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Intermittent REINFORCEMENT

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"SCHARE"ING COGNITIONS: ON MILITARY SERVICE AND OCD

by Mitchell Schare

Despite the tendency toward both people with OCD and military procedures to be extremely regimented, I am not positing a connection of the two topics. Actually the title of this column represents two different topics found in this issue of *Intermittent Reinforcemen*t. In IR we like to represent a combination of current happenings; whether they are about the program, academic advances or changes in our field, and insights into the lives of our alumni.

For many years, alumni of our program have chosen to serve our country by joining the military or working as civilian employees for the Department of Defense. I had been involved with the transition to military service for some of these folks as they had chosen to join through an educational program that provided financial support while finishing their doctoral studies. (There are a number of such programs currently for students who may be interested.) Others took different paths into the military. For this issue of IR, we have located a number of these alumni who served in various branches of the military and asked if they would relate some of their experiences, how their Hofstra education played a part in what they did, and to talk about where they are today. Please understand that we did not do an exhaustive search for every alumnus who was in the service, so please do not be offended if you were not asked. In fact, I would be pleased to hear from others and include your update in a future issue of IR. For all who have served our country, and to those who continue to, we thank you for your service. We are proud of you!

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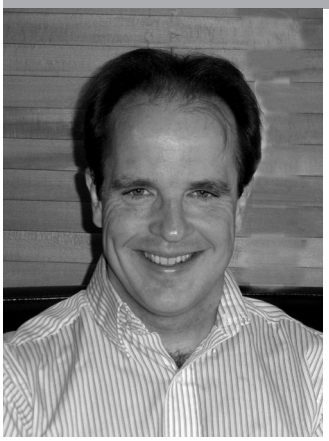
Being a doctoral program long steeped in behavioral and cognitive therapies, we have produced generations of alumni who have worked and contributed to CBT. One such person is Fugen Neziroglu, who has long been a leader in the area of OCD treatment, research and advocacy of public understanding of OCD. This past fall, our doctoral program, working closely with Fugen, co-sponsored an OCD information week and full-day conference on OCD. These events were co-sponsored with the International OCD Foundation and the newly formed local affiliate OCD New York. Both are groups that promote public understanding of OCD and dissemination of best practices in treatment and important research findings. Learn more about this conference in this issue. Also included is an article by alumnus Dean McKay, professor at Fordham University, who talks about the research area looking at the concept of "disgust" and its important role in OCD for some individuals. Enjoy!

AN ALUM (STILL) SEES A MOVEMENT TO EMPIRICALLY SUPPORTED APPROACHES

by Dean McKay '93, Ph.D., ABPP



Like so many things, the more clinical psychology changes the more it seems to stay the same. When I was completing my doctorate at Hofstra in the early '90s, CBT was in ascendancy. My classmates and I were excited at the move to a more scientifically informed approach to practice, and we took solace in the notion that clients could benefit from our interventions in readily observable and measurable ways. Concurrent with this was the growing dissatisfaction with psychoanalytic and other approaches that were lacking in scientific rigor and demonstrated efficacy. At least, this is what I had observed going on around me and was in abundant evidence when I attended my first meeting of ABCT (then called the Association for the Advancement of Behavior Therapy) in New York in 1991.

And yet, in 2011, what do we observe? CBT still appears to be in ascendance. The effort to make clinical psychology empirically informed is still an effort that is not yet universally embraced, at least based on my observations as a New York area psychologist. Indeed, in some circles there continues to be justifications offered for the common factors approach to therapy, such as emotional expression and a generic interpersonal affiliation (Shedler, 2010). As a CBT-oriented psychologist, I see evidence that we still have a long way to go before our approach to psychological intervention is widely embraced. One prominent illustration comes from the media, where mental health treatments are considered to be based on identifying and coming to terms with unconscious processes, or something remedied by psychopharmacology (McKay, in press-a). These are important issues to be reckoned with, and it is something our academic forebears recognized in their efforts to develop empirically grounded approaches to intervention. In some ways, our task is more complicated now since we must fend off antiscientific biases from the medical community (Pilecki, Clegg, & McKay, in press) and in the clinical psychology community — such as the aforementioned issue re-emerging with psychoanalytic therapy (McKay, in press-b).

It therefore seems the same issues have dominated our professional landscape. Fortunately, the science behind CBT has continued to accumulate, giving us a stronger backing for our approach to alleviating psychological distress. I've chosen to stress the ongoing tension between science and pseudoscience because it has been a central theme in my career (perhaps because I am a New York area psychologist) and my passion for this is a direct result of my education at Hofstra.

While research into how to best disseminate effective interventions has not been a focus of my research, as an educator in a doctoral clinical program it has shaped much of my career. I am currently a core faculty member at Fordham University, where I have been since 1996. When I started at Fordham, the psychology department was moving toward training in empirically supported interventions, but, as with so many academic endeavors, there was not a universal embrace of this change. I was even asked at one point during my interview process if I would be "fair" in my coverage of psychodynamic perspectives when teaching undergraduate and graduate classes. If by fair it meant I was going to cover those areas supported by data, then yes, of course I would be. This reply allowed me to remain silent on the issue of psychodynamic therapy for most of my pre-tenure years.

My academic life has given me a great deal of freedom to think about important issues facing the field, with competency, efficacy, and changes in theoretical bases of CBT occupying a great deal of my time in mentoring and supervising students. I have been otherwise primarily focused on basic psychopathology research in obsessive-compulsive disorder, anxiety disorders, and several related conditions. In addition to these areas, I have focused a great deal of energy into research on the basic features of disgust and its relation to anxiety disorders. Finally, I have recently begun to investigate treatment methods for childhood anxiety disorders, especially OCD.

In the area of OCD, I have been interested in several basic areas. First, given the direction that the next edition of the diagnostic and statistical manual is likely to take. fundamental questions about what constitutes OCD have been raised, particularly given the growing perspective that there are many disorders that are part of an obsessive-compulsive spectrum. This concept has, in my view, garnered very limited empirical support, and so clarifying the boundaries of OCD has been an important area of inquiry for me. In related fashion, students in my lab have been examining some basic cognitive and perceptual features of OCD as we attempt to develop a clearer etiological framework for the disorder.

Work on disgust is closely tied to the interest I have in OCD. In particular, many individuals with OCD exhibit avoidance for reasons that resemble rules of disgust, such as sympathetic magic (an object in momentary contact with a disgusting one takes on the disgust properties). Other anxiety disorders

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show a relation to disgust for other reasons, such as animal phobias for disease-avoidance reasons, rather than due to fear of being directly harmed by the animal. However, this line of research has only recently come under closer scrutiny. One area that is an avenue of interest and for which I have some preliminary research in progress is changes in disgust reactions with treatment, and the degree it is related to other outcome measures.

Given the focus on fundamental aspects of OCD and other anxiety disorders, my attention has most recently turned to CBT for childhood anxiety disorders. As Fordham now has a treatment clinic, we have begun a treatment trial for childhood anxiety disorders and OCD involving intensive (between two and five times per week) CBT.

It has been my pleasure to have the opportunity to reflect on my time at Hofstra and put in a shameless self-promotion plug for my ongoing research. Reminders of the solid training I received at Hofstra come up with great regularity, and I remember my time as a student with fondness for the rich intellectual foundation upon which my career has depended. To my classmates and mentors at Hofstra, I look forward to seeing you at ABCT.

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WHERE ARE THEY NOW? ALUMNI IN THE MILITARY

by Mike Toohey, Allen Grove, Larry Edwards, Martin Leibman, Chris Edwards, LeeAnne H. Bonnet

Many of our alumni began their post-graduate careers in the military. Although Hofstra does an excellent job of preparing us for life outside of graduate school, it is difficult to get a full picture of the quality of life in the military unless you are already part of it. For that reason, we have asked five alumni from different fields in the military to tell us about their lives once they left Hofstra.

ALLEN GROVE, 2010 GRADUATE

I'm sure that every future, current, and maybe even former Ph.D. student has asked him/herself this question, "What do I want to do after I graduate?" That, of course, comes after the question, "How do I make sure that I actually graduate?" However, assuming that we're doing (or we've done) our part to successfully complete the program, the question of life after Hofstra will come up. Inpatient or outpatient? Children, adolescents, or adults? Private practice? Teaching? Research? Type of population? Run a bakery? Yes, even that is an option, as I believe one former student did that and is probably making more money than the rest of us combined!

I graduated in August 2010 and chose to join the military (come to think of it, I joined the military before I graduated). I became interested in a potential career in the military during the first semester at Hofstra. Dr. Schare told our class that a previous student had joined the Army after her school career. I spoke to her a few times and began looking into the requirements for becoming an Army psychologist.

As my dad and uncle had been in the Navy, I was more interested in joining the Navy than the Army. During ABCT in November 2007, I walked around the booths promoting the latest in therapy and assessment, noticing one for the Navy. I went over and shared my interest in becoming a Navy psychologist with the national training director.

I applied to the Navy as an APPIC internship (it's ok to cry or have a panic attack when you see the words "APPIC internship"). I was fortunate to match with the Navy and, thus, began, not just a one-year internship; it was the beginning of at least a four-year career in the Navy.

Oh yeah, there was also boot camp. That was the happiest time of my life! After being cursed out repeatedly, chewed out because of my poor marching, enduring weeks of sleep deprivation, and being told countless times, "On your face!" I began my internship at the National Naval Medical Center in Bethesda, Maryland. It consisted of four rotations: 1) outpatient therapy, for which Hofstra had strongly prepared

me with all the outpatient work I did in the second, third and fourth years; 2) inpatient, for which our classes on therapeutic rapport and techniques benefited me greatly; 3) assessment – yes, the MMPI, TAT, and Rorschach are used in the real world!; 4) psychological health and traumatic brain injury (TBI). Chuck Levinthal's class came in handy on that rotation, although it's difficult to prepare anyone for a 19-year-old returning from Afghanistan with no legs. I actually conducted exposure therapy on a Marine who had lost his right eye and was afraid of going blind. And yes, exposure works outside of Hofstra (ok, except when a General interrupts therapy, when the proper answer is, "Please feel free to come in, sir. This can wait until you're done, sir."). I also saw several cases of post-traumatic stress disorder and used behavioral and CBT techniques we practiced and practiced and practiced and … Hofstra was rather helpful there as well.

I am now stationed at Naval Hospital Yokosuka, Japan. I have been going through the arduous process of checking in to the command, going through several trainings and orientations, and finding a place to live. I will probably begin individual and group outpatient work in the next week or two. I will stand psychiatric emergency room watch roughly one week every month. I will also have several other duties, including preparing for a Joint Commission on Accreditation of Healthcare Organizations (JACHO) inspection, standing command duty watch, sitting on a domestic violence panel, and heading up the command's activities regarding TBI. I will be stationed at NH-Yokosuka for two to three years with the possibility of deployment during that time.

I am very proud to serve our country as a Navy psychologist. I don't know whether I'll stay in the military for four or 20 years or somewhere in between. I wouldn't be here if it hadn't been for my experiences at Hofstra University.

LARRY EDWARDS, 1993 GRADUATE

I left Hofstra in June 1993 for my clinical psychology residency training at Eisenhower Army Medical Center, Ft. Gordon, GA. During my residency, I was given time to complete my dissertation and was able to graduate in December 1993. Upon completion of my residency in July 1994 I was stationed at Ft. Rucker, Alabama, where I was the chief of the Human Factors Branch at the U.S. Army School of Aviation Medicine. Among other responsibilities, I was the director of the Aeromedical Psychology Training Course, which focused on training military psychologists to work effectively in the aviation environment. In June 1996 I was assigned as the regimental psychologist for the 160th Special Operations Aviation Regiment (Airborne) at Ft. Campbell, KY, where I spent my time with the finest aviators in the U.S. Army.

This was quite an exciting period, in that I was able to attend some outstanding military training at the U.S. Army Airborne School as well as two SERE schools. In addition, I was able to spend a great deal of my time flying with the aircrews, as I was on flight status throughout this entire time period.

I left active duty in July 1998, and my wife, Colleen, and I settled in Nashville, TN, where I worked for several years in behavioral healthcare management for one of the largest community mental health agencies in the United States. In February 2003 I re-joined the military as a psychologist, as well as the operations officer for the 118th Medical Group, Tennessee Air National Guard. While serving with the Air Guard, I was able to participate in humanitarian missions in Bulgaria and on an Indian Reservation in South Dakota, and I also had the privilege of deploying in support of OEF/OIF for four months in 2005.

In July 2010, in conjunction with a relocation related to my "civilian job," I transferred to the Washington Army National Guard (WAARNG), where I am the chief behavioral health officer for the WAARNG Medical Command. In my civilian life, I am the chief, behavioral health, for the Western Regional Medical Command (WRMC), located at Joint-Base Lewis McChord, WA. WRMC is higher headquarters to a 20-state region consisting of 11 active duty military treatment facilities, a number of Army National Guard and Army Reserve Units, as well as family members and retirees. We are ultimately responsible for the medical care in the entire region, and in my position, I am responsible for the planning, coordination, and implementation of all behavioral healthcare within the region.

On the personal side, I have been married for 16 years to my wife, Colleen. We met while students at Hofstra — she graduated in 1992 with a degree in international business. We have two beautiful daughters, Makena (9), and Mary Elizabeth (2).

My Hofstra education has been paramount to my success in the military, and in my professional career as a whole. I would have to say that the part of the education that has been the most helpful was the emphasis on psychological testing, both the school based (IQ and psycho-educational), as well as the objective testing courses (MMPI-2). The military puts a huge emphasis on psychological testing, and I think that many would be surprised at the inadequate training the other graduate programs provide to their students in terms of proper administration and interpretation of these tests. This also applies to the "civilian" world, where I've often seen documents submitted to a court that were supposed to be results of psychological evaluation, but were nothing more than "cut and pasted" documents from a computerized interpretive program. I can't say enough positive things about the education that Hofstra provided me, and I think it would be beneficial for current students to know that the program prepares you well for a successful career as a psychologist.

MARTIN LEIBMAN, 1995 GRADUATE

Greetings faculty, doctoral students, and alumni of Hofstra University! I graduated from the combined Clinical and School Psychology Ph.D. Program in December 1995, and eventually made my way to Virginia where I landed a staff psychologist position at Central State Hospital in Petersburg, Virginia in 1999. I was working at CSH when 9/11 happened. I remember watching the news and seeing the planes crashing into the World Trade Center and being shocked and dismayed. The days following this fateful event were full of anger and sadness for me. I visited NYC the following month and was able to get within two blocks of Ground Zero. I could see the twisted wreckage of the buildings from my vantage point and smelled the acrid odors in the air of lower Manhattan post-disaster. The store windows in the area were filled with ash. Within three months, I was commissioned as a First Lieutenant in the U.S. Army Reserve, and was ready to do my part in the global war on terror. My first mobilization was to Ft. Campbell, Kentucky, in April 2003 for Operation Noble Eagle where I was part of a task force preparing for a medical assistance mission in case of another 9/11-type incident. That mission only lasted three months and my unit was de-mobilized.

In 2005 my next mobilization resulted in a yearlong deployment to Germany in support of Operation Iraqi Freedom (OIF). I worked at Landstuhl Regional Medical Center in the outpatient behavioral health section where I treated service members and their family members for a year. It was a great experience overall, and I did a lot of traveling around Europe. There were many distractions and fun times amid the difficult work. My most recent assignment was much more of a reality check — a yearlong deployment to Iraq in 2009 for OIF. Even though my living conditions were rather good (e.g., Internet in my room), I had to deal with occasional mortar attacks on my bases and the fear of dying that comes with going on convoys on the streets of Baghdad and not being able to tell if the cars surrounding your vehicle could carry a bomb. Fortunately, I got through it unscathed and gained valuable experience working with soldiers with combat stress-related disorders and myriad home front issues. Probably my least favorite task was doing critical incident stress debriefings with soldiers who had lost a battle buddy due to accident or hostile action. I am glad I did not have to do that more than a couple of times, as it was heart-wrenching. Upon my return from Iraq, I went back to my job at the hospital, but soon found an opportunity to work with the military again – this time in a civilian capacity. In August 2010, I began my current job as a forensic psychologist for the Department of the Army working in a military treatment facility at Ft. Lee, Virginia. I perform sanity board evaluations and psychological evaluations for soldiers seeking security clearances and for candidates for medical discharge. I am currently pending discharge from the Army Reserve after eight years of service.

I believe the training I received at Hofstra, especially the cognitive-behavioral focus in therapy and the thorough emphasis on assessment, has helped me tremendously in my career and has continued to pay dividends to this day. My pre-doctoral internship at the Bio-Behavioral Institute for Therapy and Research gave me a thorough understanding of anxiety disorders and the most effective means to treat them. In fact, I was using exposure therapy with a soldier with PTSD while in Iraq last year and it was very successful. The width and breadth of my experiences and my career accomplishments all began with the solid foundation provided by my graduate education at Hofstra. Hofstra pride, hooah!

CHRIS EDWARDS, 1994 GRADUATE

I graduated from Hofstra in 1994. During my fourth year of the program, I was awarded a U.S. Army Health Professional Scholarship. I left immediately after classes were completed in June 1994 to enter an APA-accredited internship with the U.S. Army at Eisenhower Army Medical Center in Ft. Gordon, Georgia, prior to completing my dissertation. I completed and defended my dissertation, and I received my degree in December 1994.

After I completed my residency in clinical psychology at Ft. Gordon, my first duty station was as the division psychologist for the 1st Cavalry Division in Ft. Hood Texas. As a division psychologist, I worked as part of a mental health team, including a psychiatrist, social worker and 9-10 paraprofessional soldiers providing the care for 20,000 troops. It was a field assignment, which means I did not work in a clinic or medical setting, but I focused more upon working with soldiers (in the field, while deployed, etc.).

I was then asked to interview for a position within the U.S. Army Special Operations Command, and was subsequently assigned to U.S. Army Special Operations Command at Ft. Bragg, North Carolina. Psychologists within this command are assigned to various units within Special Operations Command, including Special Forces units, Rangers, etc. The job entailed assessing and selecting soldiers for assignment within special operations units, as well as aiding to put together teams that will deploy together. Generally, there may be several soldiers who fit the job description, so the job is to find the soldier that is the best fit for the team. As well, I had the opportunity to provide consultation to commanders, including "on the ground" consultation for operational elements. Further, I had the opportunity to attend the U.S. Army Airborne School (jumping out of perfectly good airplanes), proudly serving as a paratrooper within my unit, and the SERE School (Survive, Evade, Resist and Escape), serving as a psychologist within this command.

I recently accepted a position as the clinical director of the SUWS Adolescent and Youth Programs in southern Idaho (www.suws.com). This is a wilderness program for troubled

youth and teens. Prior, for the past 11 years, I had a successful private practice in Cookeville, Tennessee, working with oppositional adolescents and their families. During my last two years there, I also served as the director of a counseling center at Tennessee Tech University.

Through working with the youth and adolescents in my practice, I became aware of SUWS, and was slowly, but surely, recruited for my current position.

As for my personal life, my wife, Melissa, and I met while we were at the University of Utah. We were married after my first year at Hofstra. We have five children; two boys (Connor, 16 , and Coleman, 12) and three girls (Tori, 10, Kenedy, 8 and Cambel, 6). They are active soccer and volleyball players, just like Melissa and I.

I cannot speak enough about the preparation Hofstra gave me to succeed not only in the military, but also in my career. In particular, I cannot stress enough how the psychological testing courses and practicum experiences prepared me for my work in the military, as well as my work with families. As well, the need to be mindful of research, and the need for a solid research background, to be a successful clinician, was also invaluable. My courses with Mitch Schare, Howie Kassinove, Chuck Dill, and with Jon Guthman during my internship at the Hofstra Counseling Center are great memories for me, not only for the enjoyment I received from these individuals, but also for what they taught me as well. As well, my coursework with Bob Motta and the admiration I had for him as a veteran and his sharing of his own personal experiences is something that I still value with my own past work with veterans.

The U.S. Army was an invaluable opportunity for me to practice and refine my skills as a psychologist while, at the same time, allowing me the opportunity to proudly serve my country. I would encourage all of the students at Hofstra looking at internship opportunities to look at the internship opportunities provided by the Army, Air Force, and Navy. There is no better training, and there is no better way to gain the pride of serving your country and to join the proud family of veterans who have served our country.

LEEANNE H. BONNET, 2005 GRADUATE

When I was a child, I thought I wanted to be a pediatrician. I liked being with children, and enjoyed my visits to my pediatrician. Even though she gave me shots on occasion, she was young, energetic, and had an endless supply of grape lollipops. She was also an Air Force Captain. My father spent his career in the Air Force, and so every time there was a trip to the pediatrician, there were also excursions around the base to watch that jet take off or walk though that KC 130. Children were always treated well on base. The service men and women seemed to convey not only a sense of security, but also of family.

Fast forward to October 2000, and find me sitting in Dr. Schare's office asking him what he knew about the military. What does he think about being a psychologist in the military? What's the deal with an APA internship? I applied for the Army's Health Care Professional's Scholarship Program and was accepted. Hooray! This was a very exciting time. Graduate school certainly was expensive. I could now rationalize quitting at least some of my three jobs and stop taking loans. I could look forward to a summer in Hawaii for training. I could travel like my father had, live in exciting places, and learn about new cultures. I was going to serve my country and provide support services to soldiers and their families. What could be a more honorable and wonderful way to spend a career? I was sworn in to the Army on February 5, 2001. Obviously, just a few months later, the whole world was going to change.

I left New York in May 2004, and attended my internship at Walter Reed Army Medical Center. Walter Reed probably needs no introduction. You may know it for its flagship reputation, but probably for the scandal about wounded soldiers housed in poor quarters. That story broke in the middle of my internship year. This internship was a frank and honest introduction to me about what it really means to serve your country. I had a great team of three other interns that I served with. Our days were longer than I could have imagined. Some patients came to our offices as outpatients, but largely we spent our time in the hospital. I tried to find ways to fit my therapy in between wound debridement and rehabilitation. Sometimes I worked with the families of origin, and other times young military spouses. The work was challenging not only because I was learning something new, but also because I had never felt so motivated to be at the top of my game. These were not college students with garden variety adjustment disorders; they were battle injured soldiers with traumatic brain injuries and amputations. They were there to get better. My crisis background with Dr. John Guthman gave me the practice to form a sincere relationship quickly. Thankfully, he had given me great experience with practicing psychology outside of an office. Understanding the dynamics of an emergency was vital.

As irreverent as I once found Albert Ellis, I realized quickly that his work fit this population. Ellis always seemed harsh to me in all those videos up there pushing a person to come to a more rational way of thinking. I could not imagine saying to a soldier, "You might prefer that this isn't the case, but where is it written that you should have what you want?" It took time and supervision to help me find my own words, and to blend what is authentically my style with a treatment paradigm that I believe in. I saw many men and women return to duty. As with all of psychology, you never know the long-term outcome for many of your patients, but I believe that the time we spent was of benefit for them. It certainly was of benefit to me.

I am back in New York now. I am married to a wonderful man. We have a happy and charismatic daughter. I work at a rehabilitation hospital for children. Like the soldiers, a good number of our patients are recovering from some acute injury. There is something very interesting about working with a patient shortly after a trauma. The reality of their situation is just taking shape. I hope that my work can shape a more rational reaction to that new set of circumstances. The first years after trauma are integral for rehabilitation. Moving beyond the fear or anger roadblocks can make a great difference in the willingness to work in therapy. I am grateful for my experience in the Army as it brought my role as a therapist into sharp focus.

GRADUATE STUDENTS IN CLINICAL PSYCHOLOGY (GSCP) RECENT AND UPCOMING EVENTS:

Welcome Back Luncheon: 9/29/10
OCD NY Conference: 10/16/10
ABCT Hofstra Party: 11/19/10
Winter Holiday Party: 12/16/10
End-of-the-Year Party: 5/19/11 (subject to change)

"OBSESSING" OVER THE OCD NEW YORK CONFERENCE

by Rebecca Skolnick (right) and Jeneane Solz (left)

The events of OCD Awareness Week culminated with the first OCD New York Conference on Saturday, October 16, 2010, at Hofstra University. The focus of the day was to educate professionals and the public on treatment approaches to Obsessive-Compulsive Disorder (OCD) and related disorders. The OC spectrum disorders include Body Dysmorphic Disorder (BDD), Tic Disorder, Trichotillomania, Hypochondriasis, Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus, and others. We feel very fortunate that Hofstra was able to co-sponsor this event with the International OCD Foundation.

The day began with a series of professional workshops. Of great interest was the workshop on Acceptance and Commitment Therapy (ACT) for OCD by Hofstra's own Joseph Scardapane, Ph.D., and Colby Kant-Harris, Ph.D. Another workshop discussed the unique applications of cognitive behavioral and pharmacological treatment approaches to BDD. This workshop was given by the acclaimed Steven Poskar, M.D., and Sony Khemlani, Ph.D. (a graduate of Hofstra's Ph.D. program). The final workshop, by the distinguished Aureen Pinto Wagner, Ph.D., and Andrew Gilbert, M.D., thoroughly explored the variations between expression and treatment of OCD in children. All of these workshops provided great insight into the mechanisms maintaining OCD, as well as into the challenges that we are often faced with as clinicians working with OC spectrum disorders.

Following a welcome address by Mitchell Schare, Ph.D., and Fugen Neziroglu, Ph.D., expert researchers and practitioners from around the country spoke about barriers to treatment and the efficacy of combined cognitive, behavioral, and pharmacological approaches. Among the speakers were Eric Hollander, M.D., Fugen Neziroglu, Ph.D., and Wayne Goodman, M.D. It was very interesting to hear the presentations, as well as the answers provided to an audience of professionals, families of people with OCD, and those who struggle with the disorder. Following Dr. Goodman's talk about Deep Brain Stimulation, Hofstra graduate student Nick Crimarco noted, "I think that Deep Brain Stimulation is an exciting prospect for treating treatment-resistant OCD that will hopefully yield similar, but less invasive, treatment alternatives in the future."

After professional presentations, the focus of the conference turned toward the audience. First, there was a question and answer panel of OCD experts Dean McKay, Ph.D., Merry McVay-Noble, Ph.D., Steven Phillipson, Ph.D. (all graduates of Hofstra's Ph.D. program), as well as Steven Poskar, M.D., Aureen Pinto Wagner, Ph.D., and Matthew Jacofsky, Psy.D. This panel provided the audience with a variety of perspectives on different aspects of OCD ranging from exposure and response prevention techniques to the potential role of disgust on the OC spectrum.

Finally, the day ended with an exciting live national telecast of OCD stories from around the country. Directly from Axinn Library, Dr. Neziroglu presented the surprisingly short history of OCD. People at more than 140 locations tuned in to hear how OCD transformed from an obscure diagnosis in the 1970s (when there was only one book with just three pages making any reference to it) to the well-known and researched disorder it is today. Hundreds of professional books and research articles have been published on OCD, and it has been popularized in the mass media on TV shows such as, MTV's *True Life*, A&E's *Obsessed,* and USA's *Monk*. Next, from the International Obsessive Compulsive Disorder Foundation headquarters in Massachusetts, individuals with OCD, their family members, and clinicians, shared their stories. The stories were filled with challenges, humor, and hope for OCD. Highlights included radio host Jeff Bell's story of the "disappearing homeless man," Jared Kant's hopeless optimism that helped him fight his disorder and become an author and graduate student, and Jeffery Sparr's "peace of mind," which he found through painting. Marilyn Luchini, whose late son had OCD, was candid about the profound impact OCD had on her entire family. We were moved by her dedication to promote OCD awareness after her son's unfortunate passing. Following this sobering story, Michael Jenike, M.D., restored hope in the audience. He described the success of a 10-day intensive exposure and response prevention treatment for a woman in Portugal whose OCD had her housebound. The final speakers were from Rogers Memorial Hospital in Wisconsin. The story of Kristin Love (a former inpatient at Rogers) emphasized the importance of heightening awareness and acceptance of OCD. She talked about the shame and isolation of her disorder and how she began her journey to recovery through VH1's reality television show *The OCD Project*.

Overall, the OCD NY Conference was a huge success. It was very inspiring to see so many Hofstra alumni speak as experts in this exciting and growing area of the conceptualization and treatment of OCD. We look forward to next year's conference! For more information, or to become a member of the International Obsessive Compulsive Disorder Foundation and the New York Affiliate, please visit www.ocdny.org.

PICTURES FROM THE OCD NY CONFERENCE

STABILITY OF PERSONALITY

Lad Hikes 10 Miles

Union Boy, 7, Picked Up on Visit to Clark

1959

Special to the Journal.

CLARK, April 20.—Richard O'Brien, 7 years old, qualified yesterday afternoon as a champion juvenile pedestrian. After leaving Washington School, in Union, he started for the home of his grandparents, Mr. and Mrs. I. J. Meyer, of 5 Acken drive, Clark. He failed to notify his parents, Mr. and Mrs. Vincent O'Brien, of 308 Huntington road, Union, that he was taking the trip and stirred several hours of anxiety. They notified Union police, but they could not locate the lad.

After tramping ten miles, the boy was seen by Police Sergeant Meissner walking along Raritan road with a handkerchief over his head to protect himself from the rain. Sgt. Meissner questioned the boy, not aware he was missing from home, and learned of his destination. He was taken to the home of the grandparents, who notified the frantic parents. The lad had been promised a trip to Clark after school and decided to take it independently, following the route usually taken by his parents when they come to the township.

CONGRATULATIONS, DR. OHR!

Dr. Phyllis Ohr, associate professor of psychology, was the recipient of the prestigious 2010 Raymond D. Fowler Award at the annual meeting of the American Psychological Association in San Diego on August 14, 2010. The award is granted to a psychologist who has made outstanding contributions to students' professional development and is sponsored by the American Psychological Association of Graduate Students (APAGS). Dr. Ohr was nominated by her doctoral students from the Ph.D. program in Clinical Psychology.

Dr. Ohr with Dr. Fowler shortly after receiving the 2010 Raymond D. Fowler Award for Doctoral Student mentorship

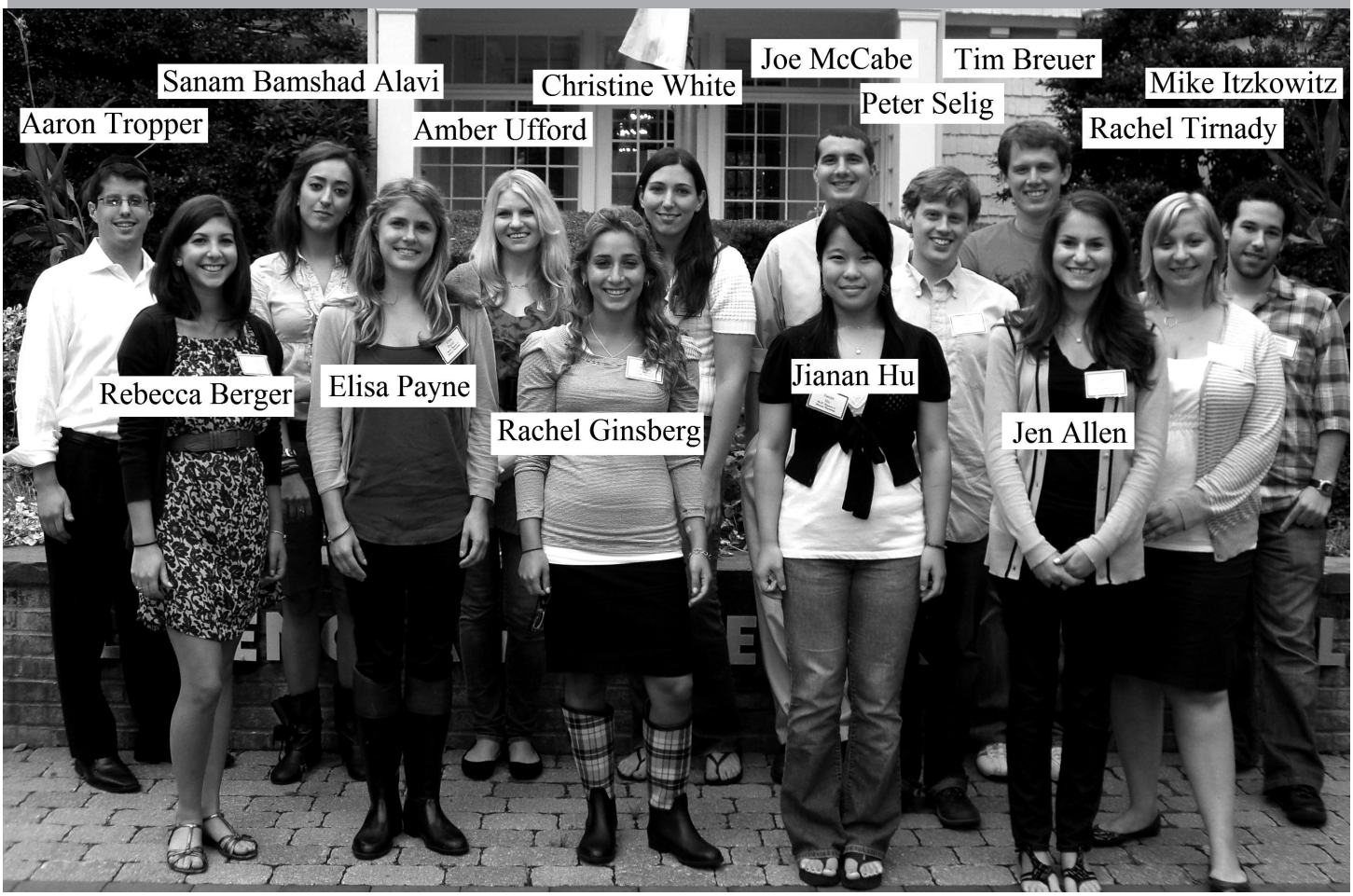
Pictured (L to R): John Guthman, Charles Levinthal, Mitchell Schare, Kurt Salzinger, Joseph Scardapane, Beth Levinthal, award winner Phyllis Ohr, Richard O'Brien, Jin Shin

CONGRATULATIONS TO OUR 2010 AND 2011 PH.D. RECIPIENTS

(as of March 31, 2011)
(including those pending internship)

Ben Grysman
Wanda Vargas
Colby Kant
Samantha Monk
Anthony Iacovelli
Agnes Selinger
Ian Whitney
Nisha Chitkara
Mark Closson
Stephanie Rodrigues
Katherine Donelly
Beth Hollander
Laura Sproch
Jackie Koch
Debra Alper
Richard Lopez
Emily D'Antonio

WELCOME TO THE CLASS OF 2010!



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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 11549-1350, or e-mail her at PSYJTC@hofstra.edu.

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