Autobiographical Statement

I have been a jazz and blues dancer for over a decade, and I am enthusiastic about sharing my passion for these social dances with friends. However, whenever I invite a new person to go dancing with me, I always get the same response: "I want to go, but I'll look ridiculous!" Once I get them out to a dance, though, I get to watch their anxiety melt away and their confidence flourish as they experience the vibrant, welcoming energy of the social dance scene. Observing how rewarding it can be for people to face their fears and gain access to a new community and art form has maintained my interest in helping people to overcome psychopathology defined by fear and avoidance. This has led me to focus my clinical training in graduate school on anxiety- and trauma-related disorders.

During my early experiences treating individuals with anxiety and obsessive-compulsive disorders, I noticed how uncontrollable thoughts about feared outcomes drove much of my clients' day-to-day distress and avoidant or compulsive coping behaviors. This observation shaped the development of my research program. I use a transdiagnostic lens to study repetitive thought as a process that drives clinical severity and subjective attentional problems, such as difficulty concentrating on tasks, across a range of internalizing disorders. With this perspective, I started to see my clients' uncontrollable thoughts as a common treatment target across their varied diagnoses. I became interested in cognitive intervention approaches that promote awareness and restructuring of maladaptive thought patterns and the beliefs that underlie them.

My interest in trauma-focused treatment formed during a clinical placement at the local VA, where I assessed and treated veterans recovering from PTSD. During diagnostic assessments, I heard how the fears evoked by trauma could invade every aspect of a person's life, shrinking their world and cutting off their access to enjoyable experiences and satisfying relationships. On the intervention side, using both cognitive and exposure-based approaches, it was profoundly rewarding to see clients challenge their fears, reengage with valued activities, and rebuild intimacy with others. As I spoke with veterans of marginalized genders and racial identities about the harassment they faced in the military, I became interested in the ways in which experiences of marginalization can contribute to fear-based psychopathology. Incorporating clients' cultural identities became a core feature of my case conceptualizations, and I continue to grapple with how to address fears of discrimination in treatment without invalidating the experiences behind them.

Everyone deserves a life bigger than their fears. I am eager to deepen my skills during internship with focused training in evidence-based treatments for adults with anxiety- and trauma-related disorders, along with developing clinical supervision skills and exploring new research avenues. This intensive training will prepare me to pursue a clinically-focused career in a research setting where I can continue to study transdiagnostic mechanisms of internalizing psychopathology, guide the implementation of evidence-based treatments, and provide mentorship to the next generation of clinical psychologists with an emphasis on cultural self-reflectiveness and humility.

Theoretical Orientation

My primary theoretical orientation is cognitive-behavioral, because of its emphasis on concrete action and client agency. Among the clients I work with most often, desires for safety, control, and certainty dominate. While I can empathize with longing for security in an unpredictable world, these desires often form the basis for rigid rules and assumptions that keep people stuck in avoidant behavior patterns. My intervention approach empowers clients to explore the impact of changing their thoughts and behaviors, with the goal of embracing flexible thinking and finding the freedom to choose responses that align with their values, rather than their fears.

My case conceptualizations are driven by cognitive-behavioral theory about the stimulus-response patterns that maintain maladaptive symptoms and beliefs. For example, across anxiety- and trauma-related disorders, behavioral avoidance is a key mechanism that maintains maladaptive predictions about feared outcomes. In several cases where I worked with sexual assault survivors recovering from PTSD, I conceptualized avoidance of emotional intimacy as the mechanism maintaining overgeneralized negative beliefs about other people (such as "People will always harm me") by preventing the acquisition of new, positive relational experiences. Based on my conceptualizations, I collaborated with these clients to evaluate the evidence for the risk of harm in relationships. We challenged avoidance by increasing emotional intimacy and testing predictions about feared outcomes.

A cornerstone of my intervention approach is adapting manualized, empirically-supported treatment to the needs of the individual client, delivering treatment in a collaborative manner that fosters client agency. For example, with a client with OCD who was not completing assigned homework exposures, I dedicated extra session time to collaboratively designing exposures that more closely matched her goals – to spend more time with friends and be able to work remotely out of the house. Her homework exposure completion improved considerably once she had chosen exposures such as meeting friends in public or grading student essays at a coffee shop.

I consider a Socratic stance integral to my clinical work. Although Socratic dialogue is a challenging clinical skill to execute, and more time-consuming than delivering information didactically, it has a unique therapeutic impact. In the case of one client I treated for PTSD, I used Socratic questioning to help her examine her longstanding belief that the abuse she had experienced was her fault. Through repeated questioning over multiple sessions, she gradually came to see that being unable to escape an abusive situation because she was dependent on her abuser was not the same as asking for, deserving, or accepting abuse. This realization was deeply meaningful for her and resulted in significant symptom resolution, which impressed upon me the powerful impact of guiding clients to make their own discoveries.

My cognitive-behavioral orientation allows me to conceptualize psychopathology as a web of dysfunctional beliefs and behavior patterns, which yields many potential targets for intervention. Through collaborative and Socratic implementation of therapeutic techniques, I strive to offer tailored and impactful therapy that centers my clients' agency to enact change and aligns with their unique identities and goals.

Approach to Diversity

Partway through a PTSD assessment, I asked the man sitting across from me if any other stressful events had significantly impacted his life. “Yes,” he said. “Being a Black man with an advanced technical degree. I feel like I don’t belong anywhere.” I paused and considered what to ask next. Did he not feel welcome in the local Black community because of his advanced education? Would that question betray a biased assumption about perceptions of advanced education within the local Black community? Feeling acutely aware of my own whiteness for the first time in the ninety-minute interview, I was humbled by his willingness to share with me his sense of not belonging. It demonstrated a trust I felt I hadn’t earned.

I am trained in the reflective local practice (RLP) model, developed by Sandeen and colleagues in 2018, which treats experiences like these as opportunities to develop cultural self-awareness. The combination of my white racial identity and educated class status created what the RLP model calls a “power spot,” in which my experiences of relative power led to a lack of awareness about cultural information that was relevant for my client, and risked a cultural rupture in our very first session.

The RLP model emphasizes reflection and self-education, which has helped me to sensitively address experiences of discrimination without pathologizing them. For example, a larger-bodied client shared in session that a theme park operator had told her she would not fit on a particular ride. Based on my self-education about anti-fat bias, I suggested that this could be understood as weight-based discrimination, though I acknowledged the limits of my understanding as a person with thin privilege. My stance led this client to open up about her struggles with body image, and our improved rapport facilitated an increased treatment focus on her relationship with her body.

My cultural self-awareness has grown the most in cases where my clients have experienced trauma that threatened an identity dimension in which they hold relatively more power than I do. In one instance, I worked with a straight cisgender man who had been sexually assaulted by another man. I am a visibly queer person, and my lived experience in conservative environments has made me wary of perceived homophobia, which the RLP model calls a “hot spot.” I had to validate my client’s sense of shame and damaged masculinity, while managing my own reactivity towards the assumption that sexual contact between two men is shameful. However, my experience as a queer person has given me a rich understanding of consent dynamics, which helped me guide this client towards an understanding that sexual assault is defined by lack of consent, not the gender of the perpetrator or victim.

My experience in this case helped to build my understanding of marginalized identities as both sites of potential oppression and sources of unique insight and resilience. As my awareness evolves and gains nuance, I hope to become a practitioner who honors the full context of my clients’ experiences.

Research Experience and Interests

My research program investigates the thoughts that keep people stuck in their heads, and the techniques that help them get unstuck. I study repetitive thought through three primary lenses: a) as a transdiagnostic process that characterizes most internalizing disorders; b) as a dynamic process that co-fluctuates with subjective attentional and affective processes over time; and c) as a dysregulated process for which mindfulness may be an effective regulation strategy. My research efforts have led to six publications in peer-reviewed journals, including first-authored publications in *Psychological Medicine* and *Behavior Therapy.*

My dissertation research leverages dynamic process modeling and intensive longitudinal data to examine within-person associations between momentary experiences of mindfulness, repetitive thought, and negative affect. Although existing literature shows that intensive mindfulness training can help to gradually decrease the frequency and severity of repetitive thought over weeks or months, my dissertation investigates the mechanisms of state mindfulness that may predict rapid reductions in repetitive thought over the next few hours. The major implication of my dissertation research is to provide a model for understanding the mechanisms, such as metacognitive awareness and nonjudgment of current experience, by which mindfulness may be able to disrupt repetitive thought processes. Characterizing these pathways may strengthen the theoretical foundation for brief interventions that aim to implement mindfulness as a momentary regulation strategy for internalizing symptoms.

My interest in repetitive thought and mindfulness has developed from a broader curiosity about how people control their thoughts and emotions. Prior to graduate school, I worked in a lab that studied cognitive control of emotion in individuals with schizophrenia Through an independent project, I found that prior trauma exposure moderated the association between cognitive control of emotion and psychosis symptom severity. I followed this interest into my graduate lab, where my master's thesis research investigated worry and subjective difficulty concentrating in a longitudinal dataset collected during the COVID-19 pandemic. I found that worry was associated with more severe difficulty concentrating, regardless of the topic of the worry. Having found a link between repetitive thought and subjective attentional functioning, I formulated my dissertation research to elucidate the mechanisms that drive this association.

My enthusiasm for research has led me to dedicate significant time to designing and teaching an advanced laboratory course that offers an interactive research experience for undergraduate students, and to mentor several undergraduate students completing honors thesis projects in my lab. I was honored to receive the 2024 Outstanding Student Teacher Award from the Society for a Science of Clinical Psychology (SSCP). Excellence as an educator is a high priority for me, and I look forward to continuing to develop these skills across research mentorship, teaching, and clinical supervision contexts.

I value research as a way to deepen my understanding of the cognitive processes that drive internalizing psychopathology, which informs my intervention approach. I hope to contribute to the development of mindfulness-based interventions targeting uncontrollable and intrusive thoughts, with the goal of helping people attend to their inner worlds in a way that supports flexible action.