and 6 panelists with a range of experiences and attitudes. The total number of speakers may not exceed 7.

Spotlight Research Presentations

This format provides a forum to debut new findings considered to be groundbreaking or innovative for the field. A limited number of extended-format sessions consisting of a 45-minute research presentation and a 15-minute question-and-answer period allows for more in-depth presentation than is permitted by symposia or other formats.

Symposia

Presentations of data, usually investigating the efficacy, effectiveness, dissemination or implementation of treatment protocols.

Symposia are either 60 or 90 minutes in length. They have one or two chairs, one discussant, and between three and five papers. The total number of speakers may not exceed 6.

GENERAL SESSIONS NOT ELIGIBLE for CE

Membership Panel Discussion

Organized by representatives of the Membership Committee and Student Membership Committees, these events generally emphasize training or career development.

Poster Sessions

One-on-one discussions between researchers, who display graphic representations of the results of their studies and interested attendees. Because of the variety of interests and research areas of the ABCT attendees, between 1,100 and 1,500 posters are presented each year.

Special Interest Group (SIG) Meetings

More than 40 SIGs meet each year to accomplish business (such as electing officers), renew relationships, and often offer presentations. SIG talks are not peer-reviewed by the Association.

Special Sessions

These events are designed to provide useful information regarding professional rather than scientific issues. For more than 20 years the Internship and Postdoctoral Overviews have helped attendees find their educational path. Other special sessions often include expert panels on getting into graduate school, career development, information on grant applications, and a meeting of the Directors of Clinical Training. These sessions are not eligible for continuing education credit.

Other Sessions

Other sessions not eligible for CE are noted as such on the itinerary planner, in the PDF program book and on the convention app.

How Do I Get CE at the Annual Convention?

The continuing education fee must be paid (see registration form) for a personalized continuing education credit letter to be distributed. Those who have included CE in

their pre-registration will be e-mailed an electronic booklet in advance. Others can still purchase an electronic booklet at the registration area during the convention. The current fee is \$99.00.

Which Organizations Have Approved ABCT as a CE Sponsor?

Psychology

ABCT is approved by the American Psychological Association to sponsor continuing education for psychologists. ABCT maintains responsibility for this program and its content. Attendance at each continuing education session in its entirety is required to receive CE credit. No partial credit is awarded; late arrival or early departure will preclude awarding of CE credit. For ticketed events and general sessions, attendees must complete an individual evaluation form and a quiz with a passing score of 7/10. Attendees may take the quiz a maximum of 2 times.

Social Work

ABCT program has historically been approved by the National Association of Social Workers (Approval # 886427222) for approximately 49 continuing education credits contact hours for the Annual Convention, though a new application is required each year.

Counseling

ABCT is an NBCC-Approved Continuing Education Provider (ACEPTM) and may offer NBCC-approved clock hours for events that meet NBCC requirements. The ACEP is solely responsible for all aspects of the program.

Marriage and Family Therapy

ABCT is recognized as a California Association of Marriage and Family Therapists (CAMFT) approved Continuing Education Provider (#133136). The ABCT Annual Convention meets the qualifications for 28 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences.

Check our website, www.abct.org, for current updates on organizations that have approved ABCT as CE sponsors.

CE Grievance Procedure

ABCT is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. ABCT will comply with all legal and ethical responsibilities to be non-discriminatory in promotional activities, program content and in the treatment of program participants. The monitoring and assessment of compliance with these standards will be the responsibility of the Coordinator of Convention and Education Issues in conjunction with the Convention Manager.

Although ABCT goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, there will be occasional issues which come to the attention of the convention staff which require intervention and/or action on the part of the convention staff or an officer of ABCT. This procedural description serves as a guideline for handling such grievances.

All grievances must be filed in writing to ensure a clear explanation of the problem. If the grievance concerns satisfaction with a CE session the Convention Manager shall determine whether a full or partial refund (either in money or credit for a future CE event) is warranted. If the complainant is not satisfied, their materials will be forwarded to the Coordinator of Convention and Continuing Education Issues for a final decision.

If the grievance concerns a speaker and particular materials presented, the Convention Manager shall bring the issue to the Coordinator of Convention and Education Issues who may consult with the members of the continuing education issues committees. The Coordinator will formulate a response to the complaint and recommend action if necessary, which will be conveyed directly to the complainant. For example, a grievance concerning a speaker may be conveyed to that speaker and also to those planning future educational programs.

Records of all grievances, the process of resolving the grievance and the outcome will be kept in the files of the Convention Manager.

If you have a complaint, please contact Stephen R. Crane, Convention Manager, at scrane@abct.org or (212) 646-1890 for assistance.

ABCT's **Champions of Evidence-Based Interventions**

This award recognizes outstanding individuals who have shown exceptional dedication, influence, and social impact through the promotion of evidence-based psychological interventions, and who have thereby advanced the mission of ABCT. Importantly, the goal of the award is to identify individuals who translate the impact of research into community health and well-being outside of the scope of their job requirements. Individuals who perform this function as part of their normal job (clinical or research) will not be considered for the award. Champions may not be members of ABCT at the time of their nomination.

► **Potential Candidates**

Nominees should demonstrate the characteristics of champions, broadly construed, as recognized in the implementation science literature (see Knudsen, Gutner, & Chorpita, 2019, for examples relevant to ABCT: <http://www.abct.org/docs/PastIssue/42n1.pdf>). Champions are those individuals who support, facilitate, diffuse or implement the core assets of evidence-based interventions. Champions' efforts expand the scope and impact of evidence-based interventions beyond the reach of researchers alone. They differentiate themselves from others by their visionary quality, enthusiasm, and willingness to risk their reputation for change. Ideal candidates should have demonstrated the following: (1) How the individual has recognized the potential application and impact of evidence-based psychological interventions; (2) How the individual has gone beyond their formal job requirements within an organization to relentlessly promote innovation; and (3) How they actively lead positive social change.

► **Recognition**

Nominees will be reviewed in March, June, and October by the ABCT Awards Committee, and those meeting criteria will be forwarded to the ABCT Board of Directors for approval. Recipients will be notified by the ABCT President, and their names and photographs will be posted on the ABCT website, along with the rationale for their recognition. Each year's champions will also be acknowledged at our annual awards ceremony at the ABCT Convention.

► **How to Nominate**

Email your nomination to ABCTAwards@abct.org (link to nomination form is on the Champions web page). Be sure to include "Champions Nomination" in the subject line. Once a nomination is received, an email will be sent from staff, copying the Awards and Recognition Committee Chair. The nomination will be reviewed by the Awards and Recognition Committee, and if deemed appropriate for our program, will be forwarded to the ABCT Board of Directors for final approval. Once reviewed and approved by the Board of Directors, the nominee will be contacted directly by the President, followed up with an ABCT staff member for a final review of the copy to be posted on the ABCT website.

Visit our Champions page to see the full listings and descriptions of ABCT's 2018 and 2019 Champions.

abct.org > For Members > Champions

2021

to be presented at the 55th Annual Convention in New Orleans

Michael J. Kozak Critical Inquiry and Analytical Thinking Award

"Clarity of writing reflects clarity of thinking." This statement reflects the overarching goal that Michael J. Kozak sought to achieve himself and that he vigorously encouraged others to reach as well. His penchant for critical inquiry cut across contexts: whether in providing cognitive-behavioral treatment itself, offering supervision of treatment, in scientific inquiry and writing, or in advising investigators about how to put their grant applications in the best possible position for success. Dr. Kozak was always in search of clarity. Accordingly, recipients of the Michael J. Kozak Critical Inquiry and Analytical Thinking Award from ABCT should embody this same spirit in their own work. Michael was able to achieve this high standard and promote its achievement in others with great skill and kindness, so recipients should also conduct themselves in such a way in their professional lives. This award will be given in alternate years. The recipient will receive \$1,500 and a plaque. Please complete the online nomination materials at www.abct.org/awards. Then email the nomination materials as one PDF document to ABCTAwards@abct.org. Include "Michael J. Kozak Award" in the subject line. **Nomination deadline:** March 1, 2021.

Student Dissertation Awards

- Virginia A. Roswell Student Dissertation Award (\$1,000)
- Leonard Krasner Student Dissertation Award (\$1,000)
- John R. Z. Abela Student Dissertation Award (\$500)

Each award will be given to one student based on his/her doctoral dissertation proposal. Accompanying this honor will be a monetary award (see above) to be used in support of research (e.g., to pay participants, to purchase testing equipment) and/or to facilitate travel to the ABCT convention. Eligibility requirements for these awards are as follows: 1) Candidates must be student members of ABCT, 2) Topic area of dissertation research must be of direct relevance to cognitive-behavioral therapy, broadly defined, 3) The dissertation must have been successfully proposed, and 4) The dissertation must not have been defended prior to November 2020. Proposals with preliminary results included are preferred. To be considered for the Abela Award, research should be relevant to the development, maintenance, and/or treatment of depression in children and/or adolescents (i.e., under age 18). Self-nominations are accepted, or a student's dissertation mentor may complete the nomination. The nomination must include a letter of recommendation from the dissertation advisor. Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the nomination materials (including letter of recommendation) as one pdf document to ABCTAwards@abct.org. Include candidate's last name and "Student Dissertation Award" in the subject line.

Nomination deadline: March 1, 2021

President's New Researcher Award

ABCT's 2020-21 President, David F. Tolin, Ph.D., invites submissions for the 43rd Annual President's New Researcher Award. The winner will receive a certificate and a cash prize of \$500. The award will be based upon an early program of research that reflects factors such as: consistency with the mission of ABCT; independent work published in high-impact journals; and promise of developing theoretical or practical applications that represent clear advances to the field. Requirements: must have had terminal degree (Ph.D., M.D., etc.) for at least 1 year but no longer than 5 years (i.e., completed during or after 2015); must submit an article for which they are the first author (in press, or published during or after 2018); 2 letters of recommendation must be included; self-nominations are accepted; the author's CV, letters of support, and paper must be submitted in electronic form. Applicants from traditionally underrepresented backgrounds, or whose work advances our understanding of behavioral health disparities, are particularly encouraged to apply. E-mail the nomination materials (including letter of recommendation) as one pdf document to PNRAward@abct.org. Include candidate's last name and "President's New Researcher" in the subject line. **Nomination deadline:** March 1, 2021.

Graduate Student Research Grant

The ABCT Research Facilitation Committee is sponsoring a grant of up to \$1000 to support graduate student research. The grant will be awarded based on a combination of merit and need. Eligible candidates are graduate student members of ABCT seeking funding for an unfunded (including internal sources of funding) thesis or dissertation project that has been approved by either the faculty advisor or the student's full committee. Applications should include all of the materials listed in GSRG Application Guidelines (<https://www.abct.org/Resources/index.cfm?m=mResources&fa=GraduateStudentGrant>) and one letter of support from a faculty advisor. Please email the application, excluding the advisor letter, in a single pdf to the chair of the Research Facilitation Committee, Shannon Sauer-Zavala, PhD, at ssz@uky.edu. Include "Graduate Student Research Grant" in your subject heading. Please ask your faculty advisor to e-mail a letter of support separately.

Application deadline: March 1, 2021

Nominations for the following award are solicited from members of the ABCT governance:

Outstanding Service to ABCT

Please complete the nomination form found online at www.abct.org/awards/. Then e-mail the completed form and associated materials as one pdf document to ABCTAwards@abct.org. Include "Outstanding Service" in the subject line.

Nomination deadline: March 1, 2021.

For details on all ABCT Awards,
visit our website at www.abct.org

