If you have any suggestions or ideas for future Intermittent Reinforcement articles or are interested in writing an article, please contact Ms. Joan Connors at PSYJTC@hofstra.edu.

If you have recently moved and would like to provide your current address or if you have information regarding the address of a fellow alumnus, please return the form below to Ms. Joan Connors at Hauser Hall, 135 Hofstra University, Hempstead, NY 11549-1330 or e-mail her at PSYJTC@hofstra.edu.

Name: 

Address: 

Phone Number: 

E-mail: 

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By now you may have heard that we’ve changed our model of internship. Yes, it is true. Beginning with the fall 2005 entering class, the diversified and extended internship model ceases to exist in our program. For those who have experienced this model and are appalled at the internships demise – wait – and hear the full story.

Internships entered into doctoral-level training when the scientist-practitioner model of clinical psychology was established at the APA Boulder conference in 1949. Psychology, the science of behavior, was rooted in the academic departments of universities. Internship was the necessary mechanism to provide clinical psychology students with applied experience. Following Boulder, those universities with medical schools (having psychiatry departments in place) found it relatively easy to route the practical work of student clinicians through established training programs. Therefore, many programs required the hands-on clinical experience pre-doctorally. Other programs borrowed from the medical school model. Psychologists graduated and were expected to have most of their clinical experience post-doctorally. These post-doctoral experiences were called internships, after the medical model.

Along comes regulation

Licensure boards in every state and territory were confronted with a cacophony of training models and experience when clinical psychologists presented to obtain their credentials. Nationally, an association of state boards was formed and decisions made to establish similar standards state to state. Most states, to assure protection of the public and clinical competence, established a licensure requirement that a doctoral-level psychologist needed two years of post-doctoral experience. However, as psychology programs developed, more inserted a pre-doctoral experience as a requirement of the program. State licensing boards acknowledged this pre-doctoral clinical experience as a formal “internship” if it was defined formally as such by the program and, subsequently, modified their regulations in order to allow a substantial (typically year equivalent) pre-doctoral internship experience to substitute for one of the two post-doctoral years. That is pretty much the way we have been operating until now.

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**“Schare’ing Cognitions on Internships: Past, Present, and Future”**

by Mitchell Schare

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Given the many years it takes to earn a Ph.D., and the expense involved, numerous educators have questioned whether the additional post-doctoral year of experience is necessary and should be required anymore. In this regard, in 2005 the APA Council of Representatives passed a resolution calling upon the state licensing boards to reconsider the necessity of the post-doctoral requirement given the many changes since the Boulder conference in the structure of the training for current students. A major point in support of this resolution is the newer training guidelines from the APA Committee on Accreditation and the Association of Psychology Post-doctoral and Internship Centers (APPIC), which strongly suggest that doctoral students in accredited programs have a minimum of 1,800-2,000 hours of practicum PRIOR to applying for doctoral students in accru.

So, why change?
The need to change our internship has come from a variety of reasons. The American Psychological Association now accredits internship training programs as separate entities from any particular university affiliation. As accredited programs, the settings are viewed as strong training centers, independent of the rules and regulations of a particular doctoral program. Internship centers are free to accept the best, most-qualified candidates they can find by using a national matching program administered by APPIC. The old Hofstra model of internship did not allow our students to go and train at these established internship programs. Personally, I had a terrific experience as a full-time intern at the Brown University Medical School where I was supervised by top researchers and experts in addictions and human sexuality, two of my clinical specialty areas. I made great professional contacts that I still maintain today. Our students deserve these opportunities as well.

The Ph.D. program faculty has come to recognize that we are not simply a local program preparing people to work solely in the metro New York region. As we draw students nationally and have mobile alumni, we find that the APA model of internship has become the national standard. While we cannot prepare our students for all of the potential pitfalls during the licensure process, we feel that the APA model will go a long way in minimizing the difficulties.

Given some structural changes to our program and the impending transition to a “clinical-only” degree (more on that in a future installment of this column) that we feel our students certainly have a sufficient practicum to qualify for the APPIC match process. The program faculty are most confident that our students will be able to compete well with the internship candidates from any other program.

Although I started formulating my ideas while I was in graduate school, it took a few more years before my research gained momentum. During my “in-between time,” I delved into the literature and attended conferences regularly. I learned quite a lot about early childhood development and parenting. I found out, for example, that infants present with distinct temperament styles, and the way they interact with people in their environment is very much a function of their style. At the same time, the primary caregiver, typically the mother, presents with her own, sometimes maladaptive, behavioral style, and how she behaves with her child is also very much a function of her style. In fact, when investigating mothers with different behavioral styles, researchers found that depressed mothers behave in less than optimal ways with their infants, such as less smiling and poorer eye contact, especially when compared to non-disturbed mothers. In fact, maternal depression, anxiety, anger, and high parenting stress have all been linked to poorer child outcomes. Further, when maternal cognitive style was studied it was found that disturbed

Investigating Mother-Child Interactions
by Phyllis Obv

Years ago when I was a graduate student at St. John’s University, my responsibility as a research assistant was to drive all over Nassau County visiting infants and mothers in their own homes. At that time I was part of a lab investigating learning and memory in 3-month-old infants, but I was always more fascinated by the interactions I viewed between the mothers and their infants. I became very familiar with the distinct temperament styles infants presented with and how some mothers readily adjusted their own style and were “in-sync” with their infant, while others seemed “at odds” with their infants and distressed. My views of why some mother-child interactions are dysfunctional and why some mothers become stressed began to form then, and currently play a central role in my research pursuits. Although my active research has taken some twists and turns since I graduated from St. John’s University, in the end I’m back at the beginning, investigating the mother-child relationship.
mothers’ cognitions about their infants and their infants’ behavior was dysfunctional. This, in particular, grabbed my interest and contributed to the direction my research was to take.

Investigating the cognitions and behaviors of mothers while they interact with their young children during maternally perceived stressful interactions, has become the focus of my research. Each day mothers engage in routine, frequently occurring interactions with their infants, such as feeding and bathing them. Due to the frequency of these interactions, it is likely, according to cognitive-behavioral theory, that cognitions relating to these interactions, whether functional or dysfunctional, become habitual and automatic. If, as the research suggests, disturbed mothers demonstrate dysfunctional thinking regarding their child, then identifying early habitual, automatic dysfunctional thought patterns can give insight into why some mothers form lasting dysfunctional relationships with their children. This may give insight, as well, into the development of early childhood psychopathology. My research focus, thus, is twofold. First, we identify dysfunctional thinking and behaving during a stressful mother-child interaction, which is videotaped in the home. Maternal cognitions during the interaction are assessed using a procedure called video-mediated recall. Both recalled thoughts and behaviors observed by reviewing the video are coded. Following this first step, a cognitive-behavioral intervention plan can be developed for mothers who demonstrate high levels of dysfunctional thinking or behaving during the interaction, or if their self-report on personality measures indicates depression, anxiety, anger, or high levels of parenting stress. I developed this intervention protocol in collaboration with Hilary Vidair, a recently graduated Hofstra Ph.D. student, and we call it C-BASIC, a Cognitive-Behavioral Assessment of Stressful Interactions With Infants and Children.

This is what the research entails. My research assistants visit participating mothers’ homes to videotape 10 minutes of a situation that the mother has identified as particularly stressful, such as mealtime or bedtime. Later, the mother watches the tape, which is paused at 30-second intervals, and she is asked to recall her thoughts during that particular interval in the interaction and verbalize them into a tape recorder. This is called video-mediated recall. At a later time the recalled cognitions as well as maternal verbalizations, affect, and approach as observed in the videotape are coded to better understand how mothers, both disturbed and nondisturbed, are thinking, feeling, and behaving when stressed. As indicated, for mothers demonstrating high levels of depression, anxiety, anger, parenting stress, or dysfunctional thinking and behaving, this is the first step in developing the cognitive behavioral therapy plan (C-BASIC) to reduce stress and disturbance and improve mother-child interacting. During C-BASIC, which is a five-week m vivo parenting program done completely in the home, a trained research assistant works with the mother to review her thinking as identified during the video mediated recall. When dysfunctional thoughts are identified, such as “I am an awful mother,” she is taught how to reframe such thoughts into more constructive language, such as “My son has a hard time taking bath.” The intervention includes the hallmarks of CBT — by helping moms identify their negative thoughts, we teach them how to think more constructively about parenting.

The “twist” in my approach, as discussed in a recent (November 2005) APA Monitor article, is that mothers identify those thoughts by watching videos of their actual interactions with their children. C-BASIC is viewed as an adjunct to traditional behavioral parenting training, so the mother also learns some active parenting skills, such as offering children a choice. In fact, C-BASIC may be particularly useful if a parent is resistant to following through on behavioral parenting practices she might have learned elsewhere. A mother may not be following through on behavioral strategies learned during traditional training because of interfering dysfunctional thoughts, such as “My child will hate me if I say no.” By refocusing dysfunctional statements, which would lower stress and disturbance, the mom might think, “What are some strategies I might use to get my child to stop crying?” Results so far support the hypothesis that mothers with negative affect recall more dysfunctional thoughts and behave in more negative ways than those not reporting negative affect. Data on the intervention’s effectiveness are preliminary, but promising. For one mother in my study, for example, at first, about 70 percent of the mother’s recalled thoughts were dysfunctional and about the same percentage of her verbalizations were negative. After C-BASIC, both cognitions and verbalizations dropped to about 20 percent.

I am also very excited about the unique contributions my students have made to my lab. Hilary Vidair also developed a novel approach to teaching behavioral parenting techniques. Called video self-modeling, Hilary videotaped numerous interactions between mothers and their school-aged oppositional children, and edited the videos to later present the mother with a video showing her utilizing only appropriate parenting techniques. Results of Hilary’s study demonstrated the effectiveness of her technique. A current dissertation student, Andy DiBari, is videotaping low and high anxious mothers and their preschool-age children during low and high stress manipulated conditions. Thoughts and behaviors are then coded to determine whether there are differences between mothers as a function of their level of anxiety. Dawn Dugan, a current fourth-year student, is getting ready to begin her investigation of cognitions and behaviors during manipulated low and high stress interactions comparing mothers with differing levels of divorce conflict. Christine Walling, another fourth-year student, will be contrasting the efficacy of a mindfulness-based group parenting intervention with behavioral group parenting. Even my third-year student, Laura Brader, is developing her unique research interest, in that she will be investigating the efficacy of C-BASIC as a group intervention. My lab is rounded out by another research assistant, Allen Grove, and I look forward to his unique contributions as well. So, I’ve come to the end of my article. I’ve enjoyed sharing this with all of you, and if anyone is interested in joining our lab, please feel free. There’s plenty of research to go around.
While the day-to-day responsibilities of following a combined school and clinical psychology doctoral program can at times be quite demanding, the versatility of our degree upon graduation will (hopefully) leave us all feeling fortunate and grateful for all of our hard work. Some of us may know coming in as first years in which direction we want to head upon graduation while others may find that they are undecided or wavering from one area of focus to another. Fortunately, with our degree, we have those options. Several alumni pursue work in schools, both as psychologists and administrators. This alumni article features some of those individuals who have successfully merged their school and clinical psychology degrees in a school environment in a wide variety of ways.

Dr. Jon Feingold, a 1990 Hofstra graduate, currently finds himself running the Little Village Preschool in Hicksville, Long Island, a private, nonprofit school for children with disabilities. Much of his work these days is of an administrative nature, including coordination of psychological services, helping to develop behavior intervention plans, parent counseling, supervising psychological evaluations, conducting workshops, and consulting with kids regarding behavioral assessments. He started out at Little Village after graduation as a full-time school psychologist while also working as a staff psychologist at the Northeast Nassau Guidance Center. Dr. Feingold continues active clinical work with his private practice where he sees patients during late afternoons and evenings, after a full day at the school. Dr. Feingold realizes how important it is to network and make good impressions with others in the field as it was his work through the Department of Health doing early intervention and behavior modification training with parents for children from birth to age 3 that helped establish himself in the field and attain referrals for his private practice. He advises current students to get involved in as many programs as possible and make good impressions at internships to help foster positive networking relationships for future referrals. He also encourages future psychologists to provide a degree of pro-bono work as it is important for our field to offer such services to those that cannot afford it and it also helps one’s professional reputation. Dr. Feingold conducts 3 or 4 such workshops a year throughout Long Island, as one way for him to “give back” to the area.

Another alumnus spending much of his day inside school walls is Dr. Andrew Vaughan, who graduated from the program in May of 1995. In 1996, after spending some time working in the early intervention field at a special education preschool, Dr. Vaughan founded Up Wee Grow, an organization employing more than 350 professionals (including speech, physical, and occupational therapists, special education teachers, social workers, and audiologists) that teaches more than 1,250 special education children each week in Suffolk, Nassau, Queens, Brooklyn, and the Bronx through the New York State Early Intervention Program and the New York State Committee for Preschool Special Education Program. On the heals of the success of Up Wee Grow, in 2003 Dr. Vaughan founded A Work of Heart Preschool and Summer Camp in South Huntington, NY. Within these programs, a mainstream preschool curriculum of the highest educational quality is offered to 80 students daily and more than 100 campers during the summer. Dr. Vaughan credits internships during his tenure as a graduate student at schools where friends of his family were working in helping him choose to pursue this area of psychology. While much of his work consists of a mix of management, administration, and evaluations, he does spend time doing clinical work with families through the Early Intervention Program. Dr. Vaughan advises current students to work very hard and with passion, to be creative, and to network by meeting and learning from as many people as possible. He realizes and encourages others to enjoy the privilege in serving others in the ways that our education allows us.

Alumni in schools also extend to university-level positions, as Dr. Tania Thomas-Presswood demonstrates in her position as associate professor in the School Psychology Program at Gallaudet University, the premier university for the deaf, located in Washington, D.C. Dr. Presswood graduated from Hofstra in the spring of 1989, at which time she worked as a bilingual school psychologist for the Unincorporated Free School District. After receiving tenure, she returned to her homeland of Panama for a year and a half and taught for Florida State University at their extension campus. After returning to the United States, she went back to the Unincorporated school district for a few years and then moved to Texas where her husband was completing his doctorate. It was during this time that Dr. Presswood interviewed for Gallaudet University. Because Gallaudet was willing to accept Dr. Presswood’s years practicing in the field, she did not suffer the cut in salary that discourages many practicing school psychologists from considering academia. Additionally, it was Dr. Presswood’s awareness of how little school personnel, including school psychologists, understood about working with culturally and linguistically diverse student populations that helped her decide to become involved in teaching future school psychologists. Dr. Presswood spends three days a week at the university, where she teaches, supervises students, coordinates the department’s test library, and serves as the director of the department’s APA-approved CE program. One day a week, she practices in the field as a school psychologist for the Arlington County Public Schools in Northern Virginia where she conducts assessments of bilingual and some deaf children, consults with other psychologists and school personnel, and presents some in-service workshops. She is also currently working on two...
Faculty Accolades

William C. Sanderson, Ph.D.: Appointed editor-in-chief of *The Clinical Psychologist*, APAs Division 12 publication. This is a four-year appointment of which Dr. Sanderson is currently in the middle of his second year.


Howard Kassinove, Ph.D., ABPP: Nominated by former APA President Charles Spielberger for the 2007 APA Award for Distinguished Contributions to International Psychology. He continues to travel around the world to countries, including India, Greece, Argentina and Russia, with students, staff and faculty members to promote a better understanding of the role of normal and pathological anger in our lives.

Mitchell Schar, Ph.D., ABPP: Appointed as the membership issues coordinator for the Association of Behavioral and Cognitive Therapies — ABCT — (formally AABT) for 2006-2009. Dr. Schar is responsible for six of the organization’s standing committees while working closely with the board. He encourages everyone to get involved in the organization by becoming a committee volunteer and to come to the annual convention.

The Alumni LISTSERV serves a wide variety of purposes. You may announce the opening or movement of practices, put out job announcements, send out feelers for employment, seek old classmates, get information on changes in state and federal laws, receive convention announcements and information, hear about awards and recognitions, tell people when you’re coming to town, look for office space, etc. The LISTSERV is for you! It is also an easy way for the Ph.D. program to tell you about changes at Hofstra, what conventions we will be at, etc.

We’ve had technical problems beginning this LISTSERV, and most e-mails received over the past year have been lost. If you would like to subscribe to this Alumni LISTSERV, please e-mail me (Mitchell.L.Schar@hofstra.edu) from your preferred e-mail address and I’ll try again. In the subject heading please put “Alumni LISTSERV” and in the body of the message please include your name as this is not always necessarily identifiable from your e-mail address.

books, one on the assessment of deaf and hard-of-hearing children and adolescents, and the other on working with children in poverty. Dr. Presswood encourages current and future school and clinical psychologists to be aware of new learning disability criteria and its impact on the way psychologists conduct assessments, both in the schools and privately. Additionally, she believes we should all strive for a more proactive approach for mental health services in the schools.

Charles F. Levinthal, Ph.D.: When I agreed to do a piece for *Intermittent Reinforcement*, I frankly had no idea what I would write about. My experience as a book author gave me next to no excuse to claim a sudden outburst of writer’s block. Then there was the obligation to write something that would be readable to graduate students. I am a pretty senior person in the department (having arrived at Hofstra in the faraway year of 1971) so I’ve decided to be autobiographical and say something about my professional career as a research psychologist. In doing so, there is a purpose beyond sheer vanity. I think there are lessons for all of you that can be extracted from this personal history — lessons that might be useful in guiding your own professional career as it eventually unfolds.

The first lesson is that you shouldn’t feel that it is wrong to start to do something different from what you’re doing. And that your dissertation topic need not be your life’s work. When I received a Ph.D. from Michigan and came to Hofstra, I was an experimental psychologist interested in animal conditioning. Specifically, I had studied the conditioning of the nictitating membrane (NM) response of rabbits. Some of you might know that the NM is a “third eyelid” that is vestigial in humans (the pink part in the medial corner is all that we have left of it) but still present in some species (camel, cat, rabbit). I would apply a mild shock to the eye (US) and observe the NM response (CR) to a tone (CS) just prior to the onset of the shock. The aim was to understand the impact of the interstimulus interval in the context of the intertrial interval during conditioning.

In short, I studied bunny blink. Good stuff then and good stuff now. A few years ago, I ran across Russell Church, a “grand-old-man” of animal conditioning, at a conference, and he told me that an article that I had published in 1985 (along with some Hofstra undergraduate students; graduate students wouldn’t have anything to do with me) had been so influential in his research group at Brown that it literally turned them toward a new direction of analyzing conditioning processes. Yet by the end of the 1980s, I needed to reconsider where this research was going. In particular, I had to recognize that Hofstra would not be fertile ground for animal research in general. I was losing interest myself. I was good at it but no longer enjoying it, and there was a decreasing number of people (other than my immediate family) who believed in me, with respect to this particular work.

So I started to pursue a somewhat different path. I recognized that I was interested in other types of scholarly activity besides research itself. By that time, I had begun a career in textbook writing, with the publication of physiological psychology textbooks for Prentice-Hall in 1979, 1983, and 1990. If you never heard of them, you are in good company. They were “critical successes” without making me a household name. But I persevered because I knew that I was good at this and enjoyed it immensely; there were also professionals out there who encouraged me to continue. Hence, lesson number two. If you feel you are good at something and enjoy doing it and there are people out there who believe in you (other than your immediate family), stick with it. It helps also to switch publishers. Now fast-forward to 2006, book #10 came out last October and I’m in the midst of finishing up the manuscript for #11 so I can start on #12. And, yes, there is commercial success along with critical success. Positive reinforcement rules.

However, by no means did I forsake the research that I had learned to do as an experimental psychologist. It was simply...
Aaron Beck, a friend and colleague in the Psychology Department at the University of Pennsylvania, invented and released a rhyming task called the Quick Rhyming Test (quickly because it takes less than 10 minutes or so to complete) as a mass screening for phonological deficits that persist after grade 4. As much as you know, our educational system is set up so that by the 4th grade children no longer “learn to read” but rather “read to learn.” If you are not a good reader at this point, few, if any, resources are there for you to catch up. I felt that the QRT would be a useful and efficient way of identifying those students who could receive intervention training with respect to reading. A study completed about seven years ago found that phonological deficits remain an educational obstacle even in college students. Presently, a dissertation student in the Ph.D. program is taking up this topic, drawing upon the QRT data from Rockville Centre.

A lesson that I learned along the way was that applied research could be rigorous as well as meaningful. Another lesson to be learned was that applied research could also draw nicely from the background, by analogy, that I had been so immersed in as an experimental psychologist. Like the Force, your methodological skills will always be with you.

More recently, I have developed an interest in the application of a theoretical approach in cognitive psychology called message-framing. In a nutshell, Daniel Kahneman (a Nobel Prize winner) and Amos Tversky have shown that if a communication is framed (framed) so that actions result in positive outcomes and you are given a choice of an outcome that is certain versus an outcome that is risky, the non-risky option will be the one that is selected. If a communication is phrased (framed) so that actions result in negative outcomes and you are given a similar choice, the risky option will be the one that is selected. The former situation is referred to as a gain-framed communication and the latter as a loss-framed communication. I was interested in how message framing theory could be applied to traffic safety. I am now beginning a study that looks at the influence of seeing a highway sign that reads “Speed Kills” or a sign that reads “Slow Down, Save a Life” on speed. I am predicting that “Speed Kills” should be considered a loss-framed communication, therefore producing risk-seeking while “Slow Down, Save a Life” should be considered a gain-framed communication, therefore producing risk-aversion. Obviously, any kind of public-service sign on the highway should be encouraging risk-aversion rather than risk-seeking!

That brings me to the present (excluding the part about being a departmental chair). Words of wisdom are in order. Try to remember that research is simply asking a curious question in a rigorous and scientific way. Keep your curiosity alive. It doesn’t take fancy equipment to ask good questions and get good answers. Personally, it’s been a long journey from bunny blindness to highway safety. But despite all of the twists and turns (or perhaps because of them), I can look back on a very satisfying professional life in psychology and look forward to continuing it in the future.

Good luck in your professional careers.

Our World

- RYFVXYFDWSLEDUTSEZTN
- AKZWZCQBRAGBPDC1WUS
- LKROWMOXWTHPPUOSAF
- ORECKBNMNASNOITCDDA
- PESTNEITAPORXSVXYQ
- ISILLETALIHYTALO
- BEHAVIORSPIALKTQKAO
- SAYXYNCESTSTATISTICS
- WQRUBEYXNNSFGXIT
- OCIEFACEOATSLCHXNBRP
- QHCTETHMIAIVVERLEGIT
- UKINDOTHATRESSIDUAHPM
- MOILRITANHRLESEXTSQMB
- NWONTNHXEBGEBMNCSEJ
- KGFLGTEREIGLPEEROAUZ
- XYORAPORTBNEMPCDZY
- ECATUYUNPEFLPTPEETHY
- ZPRDEVIATIONSDCPDUO
- YCLIENTSONITACIDEMDO
- JDZAGSCHIZOPHRENIAK

India Trip January 2006

by Ian Whitney

Negotiating a ride to the hotel was an adventure on its own, but nothing could have prepared me for the actual ride, through the heart of Chennai. During this hour ride, I realized that much of what I had thought about India could be magnified tenfold. I knew there would be throngs of people (India does have 1.8 billion people after all) but this figure looks completely different in the guidebook than it does when you are in the thick of it. The sheer number of people in cars, motorcycles, tuk-tuks (a three-wheeled motorized Rickshaw), bicycles, and walking to some destination, was staggering. People were carrying or dragging every type of object imaginable, from boxes and lumber, to all kinds of livestock.

The purpose of this trip was to attend a conference on health psychology in the small city of Vellore. This conference was run by Dr. B.J. Prashantham at the Christian Counseling Centre. At this conference we saw many presentations ranging from the devastating impact of the tsunami, to a birth control program based on abstinence. Representing Holfeta University were Dr. Joseph Scardapane, Dr. John Guthman, Dr. Howard Kasnover, and myself. What we discovered during our presentation was that psychotherapy and research techniques that we take as the standard here, have never been heard of in India. In fact, there seems to be very few psychotherapists in the whole country. I think one of our favorite questions about Dr. Kasnover and Dr. Scardapane’s lecture on single-subject research design was, “How do I cure drug addiction using single-subject design?” Dr. Guthman presented on the topic of crisis intervention and Dr. Scardapane lectured on mindfulness meditation. Ryan Quirk presented on the topic of dialectical behavior therapy, and I on forgiveness as a role in psychotherapy. As a group, we lectured and ran small workshops on rational emotive behavior therapy.

The cultural differences in India and Sri Lanka are about as far from what we consider the norm as they can be. During this trip we also made a brief stop in Colombo, Sri Lanka, but this was cut short due to the increasing political unrest of the country. International travel as a whole is an eye-opening experience, and India is in a league of its own. As tough as India appears to be, the people we met were incredibly hospitable; we were even invited to several other countries such as Papua New Guinea and Nepal. Overall, India was a wonderful adventure that I encourage everyone to experience someday, as long as you can handle the 15 vaccinations you need before you go.