Mentoring Philosophy

The mentoring you receive while obtaining your educational training can not only impact your early career trajectory, but also greatly influence your own appreciation and approach to mentoring. This has been my experience with mentorship I continue to receive from my doctoral advisors Drs. McNamara and Gefken, both of whom have helped shape my current mentorship model I utilize on a daily basis as a 4th year Clinical and Health Psychology student at the University of Florida. Specifically, I have worked with both these mentors since I was in my first year of undergraduate education and over my time with them as an undergraduate, and more so as a graduate student, we have developed a progressive cascade model for mentoring that depicts both the mentorship I receive from them, but also the mentorship I give to the forty undergraduates we have in our lab. This mentorship model is depicted in the figure below.

To me, the principle of this model is expanding responsibilities based off displayed competency and experience acquired (i.e., the upward arrows) paired with simultaneous downward peer-to-peer supervision (i.e., the downward arrows). The model functions in the following manner: all undergraduate students begin as Research Assistants. These assistants are selected primarily on interest and potential displayed by success in previous academic endeavors, not on age or specific experience in psychology. This allows younger students (e.g., Freshman, Sophomore) to gain valuable academic and mentoring experience sooner, which helps them develop and accomplish their own academic goals. Importantly, these assistants are quickly able to gain additional opportunity by being promoted to a Study Coordinator based on their displayed dedication and competency in their work as assistants. In addition to increased responsibility (e.g., managing data collection for a study), these coordinators are expected to serve as a mentor for the assistants, reflecting the cascading aspect of this mentoring model. While higher up individuals such as graduate students or faculty maintain weekly supervision with the students via lab meetings, individual meetings, or interactions in lab, coordinators are actively encouraged and given opportunity to mentor the assistants. As displayed in the figure, undergraduates can then be promoted to a Research Associate who have increased responsibility (e.g., working on posters or manuscripts, conducting a senior thesis) but again is expected to provide downward mentoring to the coordinators in the lab. We are currently working on publishing a manuscript outlining this mentoring model we developed and we presented this mentoring model, applied to the mentoring we conduct with therapists being trained at our University of Florida Obsessive-Compulsive Disorder Program, at the 2013 International Obsessive-Compulsive Disorder Foundation annual conference.
While I helped fine-tune this mentoring model as a graduate student, I was fortunate to work in this lab as an undergraduate and therefore I can speak to how influential these mentoring experiences were for my personal and career growth. Being given the opportunity as a freshman to join the lab and then quickly move up in the hierarchy gave me a head start in my training and allowed me to gain valuable experiences that other students applying to clinical psychology programs didn’t get until they did internships after their graduate training. More so, the peer mentorship I was able to conduct with other students fostered foundational mentoring skills (e.g., communication, teaching, empathy) and a passion for mentoring that has made me the mentor I am today and instilled a value for mentoring that I will carry with me throughout my career.

My passion for our mentoring model derives not just from how much it promoted my professional growth but primarily from the rewarding experiences I have had as a graduate student mentoring our undergraduates under this model. Nothing is as rewarding as watching a student’s maturation from when they enter our lab to when they leave to pursue their career aspirations. While there are several students who stick out in my mind, Alyka is a perfect example. When I first met Alyka, it was evident she was highly talented but struggled with perfectionism and stress management. She often was in tears due to the pressure she put on herself and frustration about not getting experiences she found valuable (e.g., helping others). I worked with Alyka to improve her coping skills and help foster experiences she found rewarding. She voiced a desire to help the underserved, so I gave Alyka the opportunity to work as a student director at Free Therapy Night, a free mental health clinic I direct within the Equal Access Clinic. The change was immediate in Alyka, for the first time she felt like she was using her abilities to help others. This was the primary reason she wanted to become a physician. Additionally, she noticed the lack of psychiatrists who conduct psychological therapy and thus decided she wants to be a psychiatrist who values psychological therapy and volunteers her time to help the underserved. Alyka now volunteers at several Equal Access Clinics and was recently accepted to the University Scholar Program to research national rates of psychological therapies used by psychiatrists and other health providers. Highlighting the value in our model, Alyka now provides mentorship to multiple younger students who look up to her and struggle with issues she had when she first started.

I strongly believe that both receiving and providing mentoring is imperative to the maturation of a student. I believe we have found a formula for mentoring that allows a large lab to operate efficiently while still promoting the individual growth of each student. Additionally, I believe more discussion locally and in the literature needs to occur in order to disseminate these models to mentors who may want to adopt them for their own lab. Increased discussion would facilitate conversation about the pros and cons of each model and lead to the development of the best mentoring approaches we can provide to our students. As I alluded to earlier, we are making an effort to disseminate our model via publications and conference presentations, which puts it under peer review and empirical investigation, an important step I believe more academics should pursue. In this vein, half of my dissertation will involve evaluating an application of this mentoring model we use in our treatment clinic. Just as I do clinical outcome research because I want to make treatment better for everyone, not just those I directly treat, I believe researching my mentoring model can allow more students beyond those I directly supervise to have access to the valuable mentoring experiences I have had and continue to receive in my training.