Note. These below personal statements are simply meant to be a guide/example of effective personal statements. They should just be used for inspiration and are not meant to be prescriptive.

Example 1

Although I've always had a curious mind, my enthusiasm for psychological research was first sparked in my psychopathology class. While watching my professor draw a line with gradual rises and falls to simulate typical mood fluctuations throughout the day and then sharp zig-zagged lines across the whiteboard to illustrate the affective instability experienced by those with borderline personality disorder (BPD), I was immediately fascinated. I had never heard of BPD and was intrigued by how someone could experience such a wide spectrum of emotions within such a short period of time. Looking at those sharp lines made me think about how exhausting it might be to rapidly shift between intense emotions and how affective instability could impact someone's day-to-day functioning. This experience inspired my desire to conduct research to further understand complex psychological phenomena.

In my psychopathology class, I also learned about the high rate of relapse among people with eating disorders, which encouraged me to join the XXX Lab under the mentorship of Dr. XXXX. My commitment to this lab is reflected through my involvement on four studies examining how impulsivity and risky decision-making relates to binge eating, purging, alcohol use, and non-suicidal self-injury (NSSI). Through this role, I learned the strengths and weaknesses of self-reports, behavioral tasks, neuroimaging, and ecological momentary assessment (EMA) as well as how these methods can complement one another. Based on my interest in past work examining BPD prevalence in incarcerated populations, I sought out

complementary research opportunities with the XXXX Lab led by Drs. XXXX and XXXX. Here, I recruited participants and conducted structured interviews in the jail for a randomized-controlled trial examining the efficacy of a computerized-intervention on substance use. Working on this project intensified my desire to understand circumstances that affect behavioral dysregulation, as participants faced great stress during the transition to the community. Due to my time management skills, my enthusiasm to learn the research process, and my collaboration with undergraduate research assistants (RAs), graduate students, and professors, I was awarded $250 in recognition for excellence in undergraduate research and was the only psychology student nominated as a 2021 undergraduate honoree in the College of Social Sciences and Humanities.

Learning about Dr. XXXX's clinical experiences with clients with BPD and eating disorders made me wonder what might put someone at risk for engaging in several kinds of dysregulated behaviors. To pursue this interest, I completed an honors thesis mentored by Dr. XXX examining negative urgency as a moderator of negative emotions and dysregulated behaviors (i.e., binge eating, purging, non-suicidal self-injury, and heavy alcohol use) using EMA data. Results from my thesis demonstrated that college students with higher levels of negative urgency demonstrated smaller changes in negative emotions before/after dysregulated behaviors. I presented these results at an undergraduate conference and crafted a manuscript that is currently under review. This deep-dive into research along with my interdisciplinary pursuit of advanced statistical and coding classes reinforced my passion for methodology and statistics. I find writing syntax in R, SPSS, and Python intellectually stimulating and enjoy using my coding knowledge to improve the efficiency of complex tasks. Additionally, my coding experiences enhanced my

critical thinking and troubleshooting skills. Using these programming languages fostered an appreciation for the importance of thoughtful study design and data analysis.

Following my graduation, I joined the XXXX Lab with Drs. XXXX and XXXX at XXXX as a full-time research assistant (RA) coordinating a NIMH-funded R01 to further my independent investigation skills and gain experience working with psychiatric inpatient populations. At this position, I conduct clinical interviews and risk assessments with participants I recruit from an inpatient unit. I also collect psychophysiology (e.g., EEG/ERP, HRV, GSR) during experimental tasks, ambulatory data, EMA, and social media data. I was quickly drawn in by the diversity of experiences that brought participants to the hospital for suicidal ideation (SI) or suicidal behavior (SB) and aimed to learn more about the connections between transdiagnostic mental health symptoms and suicide. I was especially intrigued by participants who seemed to experience SI and SB as a coping mechanism for distress. My observations inspired several research questions on deriving suicide risk profiles (e.g., chronic vs variable SI) and how sleep, cognition, and affect contribute to proximal suicide risk. I have thoroughly enjoyed disseminating findings on emotion-related risk factors for NSSI and suicide and learning from other scholars at conferences, such as the Association for Psychological Science, the Association for Behavioral and Cognitive Therapies, and the Suicide Research Symposium. As an RA, I take initiative to work on projects that integrate past research in the field, my clinical encounters on the unit, and data analysis techniques that best fit my research questions.

Through these experiences, I developed crucial skills necessary to succeed in a doctoral program. As a graduate student, I aim to increase understanding of proximal predictors of engagement in dysregulated behaviors to inform intervention development. As such, mentorship from Dr. XXX at XXX is an ideal match for my career goal, which is to conduct research in an

academic setting to further my knowledge on dysregulated behaviors and suicide risk. I am especially excited by her projects on XXXXXXX. These projects complement my interests on contextual factors that may lead someone to engage in dysregulated thoughts (e.g., SI, NSSI urges, urges to binge/purge) and behaviors (e.g., SB, NSSI, binge eating, purging) rather than more adaptive emotion regulation strategies. Being a graduate student in Dr. XXXX's lab would allow me to learn from and collaborate with people passionate about using EMA to understand risk for NSSI, suicide, and disordered eating. Additionally, I am excited to collaborate with other faculty members in the department, including Drs. XXX and XXXX, on projects related to dysregulated behaviors. Given my interest in methodology, I am eager to train with faculty that have advanced data analysis skills (e.g., network analysis, machine learning), which will also prepare me for a post-doctoral career conducting research with rigorous and novel methods in a university setting. Regarding clinical practice, I am enthusiastic to gain training in treating eating disorders and personality disorders, as working with these populations will directly inform my research questions on engagement in risky behaviors. Overall, being a graduate student at XXXX under the mentorship of Dr. XXXX would provide the instrumental training needed to prepare me for a successful career as a clinical scientist.

Example 2

Growing up, my favorite questions to ask were "Why?" and "How?" I would spend hours bombarding my dad about how planes are able to get off the ground and had multiple middle school report cards note that I asked a lot of questions during free periods. This unremitting curiosity as a child continued and during high school, led me to decide that I wanted to pursue a career where I could more directly research the "Whys" and "Hows" I wanted to know. After moving from high school to college and beginning to work at XXXX, I learned that while we do

know a lot about eating disorders, there's a lot more that we have yet to learn. For example, individuals with eating disorders also experience high rates of suicidality and while emotion regulation deficits may play a role in this, we have yet to understand the breadth of these interactions. My research seeks to answer the question of how inherent emotion regulation deficits impact individuals with eating disorders, and if these effects extend to other maladaptive behaviors. For this reason, I am interested in continuing my education at XXXXXX and receiving mentorship from XXXXXX whose work seeks to understand the biological and environmental factors that underlie disordered eating and suicidality. I believe XXXXXX is the best place for me to achieve my career goal of being an independent researcher working to improve treatment outcomes for individuals with eating disorders.

My first research experience focused on emotion regulation in an eating disorders population occurred at XXXXXXX where I was a social media and mental health intern. After my position at XXXXX, I knew that I was interested in learning more about individuals with eating disorders, specifically the role social media communities may play in disordered eating behaviors. Under the supervision of XXXXXX, I designed and executed an independent study that utilized machine learning analysis and natural language processing to better understand characteristics of online, pro eating disorder communities used by individuals with AN. After a preliminary literature search revealed individuals with AN had a low likelihood of discussing emotions during in-person interactions, I hypothesized that a similar tendency would occur in online interactions. Our findings revealed that contrary to our hypothesis, there was little hesitancy to discuss one's emotions as they related to key themes of "thinspiration" and "pro ana" content amongst these community members on Twitter, meaning individuals appeared to freely discuss their emotions when interacting online. While continuing to spend time exploring

these communities and conducting literature searches, I knew that engagement with these communities could perpetuate illness, and I was curious why an individual would continue to participate in them. Under the continued mentorship of XXXXX, I conducted a second analysis of these communities that was in line with existing literature. Two major reasons emerged as to why individuals were motivated to take part in the communities: 1) to find other individuals to assist them in exacerbating their eating disorder or 2) to seek support and encouragement to "stay safe" from their eating disorder. The stark contrast between the two and my previous interest in my emotion regulation led me to wonder how an individual's ability to regulate their emotions may determine what they hope to gain from online communities. I had the opportunity to disseminate my findings from each analysis at the Society for Adolescent Health and Medicine conferences in 2019 and 2020, as well have the results published in the Journal of Adolescent Health supplemental editions.

My work with XXXXX consolidated for me that I could have a stake in not only asking questions, but also being the one to answer them. This led me to join XXXXX program under the supervision of XXXXX at XXXXX lab. During my time as a Master's student, I also served as the primary coordinator for the XXXXXX study, a novel approach to treating body dissatisfaction (BD) that utilizes the novel smartphone-based just-in-time adaptive interventions (JITAIs) system to address the within-person, within-day variations in state body dissatisfaction in women with transdiagnostic binge eating.

Coordinating this project allowed me to develop the abilities necessary to manage 'big data' or large and complex datasets, that were generated on a daily basis as participants completed six ecological momentary assessment surveys on their smartphones during the six-week study duration. I have learned how to estimate compliance rates, analyze and identify meaningful

trends in big data, and strengthen my understanding of internal and external factors that trigger within-person increases in state body dissatisfaction in real-world. My desire to further understand these factors led to my involvement in a manuscript titled XXXX. In this paper, BD was defined as a state-like characteristic and the study sought to identify factors that may predict fluctuations. My involvement with this paper taught me how to analyze EMA data using generalized estimating equations which is a statistical technique I plan on applying to future projects. One of these future projects seeks to investigate the association between negative affect and state BD and hypothesizes that individuals with poor emotion regulation abilities will experience a greater association between these two factors.

While at XXXXXX, I have also had the opportunity to enhance my clinical skills, most notably by co-leading a psychotherapy group for XXXXX NIH funded study called XXXXXX. The goal of the study was to test the efficacy of a novel reward retraining protocol compared to a supportive psychotherapy group in its ability to improve eating pathology in individuals with binge eating spectrum disorders. My role as a co-leader involved attending weekly supervision meetings with other team members, facilitating discussion amongst group members based on weekly scaffolding topics and reviewing participants' homework. During this experience, I noticed that throughout the course of treatment some individuals had more success than others, despite the fact they were receiving identical forms of treatment. I was interested in understanding what factors may contribute to these varying outcomes and wondered if the level at which individuals utilized the skills they learned during treatment had any impact on their treatment gains.

This led to the development of a research idea and a first author paper that is under review at XXXXX which hypothesized that individuals who more regularly used six CBT skills

they were taught during the course of treatment would have fewer binge episodes and less overall eating pathology at post-treatment and follow-up. The findings of my research supported my hypothesis that higher levels of therapeutic skill use would be associated with greater improvements in overall eating pathology at the end of treatment and at follow up, as well as fewer binge episodes at follow-up. Following this paper, I wanted to explore why some individuals may not be able to effectively implement the skills that they learn during treatment with the hope of identifying possible pathways that we could improve treatments for these individuals. My interactions with study participants had previously revealed that successfully using CBT skills requires a capacity to cope with distress (e.g., eating regularly when having worries about weight gain, using urge surfing skills to ride out a powerful urge to binge without giving in to it, etc) which led me to hypothesize that individuals with greater abilities to regulate their emotions may be more likely to use skills, and thus experience greater treatment gains. Each of these projects and the steps that went into them reaffirmed my passion for research and left me eager to continue building my knowledge base to inform future studies.

My work thus far has led me to be interested in how emotion states may differ in individuals with eating disorders which dovetails with Dr. XXXX's ongoing XXXXX study. Collaborating with her on the technology-based XXXXX project would allow me to expand my understanding of the impact of internal bodily states as they relate to behaviors beyond disordered eating. As a graduate student at XXXX, I would be particularly interested in utilizing EMA analysis to understand momentary events that may trigger both disordered eating episodes and suicidal thoughts or actions to explore the potential overlaps. I am drawn to XXXX's program for its seamless integration of research training and clinical, as I have experienced firsthand how one cannot exist adequately without the other. I believe XXXXX University is the

best place for me to pursue a PhD in Clinical Psychology and continue asking "Why?" and "How?"

Example 3

As an undergraduate starting my first research internship in 2018, I had every intent to pursue a career in clinical practice. However, over the last four years, I have worked as clinical staff in residential, inpatient, outpatient, and crisis mental health treatment settings. I have also conducted research in two clinical labs. In that time, it has become clear that I want to pursue training and a career in clinical research, specifically in the field of eating disorders (EDs). I am particularly interested in investigating how individual differences impact EDs and response to treatment. I hope to explore these and other topics as a doctoral student in the laboratory of Dr. XXXXX or Dr. XXXX at XXXX University.

Since graduating magna cum laude from XXXX in XXXX, I have served as the Clinical Research Coordinator for XXXX. My position is unique, as I work under five faculty and oversee seven ongoing research studies focused on EDs. In this role, I have participated in all aspects of the research process, from study design (e.g., generating hypotheses, protocol development, IRB submission) to study administration, data analysis, and manuscript preparation. I have also worked with patients across the ED spectrum, specifically with diagnoses of avoidant/restrictive food intake disorder (ARFID), anorexia nervosa (AN), bulimia nervosa (BN), and other specified feeding or eating disorder (OSFED), in our partial hospitalization (PHP) and outpatient programs.

I love my job, which allows me to lead a myriad of research projects focusing on distinct ED populations. My first task was gaining IRB and FDA approval for a randomized controlled trial

testing the impact of oral naltrexone on reducing binge-eating and purging behaviors in adolescents with EDs. Obtaining FDA approval was challenging, but through this task I was provided with many important learning opportunities, including programming a randomization module in REDCap, creating the necessary documents for the regulatory binder, filing for in-person study approval through the biosafety office, and preparing dozens of materials for my institution's monitoring committee. I overcame each of these challenges, obtained FDA and IRB approval, and now data collection is underway. While the trial is double-blind, we are seeing that participants are improving by the end of the study period, supporting the efficacy of our program regardless of whether they are taking oral naltrexone or placebo.

Simultaneously, I was tasked with jumpstarting a study investigating the impact of food expectancy on fear response in patients with restrictive EDs. I taught myself coding language for Inquisit and independently programmed an approach-avoidance task. Now that 30% of the sample has completed the task, I am noticing trends supporting our hypothesis that the expectation of consuming a high-calorie food item, rather than just viewing an image of the food item on the screen, increases fear response. These results are exciting, as they have implications for improving future exposure paradigm and neuroimaging research. I aspire to obtain a career in clinical research so I can further examine important questions pertaining to the development and perpetuation of disordered eating, and, like my colleagues, use my findings to improve treatment for my patients.

While instituting the research projects of my supervisors, I have developed several research questions of my own. My first question pertained to long-term outcomes of receiving treatment in a higher level of care. I became interested in this topic while working as a psychiatric technician on the locked unit of an inpatient psychiatric facility. I quickly recognized the

difference between stabilization and recovery as I witnessed some of our greatest success stories discharge only to return to the unit weeks later, and I wondered what factors influenced relapse. I first aimed to explore this question in our ED clinic, where I assessed whether adolescents with ARFID maintained treatment gains after discharge from PHP. To investigate this, I cleaned and analyzed data from four timepoints (admission, discharge, six-month follow-up, and twelve-month follow-up), interpreted the findings, and was lead author on the manuscript, which was recently published in the XXXXX. We found that most participants maintained their treatment gains made in the PHP, despite receiving non-standardized outpatient therapy after discharge.

Shortly after beginning this project, I was administering the Rey-Osterrieth Complex Figure Test to a participant with AN receiving treatment in PHP for her ED. She made a mistake in her copy trial and then began screaming and crying. This mistake elicited intense distress, likely due to her perfectionistic personality traits and maladaptive beliefs about making mistakes. This surprised me, as most of the other participants I tested had made substantial improvements in treatment, but our PHP was seemingly not working for this participant. In this moment, I sparked two new research questions: a) why do some treatment methods work well for some people but not well for others, and b) what factors predict treatment outcomes?

I aimed to explore these questions through a chart review of patients in our adult PHP, where I evaluated whether autonomous motivation, depression, anxiety, and emotion dysregulation at intake predicted ED symptoms at discharge. I found that autonomous motivation was the strongest predictor of treatment outcomes, and I presented these findings in a poster at the 2022 International Conference on Eating Disorders, which was selected as a Top Scoring Poster by a Student/Trainee/Early Career Professional. To further investigate differential responses to

treatment, I conducted another chart review comparing treatment outcomes of individuals with AN and atypical AN, and exploring how the presence of childhood abuse, suicidal ideation, suicide attempts, and psychiatric comorbidity at intake may influence symptom severity at discharge. Results suggested that both groups experienced these adversities at similar rates and experienced similar treatment outcomes. I presented this project through a poster presentation at the 2022 Association for Behavioral and Cognitive Therapies Convention and am drafting a manuscript summarizing these findings. I hope that findings from my studies will add to the literature gap pertaining to the intersections of disordered eating and other factors and their impact on treatment outcomes, and I hope to explore this gap further in graduate school.

My research experience, clinical experience, and supervision/mentorship thus far have taught me that EDs do not exist in a vacuum. People have individual experiences, characteristics, and contexts that need to be considered as we conceptualize and treat symptoms. In my research and as I develop into a clinical psychologist, I want to better understand (1) the impact of individual experiences on the etiology and maintenance of EDs, (2) how intersections of EDs and other factors may lead an individual to demonstrate poor responses to treatment, and (3) how we can use empirical data to more effectively tailor treatments while recognizing people's unique experiences, characteristics, and contexts. I believe I could achieve these aims under the mentorship of Dr. XXXX in the XXXX Lab, where I could expand upon my research at XXXX. Here, we have explored differences in perceptions of body image among transgender and nonbinary (TNB) youth. Our findings suggest that, despite evidence that TNB individuals have increased risk for EDs and body image disturbance, participants in our cohort felt neutral about their height and weight, indicating that "traditional" shape- and weight-related body dissatisfaction could be distinct from gender dysphoric body dissatisfaction among TNB young

people. Under Dr. XXXX's mentorship, I would further investigate how body dissatisfaction for TNB individuals may differ from cisgender individuals, how these distinctions may lead to disordered eating, and how to tailor interventions to target the specific needs of this population.

I believe I could also achieve these aims under Dr. XXXX's mentorship in the REDS Lab, where I would like to investigate risk of suicidal ideation and behaviors for individuals with ARFID. Recent literature assessing suicide risk for patients with ARFID suggests that individuals with ARFID are showing comparable risk of suicidal ideation and behavior to that of individuals with other EDs. I have worked closely with many participants with ARFID who have reported suicidal ideation and even attempted suicide during the course of research studies with me, and I often wonder why suicidal ideation in this population is not being discussed in the literature to the same extent as suicidal ideation in anorexia nervosa or bulimia-spectrum EDs. Under Dr. XXXX's mentorship, I hope to explore differences in suicide risk between individuals with ARFID and other EDs and assess the impact that suicidal ideation or behaviors may have on treatment trajectories.

I want to pursue a PhD in clinical psychology because I inherently love clinical research. Over the last 4 years I have participated in all aspects of the research process and have witnessed psychological treatment across the continuum of care. I now have a clear understanding of what I aspire to attain in my career. I hope to receive experiential training in a graduate program that features a scientist-practitioner model. I hope to conduct research that helps combat factors that impede progress in ED treatment, and I want to use data-driven approaches to individualize and improve treatment in clinical practice, but do so in a way that recognizes people's unique identities and experiences. I would like to further investigate the intersections of disordered eating and other factors that may lead a person to demonstrate poor responses to treatment. I

believe that I am prepared for graduate-level study, and I am excited to be considered to work under Dr. XXXX and Dr. XXXX's mentorship and receive excellent clinical and scholarly training from XXXX University's Clinical Psychology Doctoral Program.