

Maintain/advance application/dissemination in research Scribe document

Please note and remind yourself frequently: The intent of this document is for it to lead to a public-facing record of your workgroup's activity. By the day of the Summit it will be accessible to anyone at the Summit, and after the Summit it will be turned into a fully public-facing document. This means that although you should take notes however makes sense for you, it will be important to refine the notes to be comprehensible to others.

Guiding Committee: None before Summit

Moderator: Ann Kring

Scribe: Caroline Balling

Describe intended product of the workgroup: unresolved at present, will be determined after we ID people to keep working on this. Interest in products such as pooling resources to develop a toolkit (e.g., sharing syllabi related to the topic) OR integrating into programmatic milestones

Who is willing to lead on this topic (future efforts at the Summit and beyond): TBD during debrief later today

Main Notes Area

How can we better integrate application and dissemination into CS programs?

- We agree it needs to be done and that it is enormously valuable, but how do we actually do that?

ACTIONABLE IDEAS:

Integration into programmatic milestones:

- Allow students to do a program evaluation as a second milestone (instead of qualifying exam)
 - At the program that implemented this, it has not been a popular option among students. Committees reportedly struggle to understand the value/structure of that sort of activity, so more orientation is necessary
- Clinical case study as a qualifying exam option for those more interested in clinically-focused career
- Portfolio linked to comps, with a case presentation as part of the portfolio
- All clinical students must do a case presentation in brown bag/colloquium in order to graduate, and they have the flexibility to present whatever modality/population/specialization they are most interested in
- In some states and some programs the EPPP can be the comp in grad school, then students just have to submit hours post-doc and be licensed. Get more without adding more
 - ATBBS developed a practice version for \$75

- A requirement that students must create an infographic about something they are passionate about.
 - Students historically have loved this at the programs that do it

Other additions to programmatic structure:

- Outreach baked into a program—e.g., parent training, working at the Boys and Girls Club at Salvation Army, serving primary care practice
 - These efforts can count toward internship hours
- Perhaps facilitate students having community-based/dissemination projects beyond research milestones because these efforts tend to be slow-moving and small in sample size
 - Note that this is invisible labor in many ways (e.g., it can take years to build relevant relationships), AND it's valuable for development
 - Note that we need to emphasize value of such dissemination projects even if sample sizes are quite small
- Course work
 - Mindfully incorporate dissemination/implementation skills into all coursework
 - Implementation science relies on mixed methods or specialized stats, and often students have to do supplemental training to get really involved. It would be helpful to integrate more of this into all coursework
 - Bring people with lived experience or community partners in for classes
 - Offer a dissemination and implementation course
 - When this was done at FIU, students had two main tasks: complete a deliverable including partnering with community & roleplay; practice with NIH funding/budgeting
 - Example project: how to help parents learn what is evidence-based and what is not

Connecting beyond our clinical research/expertise silos:

- Integration between research faculty and clinical faculty, between appreciation/respect for research careers and clinical careers: faculty must model this to students!
 - Signal to students that this work is SO VALUABLE!
- Consider how to leverage other programs such as public health, medicine programs, or business schools, and ensure students are aware of these other systems for potential collaboration
 - Can we take back the lead from those who have taken over treatment as a business and who prioritize profit rather than science (e.g., BetterHelp)

Steps for governing committees/boards

- Programs would benefit from a dissemination tool kit (e.g., from the researchers at UCLA; from The Academy, collecting relevant syllabi across academy sites)
 - Pool resources amongst experts, then disseminate this information to CS programs

- Disseminate and implement training in EBTs for non-academy programs with less resources such as PsyDs
- Thinking about top down changes: values change at the level of PCSAS would translate to change at the programmatic level
 - Counterpoint that PCSAS actually has broad criteria, though it seems it might rely on applicants to broaden their operational definitions and spontaneously incorporate implementation/dissemination of clinical practice
- Incentivize solving bigger, societal/systemic problems such as by counting hours towards internship or encouraging departmental culture of respecting the value of this science

CONCERNS/CONSIDERATIONS:

- As a field we have weakness in our dissemination skills. The science being done in our programs is such high quality, but the dissemination/implementation is generally not
 - Thought exercise: why is QAnon better at dissemination than us?
 - When we are leading with humility, we have to be honest about the fact that looking at ourselves for how to teach students to disseminate might be ineffective because Clinical Scientists in general are not particularly skilled with it
- The purpose of clinical science training is to advance means of mental health treatment—to scale up. We can't only teach people what we are already doing, we need to be thinking more broadly
- Emphasis on the need to integrate without everybody “trying to be an expert in everything”
- There are strong divisions in programs between research and practice—students are being told to conceal clinical interests from their research mentors. This harms implementation and dissemination
 - Emphasis on reducing the stigma about liking clinical work through modeling those values (e.g., have pride in your voice when you talk about alum who went on to do clinical work)
- Our science is limited in what we can do, so we have to work with other people doing social justice work as well (e.g., policy makers, nonprofit programs)
 - Counterpoint reminder that our research, our basic research, has massive influence on public health
- A push for rigid rigor in our clinical operations can get in the way of creating systems outside of the university
 - We need to balance rigor against the realities of the system/sustainability of an effort
 - We have to do what works in a particular setting given resources
- Observation that when we have really strong research with strong effects, that information gets implemented/disseminated more effectively (e.g., the finding that smoking causes cancer successfully permeated amongst the public)

- Counterpoint that we don't really have comparable effects in our area of research

Parking Lot

The parking lot is for anything that was noted during the group that does not fit well on the topic. You may wish to refer this information to other groups after your group meets.

N/A