

Intermittent Reinforcement



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“Schare”ing Cognitions: An Update on the Process of Applying

by Mitchell Schare



Four years ago, I wrote about the history and rationale for changing the internship requirement in our program, which then was still a Ph.D. Program in Combined Clinical and School Psychology. In summary, between pressures from various state and federal regulatory bodies, the APA commission on accreditation, and many potential employers, the old

extended and diversified model of internship had become archaic and increasingly problematic for many of our alumni. Our graduates were having difficulty being mobile (a euphemism for getting licensed in other municipalities) and in obtaining employment in institutions that require an APA or APPIC registered internship. Basically, the core faculty recognized that it was time we started playing with the same rules in most professional psychology training programs, especially for clinical psychology training programs.

As we have moved into being a participant in this national process, many issues continue to be raised by both faculty and students. I intend to address a few of these below. However, and just for the record, I do want to state that the APPIC process has always been a time consuming and stressful process for applicants! I say this with first-hand knowledge, having gone through this process in the fall of 1982. In those primordial days, we hand-typed letters and applications (which were sent to settings with stamps at the post office) and waited beginning at 9 a.m. on match day by our designated phone — which nobody was allowed to use — as you sat waiting to hear from settings. I had interviewed by driving around various parts of the country as airfare was simply too expensive for me to consider at that time. Yes, it was stressful. The modernization of this process with computerized applications, frequent listserv communications, Web-based information, e-mail notifications of information to your cell phone, and the match itself made by a big computer in Canada (using some special algorithm) is all designed to make this process better, easier, and more open. Well it might require less paper, but it is no less time consuming or stressful.

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Ability or Luck?

Sometimes it seems that getting matched during this process is random, perhaps having nothing to do with the qualifications of the person applying. This is not an accurate statement, but as scientists we do need to question the multitude of variables that enter this process.

The preparation of the application materials is a critical part of the APPIC process. At a more fundamental level, however, if a candidate does not have experience to put on an application, then that candidate will suffer during the process. This is step one: All students must be good and accurate record keepers from the beginning of their training; every interview, intake, testing, consultation, and therapy involvement is data that should be kept. Along with the specific activities performed, data on patient demographics (diagnosis, age, race, etc.) need to be kept, as they may become part of your application at some point.

Experience comes in many ways during graduate school. There are assigned practicum in classes and, of course, required externships, which occur during the third and fourth years of the

program. However, step two of application preparation has to do with being thoughtful about these experiences. Students who just do the minimal program requirements will have less experience. Those who participate by volunteering to be involved in additional clinical and research opportunities will have more experiences to speak of when preparing applications. To the degree possible, as you advance in your studies, try to seek out experiences that help you specialize in working with a particular population (or two) or develop a particular therapeutic skill expertise. In plain words, don't simply think of yourself as a generalist-practitioner, but develop an identity of what you are interested in. Some students seek summer externships. These must be approved by the program and have appropriate agreements/contracts, just as all externships do, in order to officially count as part of your application.

The selection of settings to apply to is the third critical step of this process. Most settings are not "generalists" either. They are proud of certain programs and/or research opportunities they offer. They have theoretical orientations that may not match yours. It is therefore critical to choose settings to apply to that MATCH YOUR EDUCATION, EXPERIENCES and INTERESTS. Please notice I used the word "match" because this is how a match is made. A setting looks for someone with certain characteristics that looks as though they would fit into their setting. Therefore, you want to look like you fit into their setting as much as possible.

Be thoughtful in your setting choices. Geographical limitations in seeking internships will cause you to apply to settings that don't want you. Be thoughtful and look at opportunities elsewhere. This year we have people in Bethesda, Philadelphia, Miami and Hartford. Think of this as an opportunity to explore another part of the country for a year. Apply to places where past students have been and, hopefully, left a positive mark for Hofstra. We have learned this past year that college/university student counseling centers, despite our center here and our affiliation with SUNY Farmingdale, are largely staffed by counseling psychologists who are not cognitive-behavioral. They are looking for people like themselves – not you. I would not

recommend applying to these centers as three well-qualified, current intern candidates found out this year. I am not saying that there is anything wrong with having an externship experience at Hofstra Student Counseling or at SUNY. The outpatient experiences and the supervision are exceptional. Match these experiences with settings that have outpatient clinics. While I am on this point – there is no rule or expectations of settings that you should have one inpatient and one outpatient experience. This is student fantasy. If your interests and experiences are in line with a particular setting, then you increase the odds of matching. In general, I would not apply to places out of convenience or interest that do not seem to MATCH with you.

The preparation of your materials is step four of this process. The essays, personal statements and case conceptualizations should match (there's that word again) the places you are applying to. A case in point from this recent match – one applicant with experience in ABA work with children and exposure therapy with phobias highlighted these two specializations in his application materials. He scored a very high number of interviews, primarily at settings where the treatments used were ABA or exposure. Notice the match concept again.

The final step of this process is the interview phase. You must accurately represent yourself in writing, as anything you present in the application may be questioned. Pay attention, dress appropriately, and present yourself professionally. Exhibit your best social skills (e.g., eye contact, smiles, etc.) while answering questions thoughtfully and knowledgeably. Ask intelligent questions about the facilities, programs, populations, community, etc., when appropriate to do so, as this shows interest. This is not a time to joke around.

There are a multitude of factors that make this process difficult. Connections between supervisors and other programs, differing therapeutic orientations, and the number of applications received are just a few. The more you follow my advice, hopefully, the better your match experience. Good luck!

Intermittent Reinforcement for Faculty and Students *by Brittany Leff*



The Clinical Psychology Graduate Student Association (CLAP) plans social events for the students, faculty and staff in the Ph.D. Clinical Psychology and Combined Clinical and School Psychology programs. The 2009-2010 executive board of CLAP consists of Members-At-Large Lindsay

Greene and Kristen Perret, Treasurer Elizabeth Mansdorf, Secretary Liz Courtney, Vice President Mike Toohey and President Brittany Leff.

During summer orientation, the president of CLAP welcomed the incoming first levels to the Ph.D. Clinical Psychology

program. The second levels, known as the "Big Brothers/Big Sisters," met with their assigned first level, their "Little Brothers/Little Sisters," to provide advice, share experiences, and answer questions. After meeting with our "Little Brothers and Little Sisters," CLAP accompanied students on a campus tour, offering helpful information; second years pointed out comfortable seats at the Library, places to eat, Public Safety (to get a parking permit) and places that will become their new "home" (the graduate lounge and PERCC – Psychological Evaluation, Research, and Counseling Clinic). Then both classes (first and second levels) met for lunch at the Grand Lux Café in Roosevelt Field Mall where we got to know each other better.

On September 16, 2009, faculty, students, and staff in the Psychology Ph.D. programs celebrated the new academic year with a Welcome Back Luncheon held at PERCC. In addition, CLAP hosted a Welcome Back Happy Hour at Savannah Lounge for the Ph.D. and Psy.D. Psychology programs. In mid-November, the ABCT conference was held at Marriott Marquis in Times Square. Two members of CLAP, Brittany Leff and Liz Courtney, worked closely with the director from Albert Ellis Institute in preparing for a special gathering during the conference. Ultimately, an unforgettable party was held at Albert Ellis Institute for faculty, students and alumni of Albert Ellis Institute, St. John's University, and Hofstra's psychology programs. At the end of fall semester, CLAP hosted the Annual Holiday Party at The Milleridge Inn in Jericho, NY. Fall semester '09 was full of good times with good people.

In March CLAP President Brittany Leff, Vice President Mike Toohey, Secretary Liz Courtney, and fellow second level Nicole Lippman assisted faculty and secretary Joan Connors with Interview Day for applicants to the Clinical Psychology Ph.D. program. In May, the End of the Year Breakfast was held at PERCC. Following finals, the End-of-the-Year Cocktail Party was scheduled at The Water's Edge Restaurant in Long Island City.

Faculty, students and staff work so hard all year round, and thus, some reinforcement by means of drinking, eating, dancing, laughing, and having fun is much needed. The executive board of CLAP ensures that reinforcement (drinking, eating, dancing, laughing, and having fun) will happen intermittently throughout the semester.

Advice From a Hofstra Alumnus/Sports Psychologist *by Scott Goldman*



First, let me start by stating what an honor it is to be asked to write about my position as a clinical and sport psychologist as well as my time at Hofstra University. Currently, I am employed as the clinical and sport psychologist for the University of Arizona's Athletic Department. Confucius wrote,

"Choose a job you love, and you will never have to work a day in your life." Though some days can be long and difficult, I can honestly write that I haven't worked in quite some time. This is my dream job. I have treated individuals who are in the NFL, NBA, MLB, MSL, won Olympic gold medals, and have been national champions in college. The only part of my job that I don't like is "Country Western" Fridays, where the sport medicine staff plays country music all day (also one of the only downsides to living in Tucson, Arizona). My job responsibilities are hierarchical and divided into four roles. In order of priority, they are: direct patient care; sport medicine consultation; coaching and academic staff consultation; and local and national community outreach and presentations. Direct patient care involves treating student-athletes for a variety of DSM-IV-TR diagnoses as well as administering performance enhancement techniques. Consultation for the sport medicine, coaching, and academic staffs is very similar to individual education plans (IEPs) created by a school psychologist. An example of a consultation would be a coach asking for recommendations on how to best manage an athlete's temperament or how to best develop an athlete's confidence. For the medical staff, it is a treatment team approach in assessing the risks of participating in Division I athletics. The community outreach and presentations entail educating the public about the field of sport psychology and my current position. This article would serve as a good example.

Sport psychology is a relatively young field and many forms of training opportunities exist. Depending on what approach you want to take as a sport psychologist, you will either attend an

exercise science program or a clinical/counseling psychology program. To be honest, there appears to be a "turf war" between these two training routes, both claiming they are more valued. Personally, I think the truth lies in the common language. For example, how do you differentiate between the anxiety an athlete feels prior to a free throw and the anxiety a businessman feels prior to an important board meeting? Is this a clinical issue or is this a performance problem? Further, most athletes define themselves by their actions. Their performances, both successes and failures, often elicit emotional reactions. The experience is too intertwined to differentiate between what is clinical and what is performance enhancement. Thus, it is important in this field to have sophisticated training in clinical psychology as well as exercise science. You can't be a clinical psychologist whose only exposure to sports is watching ESPN and you can't treat clinical issues without being a licensed mental health provider.

My time at Hofstra University was invaluable. I offer three suggestions while you are enrolled in this program. First, build experience. Louis Pasteur wrote, "Chance favors the prepared mind." One thing this program affords you as a graduate student is the opportunity to develop your resume. As you walk the hallways, you will see dozens of research and work opportunities in addition to what is offered in class. When asked if you are interested in collaborating on a project, try to not to say "No." Who knows? You may end up going to Russia or India.

Second, build relationships. Many of you have a pretty good commute to and from school. I would strongly suggest hanging around the department. Your fellow students will become friends. In the future, these friends will become colleagues, referrals, and consultants. Plus, some of my favorite and most educational discussions happened during lunch. Get to know your professors. Go to class early, stay a little late, pop into their office hours, offer to grab a cup of coffee or a bite to eat with them (who knows, they may even pick up the bill). My two best lessons were taught outside the classroom. Having dinner

with “Big Daddy” Schare at a nearby Indian restaurant is where I discovered what I wanted to do after graduation. Granted, Mitch recommended I become a head coach for the now defunct women’s soccer league. However, he also encouraged me to use psychology to pursue a career in something I love — athletics. The other lesson was by Rich O’Brien at a Pittsburgh Pirates/New York Mets baseball game. After learning the cancer he was diagnosed with had a 90 percent mortality rate, he told me, “I am really empathic toward the other 90 percent who don’t make it.” He gave me that sly smile that showed his resiliency and optimism. Coming from New Mexico, I felt pretty far away from family, friends, and pretty much anything else familiar. Many people at Hofstra became like a second family for me. Joan Connors was my Hofstra mother, always making sure I felt at home. She really cares about the students. And, she is a big part of what makes Hofstra special. Carmila Salvatore was more like my favorite aunt. Coaching her daughter’s soccer team was not only an incredible experience, but also a great opportunity for me to learn how to converse with parents about their children (which is a big part of what we do as psychologists). Kurt Salzinger was like a Zaide — wise and stoic. He is an icon and a true mensch. I have never met a better scientist. Another great lesson was discussing recipes with Pat, Ruth, Carmila, and Joan. Aside from getting some great dishes, seeking relationships/advice outside of the classroom will serve you well in finding balance.

It is too easy to get lost in your research and textbooks. Speaking of balance, if you don’t know Jerome, I recommend you get to know him. Watch how he can talk to anyone. He has a sense of comfort within himself and those around him. Being able to talk to a diverse audience is a key ingredient to becoming a successful psychologist. Again, it is easy to get lost in the ivory tower of academia. Building relationships with those around you will serve you both personally and professionally.

My third suggestion is do what you love, even if it is more difficult or takes a little longer to complete. Trust me, it will pay off. Everyone hits a wall during their dissertation. However, if you are interested in your study the wall will not be as big or come as often. Further, people are going to ask what you are studying. This becomes a more enjoyable conversation when you are talking about something you are passionate about. Plus, researching an area you love makes it easier to find a job you love.

On a final note, please attend APA this year. I am chairing a symposium for Division 47 (Exercise and Sport Psychology) titled “Mental Health and College Student-Athletes: A Tipping Point?” The presenters are some of the best in the field. If you are interested in pursuing a career in sport psychology, these presenters will be providing some great information. Plus, attending would give us an opportunity to meet and, perhaps, grab a cup of coffee.

Parent-Child Interaction Therapy *by Candice La Lima*



Parent-Child Interaction Therapy (PCIT) has been a large focus of Dr. Phyllis Ohr’s Child and Parent Psychological Services (CAPPS) Clinic. PCIT is the behavioral, play-based program that has been validated as effective for strengthening the parent-child bond and improving the behavior of children with a variety of emotional and behavioral

challenges, including noncompliance, inattention, aggressiveness, anxiety, selective mutism, hyperactivity, and developmental delay. In the spring of 2009, Dr. Ohr became a certified Parent-Child Interaction therapist by attending a weeklong intensive training with PCIT’s creator, Dr. Sheila Eyberg, at the University of Florida Child Study Lab. In the fall of 2009, I was honored to be invited with Dr. Ohr to attend a three-day advanced training in PCIT with Dr. Cheryl McNeil, a PCIT master trainer at West Virginia University. The skills obtained through these trainings have been brought back to the CAPPS clinicians in our weekly supervision meetings.

Based on behavioral principles, PCIT helps parents and their children modify one another’s behavior by changing their own behavior. Through repeated trials, children learn that it is more rewarding to be gentle and compliant than to be oppositional, and parents learn that it is more rewarding to show approval for their children rather than ignore the desirable behaviors

and show disapproval for the undesirable behaviors. Behavioral change during PCIT is assessed by counting the frequencies of parent and child behaviors during each session. Parents are then presented with weekly charts of these frequencies to see the progress their child is making. If the data does not reflect change, modifications can be made to the weekly treatment sessions.

PCIT occurs over a 12- to 16-week period in two stages – Child Directed Interaction (CDI) and Parent Directed Interaction (PDI). Each stage lasts six to eight weeks. During CDI, parents are taught didactically. They rehearse a set of skills that involves heavily rewarding desirable child behaviors while ignoring those that are undesirable. These skills are referred to with the acronym “P.R.I.D.E.,” which stands for: **Praise** desirable behaviors and be specific in describing the behavior of which you approve; **Reflect** what the child is saying to show that his or her input is valued; **Imitate** what the child is doing by playing alongside the child using the same behaviors to show approval and interest in his or her unique ideas; **Describe** the child’s behaviors, again showing approval and that the child is worth the parent’s complete and undivided attention; and use **Enthusiasm** to show the child that this is a special and enjoyable time for the parent and child to play together without the distraction of other life demands. In addition to these “do” skills, there are also the “don’ts,” as in, don’t criticize the child and don’t command the child by requesting behaviors or asking the child questions.

Parents are instructed to use the P.R.I.D.E. skills for five minutes each day during a non-directive play interaction with their child. CDI works to repair the relationship between parents and their children by facilitating more positive expectations for the behavior of one another by providing them both with an interaction that is low stress and highly rewarding. Often, we find that parent-child dyads begin to appear more relaxed and that they enjoy one another's company before we reach the PDI stage when discipline is brought into the picture. CDI also allows parents to become comfortable using the P.R.I.D.E. skills, which are necessary for the next stage, PDI.

During PDI, parents are coached in using time out as an effective method for increasing compliance and decreasing noncompliance. In order to give the child optimal ability to comply, parents are taught to give commands that are clear and simple, to reward the child for compliance using the P.R.I.D.E. skills, and to punish noncompliance with a structured time out method. The most important skill for a parent to develop is consistency. If a parent chooses to make a command, then that parent must be prepared to follow through with time out until the child is compliant. If the parent does not have the time or mental energy to follow through with a time out, then the parent is discouraged from making any commands at all during the six- to eight-week PDI stage. This keeps the contingencies in the parent-child interaction unwavering and predictable for both the parent and child, which promotes more consistent positive child behavior.

PCIT offers a wonderful environment for clinical training in child-based therapy. In the CAPPS clinic, PCIT is typically done with two co-therapists. A more experienced therapist leads treatment by spending a third to a half of the session time working with the parent by providing psychoeducation, didactic training, rehearsals, and problem solving techniques. The lead therapist aims to generalize treatment gains into the home and daily life. While this is occurring, a newer therapist provides cognitive-behavioral based play therapy for the child. The co-therapists then join together for coaching and behavior coding through the bug-in-the-ear device. This partnership provides the co-therapists with clinical training, supervisory training, and a "second pair of eyes" on each case.

Some of our clinicians are working toward furthering our understanding of treatment using PCIT. Richard Lopez, a current fifth-year student, is presently training research assistants to adapt PCIT to include an additional phase of exposure and response prevention for children with ritualized behaviors. Another current fourth-year student, Jennifer Kahn, will be exploring the use of video self-modeling as a way to increase positive parenting behaviors in mothers of children on the autism spectrum during play interactions. Ranita Pekarsky, a fourth-year student, will be assessing the effectiveness of CDI in reducing behaviors indicative of disinhibited temperament types in young boys. As we continue to work with diverse populations and presenting issues, data is continually being collected in the CAPPS clinic in order to understand the variables that promote effective treatment using PCIT.

Where Are They Now? Alumni Who Have Moved to the West Coast

by Mike Toohey

Last edition, we read about the experiences and thoughts of alumni that decided to stay within the New York area. This year, we took a slightly different approach. We contacted three alumni that ended up on the West Coast to learn more about their time at Hofstra and the advice they had to offer.

Ryan Quirk, Ph.D., 2009 Graduate

I once read an article about an American who decided to travel to Thailand to learn Muay Thai kickboxing. The man reported that he had been inspired by the following poem:

*"Bullfight critics ranked in rows
Crowd the enormous plaza full
But only one is there who knows
And he's the man that fights the bull."*

— Domingo Ortega

While I have not traveled to Thailand to learn kickboxing, I am someone who values both experience and curiosity. I think that it is important to identify the difficult tasks, the jobs that nobody wants to do, and the populations that nobody wants to work

with. Perhaps these tasks are avoided due to fear, stigma, or the belief that the job or person is hopeless. I view them as opportunities, as something that has the potential to bring out the best in us. I like to seek those very things out and experience them for myself.

Throughout graduate school, I was fortunate to have had a great deal of experience in a variety of settings, including: a juvenile detention center, an alternative school, an inpatient psychiatric hospital, a community mental health center, and a primary care center. Each site presented me with a unique set of challenges and opportunities. Without a doubt, I greatly benefited from the support and supervision provided by the professors at Hofstra University.

When it came time for my dissertation, I again pursued a new experience. I became interested in medication adherence and HIV/AIDS. My mother, a nurse practitioner, enabled me to conduct the dissertation at a community health center. The patients, who had so generously opened up their lives to me, provided me with the opportunity to better understand a segment of the population that is both underserved and understudied.

Their stories were sad, tragic, and inspirational. I think that it is important to add that, throughout graduate school, I made the opportunity to do service work in Belize, Central America. On each occasion I worked, and often stayed, at the Belize Central Prison. On my last trip I convinced a fellow student (Andrew Corso) to travel with me to the prison. This time we had the purpose of training inmates to become peer counselors and mediators. Over two weeks, Andrew and I spent most of each day imparting what our professors had taught us to a group of offenders. This was great experience for both Andrew and I; indeed, I believe it helped me obtain my current job.

I currently work at a prison in the state of Washington. I quickly learned that I would be working in the super-max facility, the Intensive Management Unit (IMU), or “the hole.” It is essentially where offenders who break prison rules end up. However, the IMU also houses offenders who are on protective custody (PC). There are approximately 200 men on the unit. My duties include meeting with offenders individually for counseling, maintaining the unit’s Cognitive Behavioral Change Program (CBCP) (which is delivered to offender’s cell via prison mail), assessing risk of suicide/self-harm/homicide, and responding to any other emergent situations. All of these responsibilities were very stressful at first, but my confidence has improved as I have received support and experience. When I tell people that I work in a prison, people ask, “Is that the job you wanted?” The truth is, it is the job that I wanted.

The professors at Hofstra University and the experiences offered through the program have helped to shape who I am and have left an indelible impression on my perspective. I would strongly urge students to seek out opportunities to gain experience, especially experiences outside their “comfort zones.” Then, like the bullfighter, you will “know.”

Raphael Rose, Ph.D., 2001 Graduate

I received a Ph.D. in clinical psychology in 2001. While conducting my dissertation on public speaking anxiety, I sought out advice and consultation from Dr. Stefan Hofmann at Boston University who specialized in such research. That connection would prove to be a very important one down the road. I left the big city for a venture in the frozen tundra of Hanover, New Hampshire, where I completed a post-doctoral fellowship on anxiety disorders at Dartmouth Medical School. During my time at Dartmouth, I received specialized training in the assessment and treatment of anxiety disorders, and I created a social anxiety group treatment program that led to research collaborations with researchers at Dartmouth and Dr. Hofmann at Boston University. My experiences and collaborations provided a crucial link for obtaining my next position in the psychology department at the University of California, Los Angeles (UCLA), working with Dr. Michelle Craske. Anxiety researchers are a fairly small, well-connected group, and Drs. Hofmann and Craske were colleagues. I think that starting to network early (while in graduate school) pays big dividends down the road, especially if you have interest in being a researcher. I am currently an

assistant research psychologist and assistant clinical professor at UCLA, and I work in the Anxiety Disorders Research Center within the department of psychology conducting research mainly on CBT treatment outcome for anxiety disorders. Of course, since the weather is amazing year-round, I make time to play soccer regularly, eat Mexican food, and look at the famous people, but I’ve had no cosmetic surgery.

Since coming to UCLA, I have served as project director on several NIMH-funded studies examining etiological factors and treatment outcome for anxiety disorders. My research focus is on incorporating technology into the delivery of evidence-based interventions (i.e., cognitive-behavioral therapy) for anxiety and related disorders. An example of such an intervention is the computer-assisted CBT program Dr. Craske and I created for the CALM (Coordinated Anxiety Learning and Management) Study. CALM is a multi-site clinical effectiveness study comparing the CALM Intervention (a CBT/anxiolytic medication hybrid) to Usual Care (UC) for anxiety disorders in primary care clinics. Our program was designed for novice clinicians in primary care to deliver a unified CBT treatment computer program for anxiety disorders. CALM was funded by the NIMH and the five-year study is just completed with more than 1,000 subjects enrolled. Outcome data is in submission, but preliminary findings indicate that the CALM Intervention proved to be significantly more effective than UC.

Currently, I am the principal investigator on a study funded by the National Space Biomedical Research Institute (NSBRI) through a cooperative agreement with National Aeronautics and Space Administration (NASA) to develop and evaluate a multimedia computerized stress management program to enhance resilience for long-duration space flight for astronauts. My current project has two main aims: First, to build the multimedia stress management computer program and, second, to examine its efficacy in a clinical trial with U.S. Navy personnel in San Diego. I have co-investigators at Harvard and Dartmouth Medical Schools as well as the U.S. Navy.

I continue to teach, something I first experienced at Hofstra. I am an adjunct instructor in the department of psychology at UCLA, Occidental College, and USC, and I supervise graduate students at UCLA in their clinical work.

Lastly, when not out on the soccer pitch, I have a private practice specializing in anxiety and related disorders in Beverly Hills, CA. I can be reached at rose@psych.ucla.edu.

Curtis Hsia, Ph.D., 1991 Graduate

Following my undergraduate graduation from UCLA in 1993, I took a year off to contemplate the decision to pursue clinical psychology as a career. I chose several schools to apply to, and found myself interviewing at a number; ironically, I declined an interview at Hofstra because I already had a scheduled interview on the same day. The day after my interview, I received a call from a Dr. Matsumi at Hofstra, who asked if I would consent to a

phone interview, and the following fall I found myself anxiously sitting in a PERCC classroom for my first class. I remember being intimidated by Dr. Scardapane (who turned out to be a solid teacher and good guy), overwhelmed by the workload in Dr. Schare's class (but found myself looking forward to his classes), trying to figure out how not to eat yet another bagel for breakfast, and explaining for the umpteenth time that yes, I was from California, but no, I did not surf.

During my time at Hofstra, I remember many funny, random moments in class, and even funnier ones whilst studying with my classmates. Importantly, I learned how to manage my time and how to triage the huge piles of reading (what I really needed to know extensively, which articles I needed to remember well, and which I could just read the abstract and move on).

Upon graduation in 2000, I found myself happy to have finished, but realized that I was still an academic nomad. I applied for, and was accepted, as a post-doctoral fellow at Boston University's Center for Anxiety and Related Disorders, due in part to my internship at Bio-Behavioral Research and Therapy, where I not only learned strong clinical and research skills in anxiety disorders, but also that Dr. Fugen Neziroglu's recommendation carried weight. I was hired based on the needs for a multicenter NIH grant examining panic disorder, but there was also time to do some of my own research too; I found that I was constantly busy and intellectually stimulated. I was able to interact with a number of people whose expertise ranged from schizophrenia to sexual disorders, but the focus was always on anxiety disorders and the application of CBT. Two years later, while I wanted to stay in Boston, I headed back to California as my mom's cancer worsened. I took a professorship at Azusa Pacific University (APU), where I have been since 2002.

Now as an associate professor at APU, I realize my time and experience at Hofstra was beneficial. The basic skills I learned

there have influenced my career in positive ways. The focus on assessment served me well in Boston and continues to do so now. While at Hofstra, I remember grumbling about the number and varied types of tests we had to master; now I realize that I can pick up most assessment tools and figure out how to use them, and more important, how to understand the results. The seemingly never-ending reading sharpened not only my clinical and research skills, but also my ability to understand balance between when to read more and when to stop for my own sanity's sake.

The major disadvantage of going to Hofstra for me has been the lack of networking in California. While I have been able to make some of my own connections through conferences and friends, it would have been useful to have more school ties here in California. Additionally, when I applied for my licensure in California, due to the differences in state requirements, I had to take three additional courses, which, while not difficult, was time consuming.

As a clinician, I believe that Hofstra's psychology program has prepared me well, and while I wish I had more research experience, it provided a sufficient base on which I could expand upon. I had many opportunities to engage in assessment, some counseling and many clinical opportunities, but I had to make opportunities occur to engage in research. I did find the emphasis to attend and present at ABCT educational, and I would encourage current students to get involved.

To sum up, I found Hofstra to provide a solid basis upon which I could build my career. To current students, I would suggest that as you think about what you desire your career to be, make opportunities occur that will support that dream, even if it means making sacrifices in the short term. Try to balance the time you spend in the classroom with other endeavors (something I didn't do well). As to my classmates – I hope that I hear from you soon, or see you at ABCT this year in San Francisco.

Our Experiences With Romanian Psychology *by Bruno Broll Barone and Justin DiScalfani*



This past November, Howard Kassinove, Mitchell Schare, Justin DiScalfani, and Bruno Broll Barone embarked on a journey to Romania with the goals of sharing some of their knowledge of behavior therapy and learning about how clinical psychology

operates in Romania. One of the first things we learned about was the history of Romanian psychology. Our colleagues informed us that under Ceausescu's communist dictatorship, psychology, like other intellectual pursuits, was not allowed to be studied. He was overthrown in the Romanian Revolution of 1989, allowing more intellectual freedom. As a result, the first

Ph.D.s in psychology were awarded in the mid to late 1990s. For this reason, we were struck by how young most of the faculty members were at the universities we visited. There are a number of prominent psychologists in Romania who have studied abroad in the United States at cognitive therapy training facilities such as the Albert Ellis Institute. Because of this, and because there are few psychologists from before the mid-1990s and limited access to psychological literature, cognitive therapy has become the prevailing theoretical model of clinical psychologists and therapists in Romania.

On the first two days of lecturing in Romania, we facilitated a two-day workshop on anger management. The goal was to introduce anger management techniques to working Romanian

psychologists. The focus was on interventions such as assertiveness training, problem solving, forgiveness, and relaxation. One thing that we have always been struck by is Romania's knowledge of cognitive therapy, so we avoided using it as the focus of the workshop. There were approximately 20 people in the audience, so we were able to engage in role plays and other interactive activities. Some of the highlights were when Howie relaxed Justin in front of the group, when Bruno did a problem-solving intervention with a Romanian volunteer from the audience, and then that same volunteer did a problem-solving intervention with another Romanian volunteer. We found it to be a rewarding experience, and were also very impressed with both the level of knowledge of the Romanian psychologists and their eagerness to learn new ideas.

In our three-day behavior therapy course, all four of us were asked to focus on the behavioral aspects of therapies since the students had been well-trained in the cognitive domain. Our course began with a brief overview of learning principles, such as classical and operant conditioning. We then showed how these basic principles can contribute to the manifestation and maintenance of many issues with which clients present. We then discussed the application of these principles to help reduce the suffering of clients. The various behavioral treatments that were discussed included anger management, virtual reality exposure therapy, parent child interaction therapy, and acceptance and commitment therapy. The course was a mixture of lectures, videos, role plays, and group exercises. For example, the entire group was first led through relaxation training and a mindfulness meditation exercise, and then Dr. Schare had a Romanian student participate in gathering information to show how to construct a fear hierarchy. We were impressed with Bruno's ability to present relaxation and PCIT in Romanian, which the students really seemed to appreciate.

Aside from our lectures, there were also constant opportunities for us to learn about Romanian psychology. One of the psychologists who attended Howie and Bruno's anger management workshop was gracious enough to invite us to visit the clinic where he worked, which served the mentally ill and developmentally disabled adults of the community; it seemed comparable to a day treatment program here in the United States. The clients there engaged in a number of activities, including arts and crafts, individual therapy, group therapy, and gardening in the warmer months. The facility included a full kitchen for clients to work on their activities of daily living skills. Our colleague informed us that there is still pervasive stigmatization of the mentally ill in Romania, although it is slowly beginning to change. He often has students from surrounding schools come and volunteer, or perform for the clients of the clinic in order to give the clients an activity to engage in as well as expose people in the general community to this population.

Another one of our colleagues at the university worked as a psychologist in the prison in the city of Oradea, and she brought us there for a tour given by one of the correction officers.

The first thing that was explained to us was how much the prison had changed in the last 10 years. Apparently, when Romania was trying to enter the European Union, the EU gave them certain standards they had to meet, one of which was having humane conditions in their correctional facilities. For one thing, this meant keeping the facility clean, and the four of us were actually quite surprised at the cleanliness of the building. This also meant improving the living conditions. We were shown a typical cell which housed 12 inmates who shared six bunk beds. However, the officer told us that this same cell used to hold a minimum of 40 people. One of the most interesting things we learned was that the prison had its own radio station. Each prisoner has their own personal radio, and each week a prisoner reads prison news updates over the radio, including information about which inmates are being released that week. Howie said that the comfortable conditions might prevent much of the violence in Romania that we see in American prisons. While the Romanian officer agreed, he said that he admires what he sees of the American penal system on television because he thinks the Romanian prisons are too easy on the inmates.

Another exciting outing was when we visited the forensic psychiatric hospital. Once again, the first thing we were told was how much conditions had improved since Romania entered the European Union. Again, the facilities were very clean and modern. However, the major problem at the hospital was understaffing. There was only one psychiatrist at a time on duty for the entire facility. The role of the psychiatrist was essentially to handle any emergencies, and there was no opportunity for real treatment. There were also a few psychologists on the staff. When we asked what the psychologists did, we were told that they did very little and were not important members of the staff. Our tour of the facility was very interesting. We spent some time in the minimum security section observing the living conditions and conversing with the patients. Unfortunately, our tour was cut short because of a power outage, leaving us trapped in the dark with a large group of mental patients. We were told that the power failure was due to the repairs they were doing, and that the power would most likely not come back on any time soon. We were escorted out of the building and back to our car.

Before we returned home, we were invited to spend some time at a clinic run by Dr. Daniel David in Cluj-Napoca, Romania. The structure of the clinic was also similar to many outpatient clinic/training facilities here in the United States. However, the remarkable part about this facility was the virtual reality equipment being used. At first, we saw much of the same equipment and software that is used in our own Phobia and Trauma clinic at Hofstra. We were then given a tour behind the clinic where a facility was being built strictly for VR research and treatment. When finished, the top floor will house treatment/research rooms using the Head Mounted Displays (HMD) similar to the ones used at Hofstra. The entire ground floor was dedicated to the construction of a Cave Automatic Virtual Environment (CAVE). This CAVE consists of screens surrounding the person with images projected on it. It was exciting to see one of these in construction; since they are costly to construct and maintain they

are not as widely used as the HMDs. There are numerous research opportunities that can be explored using this CAVE through having much more control over the person's visual environment.

All in all, we believed it to be a very rewarding trip. We were able to see how mental health treatment is approached in another

part of the world. Also, we think our Romanian colleagues benefited from what we had to offer. Finally, and perhaps most importantly, we believe that we formed some close personal and professional relationships that will hopefully lead to more collaboration in the future.

From the Hudson Valley to the Vail Valley by Henry J. Goetze



Ironically, isn't it, that moments before leaving for my shift as a busboy at a restaurant at the base of Beaver Creek Resort, I received an e-mail from the editor of *Intermittent Reinforcement* asking me to write this article? He asked me to tell about how my education at Hofstra had helped in my professional journey. Well, let me tell you, I wouldn't be

busking tables in the Rockies without my Hofstra degree! Mind you, I put in seven shifts on the patio and, in exchange, ski and snowboard for free and mountain bike all summer long at Vail Resort and all of its properties. I also can walk to the lift and ski down into town, or take the gondola and walk across the parking lot to my office. If I have an early day, I can also ski back home! That's quite a different commute than battling the Southern State Parkway traffic!

You see, I relocated to the Vail Valley about 16 months ago after having been in practice in the Hudson Valley of New York for 28 years. My education at Hofstra made it possible for me to leave it all behind and have the confidence to reinvent myself and begin anew. I cannot tell you that this has been a seamless move for me, as my timing probably could not have been worse. My net worth dropped about 40 percent in the time we drove out of our New York driveway and arrived here in Colorado five days later. Even a resort community like this has taken it on the chin in this wobbly economy.

While in New York, I spent 10 years each on staff of two general hospitals in Poughkeepsie. I also maintained a full-time private practice. I had gotten to the point where I was completely free of all the HMOs, PPOs and assorted insurance schemes and was dealing with only self-pay clients. I had spent a grand total of \$100 on advertising. Being rooted in a community helps to make a practice self-sustaining. My last 12 years in practice in New York became more and more focused on doing forensic custody evaluations and providing expert testimony in Supreme and Family Courts. I believe that the Hofstra program's emphasis on hard data and understanding research, as well as non-flowery, non-jargon report writing, helped to distinguish my reports from those of other mental health professionals. The judges also liked the way that a multi-method matrix of assessment was applied while a clear generation of hypotheses and logical, evenhanded analysis of the data was offered. They appreciated that by the time they got to the conclusion section there were no surprises,

and that the diagnoses and recommendations were well supported. Hofstra's program, with its emphasis on data collection and testing, helps to preserve the very aspects of our profession that distinguishes us from social work and psychiatry, thereby making us invaluable to the court system.

While at Hofstra, I thought for sure that I would never conduct psycho-educational testings on my own. I couldn't wait for my PERCC days to be over. But another valuable lesson learned there was that my career would be much more successful, and interesting, if I identified myself as a generalist and fought the conventional wisdom of overspecialization. This has been especially important in my reestablishment in a new community, since my experiences and training allow me to cast a bigger "net" into the marketplace. Hofstra's internship program, which gave us experiences in schools, mental health clinics, hospitals and in various agencies, encouraged me to maintain a variety of skill sets that has helped me to be quite adaptive.

Here in Vail, I have just been credentialed by the medical staff, and am one of only three psychologists with Vail Medical Center privileges. I am on their trauma team, and assist with the "man versus tree" injury cases, as well as help traumatized families after an injury or death. I have also developed bedside "testing" skills to assist with assessments of memory problems. I am currently serving on the county's suicide prevention task force as well as the gifted education team, advocating for the needs of exceptional students in the public school. This IS the Wild West in regard to psychological services. There are no psychologists employed by the public schools and barely any school counselors (all services for educationally disabled students are provided by BOCES). It is nearly impossible for parents to get the home school district to provide psycho-diagnostic testing, so there is a market for private provision of these services. Testing skills continue to be an important component of private practice.

One of the other lessons learned at Hofstra was the importance of giving back to the profession. I was active in NYSPA, serving as membership chairman as well as supporting the work of the graduate student division. I have also joined the Colorado Psychological Association and have been welcomed as a "big city" member.

Dr. Julia Vane, director of training at the time, taught that it was not only important for us to be competent, but it was also

important for us to look the part of professionals. She gave many a student grief for long hair and sloppy wardrobes. I'm afraid that in this regard I may be letting Dr. Vane down. After I moved to Colorado I was able to donate all my suits and sports jackets in favor of sweaters and cords, and have not worn a tie in more than a year. Imagine her disappointment if she were to see me clearing tables now! And furthermore, she'd probably be disappointed to know that I only work three days a week. Who can work with all that snow?

Marc Summers: Mentor, Colleague and Friend *by Joe Scardapane*



This past summer, one of the most kind, humorous, and caring people that I have ever known died after an 18-month struggle with leukemia. While his death left a very painful void in my life, I am lucky to have many warm memories of him to experience in his absence.

It was September of 1979, and I was in my second year of the Ph.D. program in Clinical-School Psychology. I was assigned to the Freeport School District to do my school internship. My supervisor was a gentleman I never heard of before. He was Dr. Marc Summers, and I knew very quickly I was lucky to be his intern.

In my career, I have utilized the many lessons he taught me in the year I spent as his intern. Marc was always a very large presence in the schools he served. He was never one to hide in his office and wait for teachers and students to come to him. He would hear that there was a problem in a particular classroom, and he immediately offered his services. He made a point to show me that the teachers were on the front lines and deserved as much support as possible. When Marc had to speak to teachers, staff, or students about their attitudes or behaviors, his warm and caring style made the process that much easier.

Marc's work in the schools didn't end there. He was at the forefront of writing grants to enhance the education of students by introducing the arts into the curriculum. As an avid lover of plays, dance, and music, his enthusiasm was infectious. The successful grants that he wrote materialized into many performances by professional artists and students. In 1999, he was honored by the Long Island Arts Council for his many contributions. Yet Marc in his modest way asked the head of the council "Why me? What have I done?" That was Marc.

One would think that as school psychologist Marc was busy enough. But for Marc it didn't end there. He became acutely aware that one of the most underserved groups of students in public schools was the intellectually gifted. He developed programs to enhance their education and traveled around the state lobbying for the recognition of the educational needs

About the Author

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of gifted students. He brought the students from Freeport to competitions to test their abilities against those of other gifted students from other districts.

In 1993, he joined the Hofstra Psychology Department as an adjunct professor. He taught assessment and supervision courses in the doctoral programs. What a joy it was to work alongside Marc again with our relationship transformed into colleagues and peers. There are many people who would have difficulty with this relationship transformation, but not Marc. He relished the establishment of this new connection and took pride in my accomplishments.

The most important aspect of our relationship at any time was the deep bond of our friendship that grew closer with each passing year. His wit, humor, and understanding of the human condition, made our relationship one that always involved meaningful conversation and personal connection. We would get together socially whenever possible and made sure we touched base every time he was at Hofstra. While we were friends in many ways, he was always my teacher in a manner that was subtle but powerful. He didn't overtly take on the mantle of teacher or supervisor any longer but now taught me about living a meaningful and dedicated life.

In the eulogy I gave at his funeral, I quoted a song from the musical we had seen two months before titled *Next to Normal*. The quote was, "The price of love is loss, but still we pay, we love anyway." Marc taught me about the importance of laughter, love, friendship, and the willingness to pay this price. His death did not take any of this away from me but only highlighted the urgency of living life richly and fully.



Dr. Marc Summers

So when I feel the pain of his death and ask why he died when he did, I remind myself of the way Marc lived. It is easy to remember his full and loving life. His memory will always be with me, and I know it will be the same for those of you who knew him. For that, we can be immensely grateful.

Memories From the 2009 Intersession Banquet



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