

Application Guidelines

Graduate Student Research Grant

The Research Facilitation Committee of ABCT is sponsoring a grant of up to \$1,000 to facilitate and support graduate student research. The purpose of this grant is to provide funding for research that demonstrates a clear financial need in order for the project to succeed.

Eligibility Criteria

To be eligible for the grant, applicants must meet the following criteria:

1. Graduate student in good standing
2. Project must demonstrate a clear financial need in order for it to succeed. If the application is partially funded, the applicant must clearly demonstrate why the funds obtained are not sufficient. Given this is a need-based grant, priority will be given to masters thesis and dissertation projects (i.e., which are required milestones in graduate programs).
3. Project has been approved by the faculty advisor (see details below).
4. Winner (and honorable mention) must be a current member of ABCT at the time of the awards ceremony at the upcoming ABCT convention in November.

Application components

Applications must include the following components (in a single PDF in the following order; each section should start on a new page):

1. Title and Abstract (no longer than 30 lines of text) with 5 keywords (please do not include the name of the investigators or institution on this page due to our masked review process)
2. Research Strategy (3 single space pages total). The format of the Research Strategy is based on current guidelines for NIH applications. Throughout each section, applications must explicitly and thoughtfully state how issues of Diversity Equity and Inclusion (DEI) are being addressed in the proposal guided by the questions provided. Please see below for samples of how applicants have done this successfully in the past:
 - Significance: Does this project address an important problem or barrier to progress in the field? If aims are achieved, how will scientific knowledge and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field? Please describe if/how your findings reduce inequities or mental health disparities. How have stakeholders been included in the development/design/ dissemination of this project? What

is the stakeholder buy-in to conduct this work? How will the results of this study be disseminated to a lay audience?

- Innovation: Will the application challenge and shift current research or clinical practice paradigms by using novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed? How will the application promote the advancement of diversity, equity and inclusion efforts in our field?
 - Approach: Describe participants, design/methods, measures, and analytic plan that are proposed to accomplish the specific aims of the project. Please comment on how you plan to include a representative sample with regard to race, ethnicity, gender, sexual orientation, disability status, etc.
3. References (not included in the 3 page limit)
 4. Submission checklist (which can be downloaded from the ABCT website)
 5. Detailed budget with Justification of need paragraph (1 page): How is this grant necessary for completing this research? In what ways will this grant improve or facilitate the research project?
 - If this project is not a masters thesis or dissertation, please specify how the project would further your research career and how (if applicable) it is related to a future masters/dissertation (e.g., collecting necessary pilot data for dissertation project)
 6. Other Support document (if applicable) that includes information (type and number, title, amount, grant period, one sentence of study aim) for current and pending sources of funding (internal/external fellowships and grants), along with the scientific and budgetary overlap with the proposed project. Applicants may use the NIH form and instructions (<https://grants.nih.gov/grants/forms/othersupport.htm>), but we will not require that formatting be limited to this.

Finally, we ask the applicant's faculty advisor submit the following separately, sent from their own email address:

1. Letter of support indicating faculty member approval of the project . Please use the Letter of Support Template (which can be downloaded from the ABCT website). This is not intended to be a full letter of recommendation. We only will be evaluating the application based on the questions provided in the template.
2. Other Support document (if applicable) that includes information (type and number, title, amount, grant period, one sentence of study aim) for current and pending sources of funding (internal/external grants), along with the scientific and budgetary overlap with the proposed project. Faculty may use the NIH form and instructions

(<https://grants.nih.gov/grants/forms/othersupport.htm>), but we will not require that formatting be limited to this.

Scoring Criteria

Applications will be scored based on the following criteria:

- A. **Justification of Need.** To be eligible for consideration for this grant, applicants must receive a score of greater than 0 on this scale. Those with a score of 0 or less will not be considered to have met the criterion of need.

<i>Score</i>	<i>Description</i>
-1	No need demonstrated. Expenses are not relevant to completion of the study.
0	Minimum need demonstrated. Expenses are relevant to the study but not necessary for study completion.
1	Need demonstrated. Expenses are necessary to complete the study.
2	Exceptional need demonstrated. Study could not be completed without the use of these funds

- B. **Significance, Innovation, and Approach.** Each of these sections (as described above) will be rated on a 9 point scale ranging from 1 (Exceptional) to 9 (Poor). A score of 5 is considered average. Reviewers will consider both the strengths and weaknesses within each criterion. For example, a major strength may outweigh many minor and correctable weaknesses.

<i>Criterion Strength</i>	<i>Score</i>	<i>Descriptor</i>	<i>Additional Guidance on Strengths/ Weaknesses</i>
High	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor weaknesses
Medium	4	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
Low	7	Fair	Some strengths but with at least one major weakness
	8	Marginal	A few strengths and a few major weaknesses

	9	Poor	Very few strengths and numerous major weaknesses
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Minor Weakness: An easily addressable weakness that does not substantially lessen impact

Moderate Weakness: A weakness that lessens impact

Major Weakness: A weakness that severely limits impact

C. **Diversity Equity and Inclusion (DEI).** Applications will be scored on how explicitly and thoroughly they address DEI in their proposals.

<i>Score</i>	<i>Description</i>
-1	No DEI demonstrated. No mention of DEI is made in the application.
0	Minimum DEI demonstrated. Application mentions that study will include a representative sample, but otherwise does not address DEI.
1	DEI demonstrated. DEI is thoughtfully considered in the application (see examples below for how this has been done in previous applications)
2	Exceptional DEI demonstrated. Understanding or eliminating health disparities is the central focus of the application (see examples below)

D. **Overall Merit Score.** Impressions of Significance, Innovation, Approach, Justification of Need, and DEI will then be integrated into an Overall Merit score ranging from 1-9 (Note: these areas will not necessarily be weighted equally; for example, a highly significant application with a strong approach doesn't necessarily need to be innovative).

Masked Review: Significance, Innovation, and Approach scores will be given via a masked review process. Thus, please do not include the name of the investigators or institution in the Title and Abstract page or within the Research Strategy. The Submission checklist, Budget with Justification of Need, Other Support, and faculty Letter of Support will be reviewed separately and thus can include identifying information.

Submission Guidelines

To submit an application, **please email all applicant required documents as one PDF document** (faculty advisor materials are sent separately) to Dr. Ryan Jacoby at rjjacoby@mgh.harvard.edu. Deadline is 11:59 pm (Eastern US time zone) March 1, 2024. Proposals will be reviewed according to current NIH criteria as described above and funding awarded based on a combination of merit and need. Applications that are incomplete or do not follow the aforementioned application guidelines/procedures will not be reviewed.

Applicants will be notified of the committee's decision in May 2024. Award recipient and honorable mention will be honored at the Friday evening Awards Ceremony at the ABCT Convention in November 2024.

Expectations of the award recipient include:

1. Submitting yearly progress reports to the committee, as well as a final report when the project is completed (due annually 12/31; a template will be sent a few months prior).
2. Submitting findings from the project as a poster, panel, or symposium presentation for the ABCT annual conference within 2 years of completing the project.
3. Award recipient may also be invited to write a brief article for *the Behavior Therapist*.
4. We will share the title, abstract, and keywords of your grant on the ABCT Research Facilitation Committee website.

Any questions about the award or application process can be sent to rjjacoby@mgh.harvard.edu.

DEI Samples from Previous Years

1) DEI demonstrated (score of “1” on DEI). The following two excerpts demonstrate how previous applicants have thoughtfully integrated DEI in their applications (even though DEI was not the main focus of the project).

EXAMPLE 1: “Black and African American populations have been shown to have diminished SCRs as compared to white populations (Kredlow et al., 2018; Webb et al., 2022). The reason for this diminished response is not well understood, but it is possible that our equipment does not adequately capture SCR among these populations. To address this issue, Kredlow et al. (2017) found that using a compound unconditioned stimulus (UCS), a shock and a scream, improved SCR responses among Blacks/ African Americans. Thus, we will use a compound UCS of a shock and white noise burst to improve SCR responses. Alternatively, it is possible that Blacks/ African Americans have differential physiological responses to fear. Webb, Etter, and Kwasa (2022) suggested that differences in SCR are a product of lived experiences, specifically lifelong exposure to racism. To test this hypothesis, we will conduct exploratory analyses between experienced racial discrimination (i.e., EOD) and SCR.”

EXAMPLE 2: “Participants will be recruited from the local metropolitan area, an urban region with a population greater than 1.6 million. Mentor’s research uses strategies to enhance recruitment among minority populations that will be utilized here: repeated contact by the same student research assistant for continuity; minimization of participant burden (i.e., efficient record-keeping); recruitment of ethnically/racially diverse student research assistants to match diversity of the targeted community; training study research assistants in cultural competence and cultural humility-related content; clear communication of study incentives and benefits; timely reimbursements; and flexibility to work around the participant’s schedule/priorities. Mentor’s pilot data support the feasibility of the recruitment plan described here to recruit diverse participants. For example, Mentor’s study included participants identifying as: 49% women, 35% Black, 22% sexual minority, 30% employed, and with an average education of 12 years. Individuals from marginalized groups, including racial/ethnic and sexual/gender minorities, are at disproportionately increased risk for poor opioid use outcomes, suicide, and PTSS (Roberts et al., 2011). Yet, research in this area has historically recruited homogenous samples of predominantly white women. Research among diverse samples (e.g., race/ethnicity, socioeconomic status) increases generalizability of findings and provides the necessary data to inform interventions that can be helpful for more individuals.”

2) Exceptional DEI demonstrated (score of “2” on DEI). The following two abstracts demonstrate projects in which DEI was the central focus of the proposal.

EXAMPLE 1: Intimate Partner Violence Among Sexual Minorities in Consensual Non-Monogamous Relationships

Intimate partner violence (IPV) is a serious public health issue that is becoming increasingly prevalent due to the indirect effects of COVID-19. Research has established that IPV is a complex issue with negative effects on the health of individuals, families, and society. Unfortunately, IPV is often overlooked in marginalized populations such as individuals who practice consensual non-monogamy (CNM), a practice in which all partners consent to having romantic and/or sexual relations with other people outside of their dyads. Despite the increasingly common practice of CNM among sexual minorities, there remains a dearth of research on the CNM population and how IPV manifests in these relationships. Thus, the current project seeks to investigate the manifestation of intimate partner violence (IPV) among sexual minority individuals in non-monogamous (CNM) relationships. Study aims will focus on 1) understanding the prevalence and frequency of IPV among sexual minorities in CNM relationships, 2) examining anticipated risk factors such as sexual minority stress and jealousy for IPV in said population, 3) examining the moderating effects of communication and social support on the relationships between proposed risk factors and IPV, and 4) evaluating mental health implications of IPV in CNM partners, including associations with depression, anxiety, and PTSD symptoms. Findings from the project will provide insight into the manifestation of IPV among sexual minority individuals in CNM relationships, which will in turn provide clinical guidelines for the development of effective IPV assessments and interventions for this underrepresented population.

Keywords: non-consensual monogamy, intimate partner violence, sexual minority, stigmatization

EXAMPLE 2: Invalidity, Identity-Related Minority Stressors, and Borderline Personality Disorder Symptoms in the Flow of Daily Life

Dialectical Behavior Therapy's (DBT) transactional model of emotion dysregulation proposes that invalidating experiences in part cause the development of borderline personality disorder (BPD) pathology. However, prior research has focused on retrospective reports of childhood invalidation from parents, limiting our understanding of how current day-to-day invalidation from peers may contribute to the maintenance of BPD symptoms. It is also unclear whether the same link exists for minoritized and under-researched populations such as Black and Latinx people at high risk for BPD, for whom identity-related minority stressors may function as additional forms of invalidation. The current study aims to test whether (1) daily social invalidation will be positively associated with daily BPD symptoms above and beyond retrospectively reported childhood invalidation, and (2) minority-related stress will add to the prediction of BPD symptoms over and above the effects of typical DBT conceptualizations of invalidation.

To test this, we will use flyers and online ads to recruit a sample of English-speaking adults in New York City with elevated BPD symptoms. Part 1 of the study will involve a baseline

session, in which participants complete a survey measuring BPD symptoms, childhood invalidation, current social invalidation, current self-invalidation, and demographics. Part 2 will involve a daily diary, in which participants answer a brief survey every evening for 14 days. The survey will ask participants to recall all their social interactions from that day and rate to what extent they felt invalidated by others, along with their own level of emotional self-disclosure, self-invalidation, emotions, and BPD symptoms. We will use multilevel modeling to test our hypotheses.

Standard DBT typically highlights one's family of origin as the invalidating environment that contributes to the development of BPD symptoms. The present study aims to help explain the *maintenance* of BPD symptoms as a function of daily invalidation. Furthermore, understanding how race-related stress and self-validation may serve as a risk and protective factors, respectively, in Black and Latinx people with BPD symptoms is a first step in identifying viable culturally-relevant treatment targets that can contribute to building racially affirmative clinical models of BPD.

Keywords: borderline personality disorder, invalidation, dialectical behavior therapy, race-related stress, emotion dysregulation