**SAMPLE STATEMENT OF PURPOSE**

When I came to college I wanted to be a doctor. I was going to study biology, pick up a second major along the way, and go to medical school to become a rural practitioner. I soon realized that I was suffering from my own version of "Med. Student Syndrome." I did not think that I was sick, but I did realize that I was obviously delusional. I realized that I did not have the burning desire to become a medical doctor. The profession did not interest me; it was my perception of the profession that had caught my fancy. Luckily, by then I had begun to study psychology, so I understood what a good delusion was like.

As I studied psychology more and more, I found what excites me most of all were the investigation, dissection and understanding of problems that I saw around me in the world. I found psychology courses stimulated me to think and explore my world as I took courses in development, psychopathology, personality and behavior analysis. Dr. XXXX's behavior analysis classes gave me good critical and analytic skills through our repeated analyses, discussion and practice of both basic and complex behavioral principles.

I received research training with XXX, Ph.D. while working on an autism and social behaviors study, and with XXX, Ph.D. while writing an honors thesis and subsequent poster presentation. My work with Dr. XXX helped me develop my observational skills and learn to classify and define abstract descriptors into concrete variables. In my honors research, I started with a broad question, wondering whether young adults' substance use behaviors were related to both sensation seeking and their friendships and if so how. Once I narrowed my ideas, collected and analyzed the data,

 I had to deal with the frustration of getting results that did not support the hypotheses. I did more data collection and analyses for a poster presentation at the Society for Prevention Research annual conference, and in post-hoc analyses I found that while I had studied the sample as a whole, males and females had different predictors of alcohol use. Even though I hadn't supported my original hypotheses, this gave me ideas as to why. One of my favorite biology professors used to say that advances in science are often made by proving something does not exist, something I learned well through my research.

I am currently volunteering for a year in Fairbanks, Alaska, through the Jesuit Volunteer Corps at a parenting resource center. I work in Family Preservation Services with families whose children have been in state custody trying to keep the families together. It's difficult work; I see kids every day who are very young but who have already had pretty tough lives.

Many of these children could be case studies of multiple risk factors. As some here have put it, they are "damaged." My work here has really driven my thinking about how abuse, divorce, and familial discord interact to affect children in their social interactions, their view of themselves and the world, and the future predicted for them.

Through my undergraduate research, including my honors thesis, I was introduced to the issues surrounding adolescent substance use. I found myself very interested in both the specific issues of adolescent substance use and the ideas of how an adolescent's context, whether it is familial, environmental or peer, could affect the adolescent's life. I would like to find ways to help kids like

those I work with have more promising lives. I am interested in studying child and adolescent mental health, particularly issues of substance use, risk and resilience, pathology and aggression, and how social and family context affects each of these issues. Essentially I am interested in ways in which we can make growing up less difficult, particularly for high-risk kids.

I see myself spending my career primarily in research and teaching. I see it as crucial to have research that is well informed by clinical practice, and clinical practice well grounded in research. I also see it as necessary to ensure that research is properly disseminated, and that under-served areas gain increased attention as targets of study and clinical practice assistance. For example, most of Alaska does not have a strong university presence, and I believe that the social service programs here suffer from not being up to speed on the latest in clinical developments. I'd like to develop prevention programs and interventions to help address what I choose to specialize in, and a position as a university professor would be the ideal way to achieve this goal. Further, I am very attracted by the prospect of teaching and mentoring college students about what I love.

I decided to apply to XXX University for several reasons. I am attracted to XXX University by the strong emphasis on research and methodology. Particularly, the strong preventive focus of the Child Clinical area of emphasis is one that meshes well with what I am looking for in a program. In researching XXX University, the work of Drs. XXX and XXX particularly piqued my interest. I worked with XXX at XXX University, who exposed me to much of Dr. XXX's work on children of alcoholics. I would be interested in further pursuing work in risk factors for substance abuse, particularly looking at how familial and social context affect risk behaviors. Dr. XXX' research in risk and resilience and her prevention work with high-risk adolescents is very much what I am interested in doing, as I not only have research experience but the clinical work with similar populations to what Dr. XXX' is working with.

The Clinical Psychology program at XXX University has everything I am looking for in a program, just as I feel I have what XXX University should be looking for in an incoming student. I would be very excited to join the incoming class at the XXX University for 2000. I feel I am well prepared to enter graduate study, and my strong motivation and career goals are a good match for what XXX has to offer.