I came to the Wright Institute this fall with a background in Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) research, and with the conviction that I want to work directly with trauma-survivors and train in the therapy techniques that facilitate their empowerment. In Judith Herman’s seminal book *Trauma and Recovery*, she states, “As the field of traumatic stress matures, a new generation of researchers will need to rediscover the essential interconnection of biological, psychological, social, and political dimensions of trauma” (1996, p. 240). Herman’s call is not only pertinent at the macro-level, it is instructive on a personal scale. I hope to heed her call via direct clinical practice – discovering the essential interconnections contributing to an individual’s response to trauma, and, ultimately, to treatment – and, via mental health advocacy – voicing the interests of my profession in order to effectively represent the interests of individuals who are currently oppressed by the stigma that comes with a mental illness diagnosis. While I have no doubt about my commitment to serve individuals and advocate for their access to effective treatments for psychological disorders and co-occurring substance use disorders, I had little idea of how to advance these aims as a first-year clinical psychology doctoral student. The paths to advocacy remained blurry and ill-defined, until I attended the California Psychological Association of Graduate Students (CPAGS) Student Leadership and Advocacy Conference (SLAC) this November 16, 2013.

At SLAC, I encountered an incredible group of like-minded individuals. Meeting proactive and prosocial graduate students was an eye-opener – this community extends far beyond the bounds of my own graduate institution. Learning about the various initiatives Titus Hamlett, the 2014 CPAGS Advocacy Chair, successfully lead as a clinical psychology graduate student knocked the door to leadership possibilities wide open for me. What was most impressive about Mr. Hamlett's presentation wasn't his record of legislative advocacy achievements (impressive as it is); rather it was his generosity, humility, and inclusiveness. Titus was so down-to-earth, so collaborative in fact that he concluded his PowerPoint with an announcement about three subcommittees he will be starting this 2014 along with an open invitation to participate. It was at this point that the collegiality in the room became tangible. Here was a chance to use my knowledge about trauma, substance use, and PTSD to support the needs of a military veteran population while still a graduate student. As a member of the CPAGS Subcommittee on Veterans Affairs, I hope to promote awareness of military suicide and take part in legislative advocacy that seeks to mitigate the alarming system failures that lead to the ever-growing death-by-suicide count.

Through attending the 6th annual SLAC conference, I learned about the organizational structure of CPAGS, heard presentations from various division chairs, and watched them come together in a student panel to answer questions posed by conference attendees about their respective leadership and advocacy experiences. Amanda Levy, Director of Governmental Affairs for the California Psychological Association (CPA) hosted a Jeopardy game that explained the role and function of a Political Action
Committee in influencing the laws that get passed at the state level. Lee Vance, Tracey Wheeler, Titus Hamlett, and J.B. Robinson, clinical psychology doctoral students hailing from various APA-accredited programs throughout California, expanded my understanding of the value and utility of becoming a leader at the graduate student level. The words of Dr. Robert De Mayo, the current president of the CPA, stand out in my memory, "If we're not actively asserting our leadership then we're internalizing oppression and this affects our professional identity." De Mayo further impressed upon us the importance of being able to think of ourselves as both experts and leaders, particularly during this era of health care reform.

I was especially riveted by Dr. James A. Peck's talk, "Healthcare Reform: Implications for Graduate Students," as he masterfully synthesized and discussed the future of health and mental healthcare models in America. Dr. Peck, co-founder of CPAGS, described the aims of the Patient Protection and Affordable Care Act (PPACA) and contrasted these aims with those of our current healthcare system. Most striking was the point he made about the inability of our current system to improve patient experiences and overall health outcomes while reducing costs. He explained that these aims are predicated upon the spurious assumption that medical problems are acute, not chronic — when in fact 75% - 80% of healthcare costs are due to chronic conditions. Further, as many as 70% of all visits to primary care offices can be linked to psychosocial factors (Robinson & Reiter, 2007). Psychosocial factors significantly predict treatment outcomes for many major medical conditions (e.g. diabetes and asthma). In other words, Dr. Peck's talk emphasized the ways in which our current system is reactive, as opposed to preventative.

Taken together, clinical psychology graduate students and licensed clinical psychologists are uniquely positioned to be experts and leaders in mental health and health policy reform. Through collaborative relationships with peers and colleagues in local, state, and national professional associations we can strengthen the voices that represent the underrepresented, underserved, and unserved members of our society. Attending SLAC this year was rewarding because it enhanced my understanding of the legislative processes through which we increase awareness and knowledge about our profession, and through which we can redress major social and healthcare problems stemming from ongoing and long-standing mental health care disparities.