My first academic encounter with psychology occurred during my senior year of high school. In an effort to increase college attendance rates, state colleges in Vermont formed a partnership with public schools and launched an initiative to offer interested students the opportunity to take two free college courses. Eager to experience a seminar-style class, I enrolled in an introductory psychology course. Growing up in a quintessential small New England town provoked a personal interest in human behavior. Most of my classmates were also my neighbors; there is no privacy in small towns. With a class size of 20 students and an emphasis on discussion-based learning, this class presented a perfect opportunity to delve into higher education. I finished the course enthralled by the material and excited to pursue psychology in college.

During my sophomore Developmental Childhood Psychology lecture at the University of Vermont (UVM), I began studying the material that sparked a passion for research that has defined the last four years of my life. I learned that prior to 1995, it was accepted by the psychological community that boys were more aggressive than girls; the theory was utterly unchallenged. In that year, however, Crick and Grotpeter radically changed the way psychologists perceive gender differences in aggression. They demonstrated that girls could be just as aggressive as boys. Psychology had been operationalizing the behavior of boys and girls incorrectly for decades.

This study had a profound impact upon me. It had never occurred to me that an entire sub-type of behavior could go unrecognized for so many years by the scientific world due to the fact that no working definition existed. Crick and Grotpeter’s work made me ask the question: what else is lurking in the periphery of research, obscured by a narrow understanding of what constitutes behavior? The drive to answer this question fuels my enthusiasm for research. The clinical implications of this study are striking – there must be a multitude of untapped treatment predictors, moderators, and mechanisms.

During my academic tenure at UVM, I pursued advanced coursework as well as intensive research experiences in four developmentally and clinically oriented research labs. I obtained permission to take graduate level statistics for psychology as well as a course on advanced brain imaging techniques, gaining skills to better interpret and analyze data. In my lab work, I strove to explore psychology from a developmental and emotion regulation perspective, for example, by collecting saliva to assess cortisol levels in response to family stress. Additionally, I administered stressor paradigms (e.g., mental arithmetic) while monitoring physiological responses with both adolescents and young adults. Further, I assisted in the behavioral coding of parent-child interactions in order to test the efficacy of a parent management training intervention for children with externalizing disorders. Finally, I spent two and a half years in a lab exploring the development and physiological underpinnings of relational aggression primarily through collecting, cleaning, and analyzing an array of psychophysiological data. During my final semesters, I worked in the capacity of the lab’s Project Coordinator, supervising a dozen research assistants on three different projects and troubleshooting the complexities of psychophysiological equipment and data management. I collaborated in the dissemination of this research via posters and symposia at national conferences. During my time as an undergraduate, I immersed myself in as many facets of developmental and clinical science as possible, clarifying my aspiration for a career in developmental clinical psychology research.

By engaging in these diverse experiences, I gradually developed a primary interest that has been a consistent theme in my research experiences: to better understand the physical and biological indices of emotional dysregulation in the context of development and psychopathology. Modern psychology has the tools to measure the physical manifestations (e.g., heart rate reactivity) of internal processes, allowing the exploration of biological mechanisms and moderators of cognitive change. Equipped with the extensive knowledge in math and science I gained through earning a B.S. in psychology, I was excited to delve deeper into the psychophysiology literature. Thus, I pursued an honors thesis investigating stress reactivity as a moderator of the relationship between social status goals and depression levels in children. Funded by two university grants, I spearheaded project conception, data collection, and analysis for a family-based protocol. After defending my work at the end of my senior year, my thesis was awarded honors, and my work in the department recognized by the competitive *Donald Forgays Outstanding Senior* award. I graduated *Magna cum Laude* as an Honor’s scholar and Phi Beta Kappa member, ready for my next step as a burgeoning researcher.

Hungry for further clinical research experience, I began a full-time research coordinator position in Dr. Sabine Wilhelm’s Obsessive Compulsive Disorder (OCD) and Related Disorders Program at Massachusetts General Hospital (MGH). The position has been an invaluable opportunity for a developing clinical researcher. It provides me with access to mentorship from Dr. Wilhelm, an internationally renowned clinical researcher, and her team. Additionally, this position affords the opportunity to work with severe clinical populations, the clinic being part of a large academic medical center. I have had the opportunity to collaborate with Dr. Wilhelm and her colleagues on manuscripts, posters, and book chapters.

Over the past year and a half, I have simultaneously managed eight active projects with adults and children and assisted in the data collection on several more. A number of my projects are longitudinal, evidenced-based treatment protocols, and several are cross-sectional, biomarker-driven studies. Working on so many multi-disciplinary projects has afforded me the opportunity to participate in each stage of the research process. I assist in writing NIH grant proposals, setting up systems for new studies, and preparing data for analysis. Additionally, given the increasingly collaborative nature of research, I communicate with sponsors for drug trials, clinical research centers, and neuroimaging facilities in order to ensure that the studies operate smoothly. I also manage a project that utilizes fMRI and neurophysiological techniques in order to assess the efficacy of an intensive experimental treatment, repetitive transcranial magnetic stimulation (rTMS), in a population with severe OCD. Given the multidisciplinary nature of this project, I have also been MRI-safety trained and serve as back-up research assistant in MRI data collection, an interest upon which I am eager to expand.

Taking into account my university experience, these projects were the clear next step toward a PhD in clinical psychology. Not only did I work on treatment-focused research, I was also able to apply emotional and physiological dysregulation to a clinical context. For example, one of my primary responsibilities was coordinating a family-based study that examines the generational transmission of OCD-related information processing biases. One paradigm in this project includes elements of a cognitive behavioral therapy imaginal exposure, during which I monitor children’s stress reactivity. While this study is cross-sectional, I am enthusiastic to explore research using biological indices to better understand whether treatment causes lasting change in regulatory systems.

During my experiences at UVM and MGH, I have participated in research at every stage, from conception to publication, striving to gain the tools to become the researcher I was inspired to be by Crick and Grotpeter’s seminal work in that sophomore Developmental course. At UVM, I immersed myself in developmental research, working with children and families to better understand mechanisms of emotion regulation and relational aggression. At MGH, I have worked on evidenced-based clinical research protocols with severe clinical populations, both child and adult, and this work continues to fuel my passion to continue my research career in developmental psychopathological research. The training afforded by UVM’s dual clinical and developmental degree program is unparalleled, and I would be honored to continue my research career under the mentorship of Dr. Rex Forehand and Dr. Annie Murray-Close in the dual clinical and developmental PhD track at UVM.