# Intermittent REINFORCEMENT

Fall 2004 Vol.8 No.2 NEWSLETTER OF THE PH.D. PROGRAM IN CLINICAL AND SCHOOL PSYCHOLOGY


## "Schare"ing Thoughts: On Being "AAA"

by Mitchell Schare

In the finance field, a rating of AAA denotes a commodity of great quality. As I thought of the items I wished to comment on in this issue of *Intermittent Reinforcement*, I found myself surrounded by "A's": APA, alumni and AABT. Regarding these issues, we are indeed "AAA" and should be proud of such.

On March 18-19, the program was visited by a site team representing the Committee on Accreditation of the American Psychological Association. The committee first studies our public documents—published descriptions of our program that appear in places such as the University *Graduate Studies Bulletin* and the program Web site, which describe our mission and goals for graduate education. The role of the site visitor is to assess if the program does indeed follow-up on those goals from the perspective of the faculty and the consumers of the training program, namely students.

Prior to the visit, faculty reviewed program materials, files were organized, vitae were updated and, days before, offices were cleaned (even O'Brien's – well, not totally cleaned). Despite the year-long preparation of materials prior to this event, my anxiety was palpable. Once the visit began, the site team met with program faculty, University administrators, practicum and internship supervisors, current students and recent alumni. They peppered their meetings with questions on a variety of topics from mission and philosophy to computer resources and library services, leaving no stone unturned. At the end of the second day, the team's final official duty is to give an "exit interview" before leaving campus, which is subsequently written into a detailed site visit report for APA.

Overall, the team found the Combined Program in Clinical and School Psychology to be "... quite effective in meeting their identified training goals'. More specifically, they noted that our clear behavioral training mission was fulfilled. They spoke quite well of our program faculty, noting the high quality, expertise and competence of the group.

The site team found the quality of our practica and internships to be excellent. The team particularly highlighted the fine quality of the PERC facility and the practica training experiences the students received there. They were impressed by the supervisors they met and noted the very open lines of communication particularly between the internship

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### In this Issue

supervisors and core faculty, a situation which is atypical at most universities. The group found the structure of our internships to be of high quality and consistent with our training mission.

The site team enjoyed speaking with current students. The students commented on their satisfaction with the program and the many professional opportunities afforded to them, such as co-authoring research and opportunities to travel to conventions both nationally and internationally. The site team reported that our students feel well supported and enjoy truly warm, safe and collegial relationships with faculty. This was great for all to hear. The team noted student desire for more financial support and difficulties with getting financial aid and loans processed, unfortunately perennial problems to which we are always attentive.

Seventeen alumni, mostly from the last six years, met with the site team. As stated in the committee's report, "These past students were uniformly enthusiastic and positive about their training in the combined program." They particularly noted the strength of their training in its strong theoretical orientation, the program's emphasis on diversity issues, and the practical applications taught in the program. The meeting with these former students was a strong endorsement of the quality of the training and the continued commitment of Hofstra graduates to the field of school and clinical psychology. The site visitors were most impressed by this diverse group of alumni. As one site visitor told me directly, "You should take this show on the road!"

We are indeed proud of our alumni as we have been for more than 30 years. At last year's AABT annual convention, held in Boston, we celebrated with Hofstra alumni and students, using the theme of 30 years of accreditation. We had quite a bash, as the pictures on page 11 attest to. For many of us, AABT has always been our home, a place to meet and greet, although the same could be said for the much larger APA convention. I encourage all of you to attend these annual meetings. At APA there is usually an "alumni night" where we have a table to meet and greet all who attend. It would be nice to have an annual party at AABT, but this can only occur if we receive donations. Last year's event, costing more than $2,000, was generously paid for by the HCLAS Dean's office. (Thank you, Dr. Bernard Firestone.) Please consider giving generously and perhaps we can make this an ongoing event. Any money donated for social events should be directed to me. Maybe I'll see you soon in New Orleans (AABT).

# Looking for Trouble in All the Right Places

by Vincent Guarnaccia

As professional psychologists, we know that family life is the context within which children are initially socialized and that good parenting is a central ingredient in producing well-adjusted, well-functioning children. At the same time, experience tells us that family life doesn't have to be ideal and that parents do not have to be textbook-perfect to raise psychologically healthy children. For example, parents do not have to be constantly loving, supportive and responsive to their children's needs. Rules and expectations do not always have to be clear and consistently maintained. Reinforcements do not always have to be contingent on appropriate behavior. In other words, there is considerable room for error in child-rearing practices, as children can and do thrive in less than optimum circumstances. On the other hand, children are not immune to serious psychological damage when misguided or incompetent parents act in abusive ways. The relative powerlessness of children renders them highly vulnerable to maltreatment.

What constitutes child maltreatment is not always easy to define, but there is a range of parent behaviors that, most professional psychologists would agree, put children at risk. For example, physical or sexual abuse and exploitation impairs basic trust and the ability to relate to others in healthy ways. Utter neglect, rejection, devaluation and manipulation, singly or in combination, damage children's sense of their own value in the world. Intense or unremitting criticism, frequent punishments, screaming, cursing, or name-calling, over time, are likely to undermine self-esteem and motivation.

But what about parents who over-regulate and over-control their children, rigidly directing their activities and requiring strict obedience? Or parents who are demanding and dictatorial and rarely, if ever, show warmth, affection and positive regard? What about parents who pressure their children to bring home high grades, and react with disdain and disapproval when they don't? Or parents who enroll their children in sports activities and then pressure them relentlessly to excel? Are these examples of maltreatment? Whether or not we use that label, I propose that children who experience these kinds of behaviors are being exposed to significant psychological stress, and that, over time, learning difficulties, behavior and conduct disorders, depression and anxiety disorders are possible outcomes. I also believe that many more children than we would like to think have parents who behave in psychologically damaging ways and that this represents a largely hidden problem, one that is difficult to detect unless we make it a point to look for it.

With few exceptions, parents who bring their children for testing or therapy love their children and want to be good parents. Well-meaning parents often don't realize that some of the ways they relate to their children, or the things they say and do are hurtful and stressful to their children. They may feel driven to negative behaviors and blame their children or rationalize their behavior. Therefore, they are not likely to volunteer this information. Children, even if they feel mistreated, are not likely to indict their parents to a stranger. Even worse, they may be convinced that they are bad and deserve the harsh treatment they receive. Nevertheless, if maltreatment is occurring, clinicians need to become aware of it in order to fully understand the child's predicament and how it may relate to the problems for which the child is being evaluated or treated. In order to do this well, we need to go beyond the usual child-focused testing that characterizes our standard assessment protocol.

In my opinion, every child assessment should include a thorough parent interview, preferably with both parents present, aimed at providing a comprehensive picture of the child's family circumstances. Limited space does not permit a detailed discussion of a specific interview format, but I believe it requires more than asking parents to fill out questionnaires. It requires an in-depth discussion of the nature of the family home-life. I'd like to suggest the following framework as a guide. One might find it useful to think of every household as having a particular child-rearing culture, defined by the extent to which that household is either child-centered or adult-centered.

In child-centered households, family life is organized around the needs of children. Parents spend significant amounts of time attending to, listening to, conversing with and interacting with children. Parent-child interactions generally have a palpable quality of tenderness, respect and positive regard. There is also an atmosphere of warmth and optimism even in the face of the many frustrations, inconveniences and sacrifices that attend modern family life. Most of all, child-centered parents know their children well. They know their likes, dislikes, habits, idiosyncrasies, and their strengths and weaknesses. Because these parents pay attention to their children, they know when their children are cranky because they're tired, preoccupied because they're overburdened, anxious because they're worried. In child-centered households, parents are not consumed with the need to control children, and children are not busy resisting their parents' will. That is not to say that there are no conflicts, or that children do not need to be disciplined. Research shows that in average households, conflicts between young children and parents can occur many times in a given hour. But in child-centered families, there is an absence of entrenched power struggles, with frequent demand-resist cycles, where as parents get more and more insistent and punitive, children get more and more resistant and recalcitrant, until ultimately parent and child become increasingly alienated from, and resentful toward, each other. It is the cascading effect of one negative behavior following another that becomes difficult to reverse and over time becomes a fixed pattern characteristic of adult-centered families.

In adult-centered homes, family life is organized and run in such a way that the needs and convenience of the parents are paramount. Here, parents do not spend enough relaxed time with their children in activities and pursuits that are mutually rewarding and pleasurable. There is little in the way of child-centered conversation and little time for child-centered concerns. Parents spend little or no time relating to their children with unconditional positive regard, affection and warmth. Parent-child interactions are business-like and tend to have the functional purpose of getting things done. Children are experienced as a distraction and an inconvenience. In some cases, adult-centeredness is a function of dispositional qualities in parents. Parents, who are innately self-centered and have powerful entitlement attitudes, cannot see the world from their children's perspective and, in many cases, have little desire to sacrifice their needs or desires for the sake of their children's. These parents are the most likely to behave in the harshest ways because disobedience or unresponsiveness on the part of children will be seen as disrespect and a challenge to the authority of the parent. They are most likely to be dictatorial, critical, sarcastic, controlling, belittling, and heavy handed in their discipline. Parenthetically, I would caution that standard child-management skills training will not have the right kind of impact on parents with these kinds of problems, and may even be counterproductive. In other words, teaching these parents more effective behavioral control techniques such as "time out," for example, does not address the fundamental dispositional problem and may even help to legitimize and reinforce their efforts at over-control. A more focused intervention on the parents that gets them to recognize their unacknowledged self-centeredness, as well as the legitimate needs of children, may be more appropriate and beneficial.

It is important to recognize that there are probably a considerable number of parents who are reasonably healthy psychologically, and are adult-centered because of lifestyle issues. These are parents who love their children and are working very hard to provide for their families. They take the children to soccer practice, coach teams, and help with homework. They are, in a word, devoted to their children. The problem is that they are working so hard to provide the best life possible for their children that they are exhausted and overburdened. A recent book titled *The Two Income Trap*, by Warren and Tyagi, indicates that a growing segment of middle class parents are financially over-extended to an unprecedented degree primarily as a result of their effort to buy homes in areas with the best schools, where homes are the most expensive. Straining every day to stay afloat, these parents can easily become short-tempered, cranky, intolerant, and impatient when things are not going smoothly. Continuous pressures can weaken restraint, impair judgment, and lead to intemperate outbursts that can be quite hurtful, setting in motion repetitive negative interaction sequences that take on a life of their own. Clearly, it is important for clinicians to be aware that child maltreatment can be a by-product of a too pressured life rather than parenting skill deficits. In these cases, lifestyle issues need to be the target of our interventions. Parents need to be helped

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to look at lifestyle issues and find ways to reduce stresses so that resources are comfortably sufficient to meet demands. These parents will want to do better for their children and will be receptive to practical suggestions in line with the particular circumstances of their lives.

Finally, it is important to acknowledge that most families probably have a mixture of child-centered and adult-centered features. But I suggest that to the extent to which parents are adult-centered, they will not only fail to meet the important psychological needs of children, but will behave in ways that damage the psychological health of children. Our goal should be to help parents move toward child-centeredness in their family life.

For those interested in reading an excellent review article that bears on some of the points in this essay, I recommend: Dix. T. (1991). The affective organization of parenting: adaptive and maladaptive processes, *Psychological Bulletin*, 110, 3-25.

# What Is the Mechanism?

by Kurt Salzinger

It happened again the other day. In an otherwise well-conceived and carried out dissertation, the candidate referred to the Hawthorne effect as if it were some magical process in which subjects willy nilly change their behavior just because you have changed some (often) unrelated variable(s). The effect is usually described in well-known experimental psychology texts. They claim that knowing one is part of an experiment makes one behave differently than if one does not know that. In Hawthorne, the Western Electric Company tried to get workers to increase productivity by changing a variety of environmental conditions, including such things as the lighting at their workbenches and the rest periods they were allowed. The surprising effect to which the name Hawthorne has been applied consists of greater productivity or greater cooperativeness no matter what variables are changed as long as the subjects know they are taking part in an experiment. Demand characteristic is another term of art that has been applied to this kind of result. In the drug area, we call that a placebo effect. My point is not to disagree with the fact that some conditions of work or experimentation produce changes in behavior but to require that we do more than simply label that effect as if it required nothing else but the naming.

Reference to the so-called Hawthorne effect is especially annoying since it has entered the mythology of our culture and the psychological literature as an undisputed "fact" and, finally, because it has resisted the cogent analysis that a psychologist (Parsons, H.M., What happened at Hawthorne? *Science*, 1974, 183, 922-932) produced some 30 years ago. Parsons reviewed the data as far as he could, pointing out that some of the data is inconsistent with the generalization that productivity always went up; indeed, it did not always go up; but perhaps more important, he was able to call attention to the variable of reinforcement, that is, of the consequences of behavior that took the form of information feedback strengthened by its relationship to wages for the workers in question. In other words, he was able to show that when there was a genuine improvement in performance, that change could be explained by a behavioral mechanism, in this case consisting of operant conditioning.

My moral then is that when you find an effect in an experiment, do not wallow in its significance level, although more statistical (and clinical) significance is better than less or none. When it looks to you as if a variable other than the one that interested you produced your results, do not fret. Do try to answer the question of how this effect came about. It is not enough to say that demand characteristics of the experiment or the Hawthorne effect explain the results. You have to show what the mechanism was that produced those results. It is knowledge of mechanism that differentiates science from engineering. And here you want to be a scientist first and engineer second.

If you wish to learn more about the behavioral mechanism, consult:

Salzinger, K. (1980). The behavioral mechanism to explain abnormal behavior. *Annals of the New York Academy of Sciences*, 340, 66-87.

Salzinger, K. (1980). The concept of the behavioral mechanism in language. In O.H. Mowrer (Ed.), *Psychology of language and learning*. New York: Plenum.

Salzinger, K. (1984). The immediacy hypothesis in a theory of schizophrenia. In W.D. Spaulding, & J. K. Cole (Eds.), *Nebraska Symposium on motivation: Theories of schizophrenia and psychosis*. Lincoln, Nebraska: University of Nebraska Press.

# From Student to Faculty

by Joann Wright

Thank you for the opportunity to write for the *Intermittent Reinforcement* newsletter. Writing this article has given me the chance to reflect upon the lessons I learned in graduate school, which serve me in my position in the department today: have passion and be flexible.

My journey with Hofstra University's doctoral program in school and clinical psychology has been a perplexing one. As an undergraduate at Arizona State University, I became very interested in what was then called Rational Emotive Therapy, or RET, theorized by Albert Ellis. Since I was relatively young, and certainly naïve, I wrote a personal note to Albert Ellis asking him for advice on doctoral programs emphasizing his model. I was gob-stopped when he wrote back (within a week, on a type-written letter complete with spelling errors) that he would recommend either Stony Brook or Hofstra University, both located on Long Island. I was familiar with Manhattan, but I knew nothing about Long Island. It was hard to get a vibe for Long Island while sitting in the desert. Therefore, I pulled out an atlas, and found the locations of both universities. Hofstra won, as Stony Brook looked too far from New York City. My first year or so was a time of adjustment. Although I made wonderful friends while in graduate school, I longed to be back in Arizona nearly every day. I wasn't shy about telling my dissertation sponsor, Joe Scardapane, either. I recall telling him often that I intended to attend my dissertation defense with my suitcases ready to hop on an airplane the moment I successfully defended. Here I am; life changes. Part of that change was working at Student Counseling Services as an intern psychologist for John Guthman. The experience was so positive, that I didn't want to leave. I didn't give up the hope that I could work at Student Counseling Services permanently one day, and here I am.

I never dreamed that my letter to Albert Ellis would receive a response, but my passion for his theory drove me to write to him without fear of a negative evaluation for doing so. I never imagined that I would fall in love with Hofstra University, and stay here as a member of the Psychology Department family, but flexibility allowed me to do so. By following my passion and staying flexible to the unexpected turns I encountered on the path of my future, I have found a very satisfying career.

*Dr. Wright graduated the program in 1992 and is currently the assistant director of counseling services at the Psychological Evaluation, Research, and Counseling clinic at Hofstra University, as well as an undergraduate and graduate professor in Hofstra's Psychology Department.*

## Congratulations to our newest Ph.D.s!

Sujata Bhagavathula
Val Demiri
Brett Goldberg
Scott Goldman
Maurice Levy
Deen Melika
Nicole Pauzano
Irene Rovira
Erin Stone
Pera Tory

# Alumni Spotlight: Dr. Steven Taylor

by Noreen Vail

Finishing the Ph.D. in four years, Dr. Steven Taylor graduated from Hofstra's clinical-school psychology program in 1992. After completing his degree, Dr. Taylor became a school psychologist for the Wantagh middle and elementary schools on Long Island. Eventually, he became the full-time school psychologist at the middle school; a position in which he continues to be successful. Aside from his primary job of being a school psychologist, Dr. Taylor also maintains a part-time private practice in Merrick where he sees patients of all ages with all difficulties. Dr. Taylor maintains a multifaceted career. He considers his position to be akin to that of a community-based psychologist that allows him to interface with a diverse group of individuals, from grandparents to administrators. In this sense, he functions as a "primary care physician for the school." Dr. Taylor also works as a consultant and volunteer with a youth group on Long Island known as B´nai B´rith Youth Organization (BBYO), which helps teenagers develop leadership skills. Dr. Taylor enjoys being with the kids, not as a psychologist, but as a friend.

During the summer, Dr. Taylor acts as an administrator of a summer program (which he co-founded) for children with special needs in the Wantagh school district known as the Program for Academic and Recreational Integrated Summer Services, or PARISS. This program operates as an extension of school year services for children in kindergarten through twelfth grade. In this capacity, Dr. Taylor works as a facilitator with administrative responsibilities, such as establishing the design of the program, staffing, and determining the criteria of the children who will be served.

In October 2000 Dr. Taylor's forward-thinking efforts were acknowledged by the New York Association of School Psychologists when he was presented the Leadership in School Psychology award. In speaking of this honor, Dr. Taylor emphasizes the importance of breaking down doors, and being "ahead of the curve" in terms of the role and expectations of a school psychologist.

In Dr. Taylor's opinion, it is important for psychologists to lobby for their rights to protect the field. In terms of school psychology, Dr. Taylor stresses the importance of addressing issues of children and families in unique pressures, including terrorism, violence, and the weakened economy. Dr. Taylor also believes that it should be the responsibility of the school psychologist to "show their role as both a helper and healer." When asked what advice he would offer to psychologists in training, Dr. Taylor stressed the importance of supervision, especially when participating in an internship. He recommends that when going to an internship, "experience everything" and continue to learn as much as possible. Dr. Taylor emphasizes that, "You don't know what you don't know" so try to be exposed to as much as possible. Furthermore, Dr. Taylor highlights the importance of time management so as to continue to be able to help those in need. One of the lessons he learned from Hofstra University was how to complete a 60-hour work week. Although his number one priority is his role as a school psychologist, he has found time to explore many avenues of the field and asserts that we can make ourselves as busy as we want.

In his spare time Dr. Taylor enjoys working out, playing tennis and golf, and practicing yoga. He believes it is important to "relax, and find what makes you happy." In terms of career and life goals, Dr. Taylor urges psychologists to "use your imagination because you don't know where it can take you."

## *Convention Calendar*

**Association for the Advancement of Behavior Therapy (www.aabt.org)**
**November 18-21, 2004 at the Hilton New Orleans Riverside**

**National Association of School Psychologists (www.nasp.org)**
**March 29-April 2, 2005 at the Marriott Marquis Atlanta, Georgia**

**Association for Behavior Analysis (www.abainternational.org)**
**2005 Convention To Be Announced**

# Alumni Spotlight: Dr. Christopher Martell

by Noreen Vail

Dr. Christopher Martell graduated from Hofstra in 1988 and currently lives in Washington with his partner. He is an ABPP clinical and behavioral diplomate. Due to his interest in neuropsychology, Dr. Martell accepted a postdoctoral position at the New York University Medical Center Rusk Institute of Rehabilitation Medicine. While there he worked with patients in the head trauma program. After a year, Dr. Martell relocated to Seattle, Washington, where he began working in a nonprofit head injury hospital. Soon after that Dr. Martell accepted a part-time school psychologist position and started a private practice. After two years, he eventually left the school and expanded his practice, which initially was centered on the broad application of cognitive-behavioral therapy (CBT) with patients who had head injuries. In addition, he reports there was a heavy skew toward HIV and cancer-related brain injury and early on the majority of his patients were lesbian or gay. However, over the last few years, his client base has broadened and encompasses a diverse group both in terms of their sexual orientation and the problems they are dealing with. In discussing his practice and clients, Dr. Martell believes that it is important to "show that at the heart of CBT is a non-judgmental therapy that is applicable to many populations."

Not only does Dr. Martell practice psychology, but he is also active in the political arena. He has sat on numerous committees in a variety of positions. In 1991 he was the co-chair of the Washington State Psychological Association. From there he went on to become president of his local chapter and, in 2000 he became president of the association. Dr. Martell is also involved in psychological politics at the national level. His first job at the American Psychological Association was with the HIV Office of Psychological Education (HOPE) program in which he helped "train the trainers" about HIV prevention. In 1997 Dr. Martell became the program co-chair for Division 44: The Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues of the APA. Although he favors practice and research, Dr. Martell believes it is important to give something back to the field, which is why he became so involved in the political aspect.

In addition to his practice and political involvement, Dr. Martell is an active researcher in the area of behavior activation therapy and cognitive behavior therapy with the LGB population. One of the roles he fulfills in the research arena is that of consultant. Dr. Martell is also fulfilling another one of his dreams as author. To his credit are several works, including *Depression in Context: Strategies for Guided Action* (Martell, Addis, & Jacobson 2001) and *Overcoming Depression One Step at a Time: The New Behavioral Activation Treatment for Ending Depression* (Addis & Martell, in press). Please refer to the Book Corner on page 10 of this newsletter for a description of Dr. Martell's latest book, *Cognitive Behavioral Therapies with Lesbian, Gay, Bisexual Clients*. Currently, Dr. Martell is in the process of finishing a workbook to accompany his earlier book on behavioral activation. Furthermore, Dr. Martell's writing is heavily influenced by his personal experiences. He states that "any research involvement I've had has been in broad-based CBT clinical outcome studies; I've always wanted to apply CBT with lesbian, gay and bisexual clients."

Dr. Martell also holds a position at the University of Washington as an associate professor and supervisor in the clinical psychology program. In terms of his experiences at Hofstra, Dr. Martell believes he is a good clinician because of the program from which he obtained a solid background in judging scientifically what he is practicing. He also found that coming from the program at Hofstra made it easier to earn respect from his colleagues.

Dr. Martell believes that "being an openly gay psychologist has been very helpful" for several reasons, including receiving client referrals, as well as "providing a niche" for himself in both the therapeutic and political arenas. Dr. Martell states, "Somehow, having shown that I'm not afraid to state who I am lends credibility to what I do. I became WSPA president, in part I believe, because people knew me as someone with integrity who would stand up for myself in a rather quiet but meaningful way, and thus would stand up for the psychologists of the state."

Some of the issues Dr. Martell believes both current and future psychologists should be cognizant of is the movement for prescription privileges. It is important that psychologists "stand up for psychology as an independent, academic discipline." He further asserts that the induction of prescription privileges lacks the scientific methodology upon which our field is based.

During his free time, Dr. Martell enjoys spending time with his partner and landscaping his yard in Seattle. He is a self-proclaimed "movie buff." In addition, Dr. Martell enjoys hiking and skiing. He further comments that "psychology is as much a hobby as it is a profession." In speaking to current graduate students, Dr. Martell urges them to know there is a "light at the end of the tunnel," and to "keep up with as much work as you can, but don't catastrophize and keep plugging ahead." For more information about Dr. Martell, please send him an e-mail at Christopher.Martell@u.washington.edu.

# A Journey Through India

by Susan Gaylord and Michelle Gicz

Howie in Pune with scholars from Sri Lanka and India.

Tea Plantation in Assam.

Howie in Nagaland.

On January 1, 2004, six members of the Psychology Department embarked on a trip to India. The trip was organized by Dr. Howard Kassinove, who was accompanied by Dr. Joseph Scardapane and four doctoral students, including second-level students Susan Gaylord, Michelle Gicz, and Silvia Pastor, and fourth-level student Marty Roberts. For all of the students, this was their first trip to India.

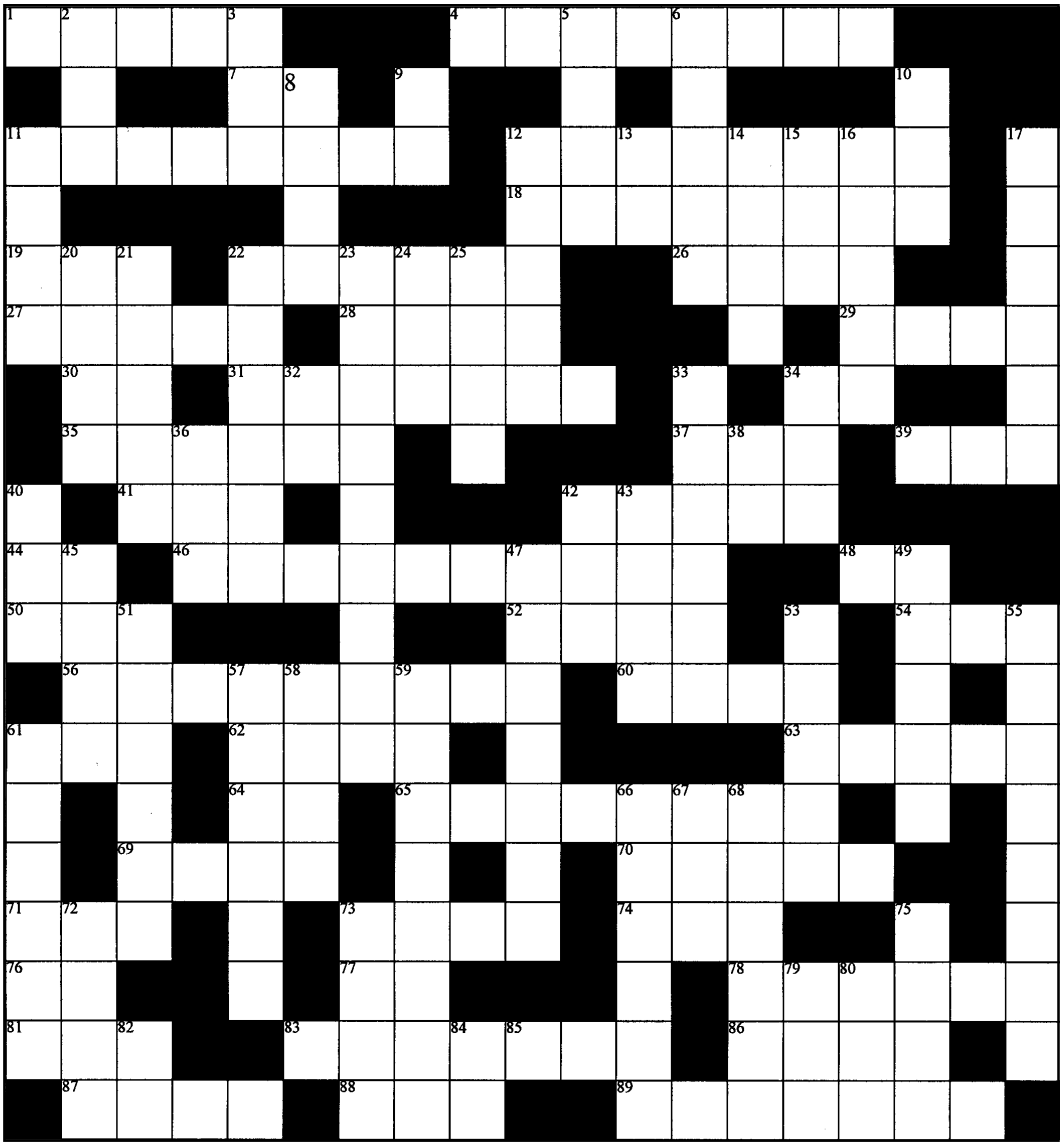
The trip covered several areas of India. We arrived in Mumbai, also called Bombay, located on the west coast of India. From here, we flew to Pune, in the southwest of India. At Pune, we took part in the International Seminar on Eastern and Western Ideas on Mind and Consciousness. Hofstra students and faculty presented on anger, conflict resolution, body dysmorphic disorder, the increased use of Eastern medical principles in the West, and the use of mindfulness in psychotherapy.

In addition to the conference in Pune, the group spoke at two locations in Nagaland. Nagaland, located in the northeastern part of India, is a state that considers itself a separate nation from India. For this reason, it was very difficult to get into Nagaland. However, with the help of Neelanjan Konwar, our liaison in the northeast, we were able to get the necessary permits granting the group from Hofstra special permission from the Naga government, which allowed us to enter Nagaland.

By all accounts, the trip was a great success. The highlight of the trip was a pre-dawn ride on elephants through the Kaziranga National Park in Nagaland. While Dr. Kassinove and Dr. Scardapane reconnected with old friends, the doctoral students were exposed to a completely different culture, and had the pleasure of meeting many warm and friendly people. With the many changes that have occurred since Hofstra's first visit to India in 1996, however, we all realized that things aren't quite as different as we would have expected.

# Crossword

by Noreen Vail



## Across

1 Group of employees
4 Cottage's roof
7 "What goes ___ must come…"
11 Structure that carries info to cell body
12 California university
18 More upbeat
19 Paramedic employer
22 Mysterious
26 Put on the market
27 Olfactory sense
28 Woodwind instrument
29 State positively
30 3.14159265
31 Hofstra grad student hangout
34 Tinman's tool
35 Title for third and fourth level P.h.D.student
37 Abbr. for electric current
39 Type of clergyman
41 ____, nose and throat
42 "Not now!"
44 Freudian structure of the brain
46 Researcher's tools
48 One of Mendelev's metals
50 Each
52 Type of sandwich
54 On vacation
56 Founder of the combined program at Hofstra University
60 Abbr. for accompanying material
61 Faux ____
62 One of baby's first
63 Awe
64 Search high and ___
65 Area of the brain
69 First behavioral psychologist
70 One of the seven dwarves
71 It goes with a carrot
73 "Don't go!"
74 Eccentric
76 J-___ (celebrity)
77 Es ____
78 Daughter of Zeus
81 Conclusion
83 Tiresome
86 Peter Rabbit has one of cotton
87 Not available to buy
88 ___maid (e.g. Ariel)
89 Built

## Down

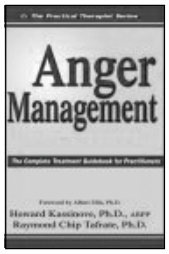
2 Golf gadget
3 Type of coat
5 Against
6 Receptors located in the retina
8 Type of dock
9 "___, myself and I"
10 Presidential initials of 1932
11 "Easy ____ it"
12 Mix of freezing rain and snow
13 Audio-visual commonly
14 "One ____ Over the Cuckoo's Nest"
15 Does not mix with H2O
16 Point of some therapy
17 "_____ Weather" (song)
20 Personality measure
21 Parisian river
22 Founder of REBT
23 _____ Behavioral
24 Therapy used for autism
25 Regular at Cheers
32 Word that depicts choice
33 Little Albert's worst enemy
36 Some graduate students' jobs
38 The Pine tree state
40 ____drive
42 White (e.g.)
43 Farm sits on many
45 _____ vu
47 One of the jobs of a clinician
49 Type of sea creature
51 Home of 69 across
53 Graduate school organization
55 ____ slip
57 Manhattan (e.g.)
58 What an elephant weighs
59 SAT measures this
61 Gossip magazine
66 Draw -___-_____
67 Irate
68 Add new information to
72 Long period of time
73 "Don't go"
75 Soccer star
79 Tic-___-toe
80 #1 single
82 "Monkey see, monkey ___"
84 Type of learning schedule

# Book Corner

Many of our alumni and faculty are published authors, and we wanted to take a moment to highlight some of their latest works.

### *Anger Management: The Complete Treatment Guide for Practitioners*

Howard Kassinove, Ph.D., ABPP, and Raymond Chip Tafrate, Ph.D. (Impact Publishers, 2002)

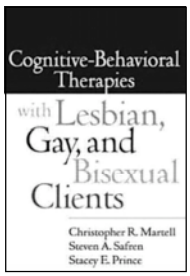



Anger is a common human response, experienced frequently by persons of all ages, backgrounds and occupations. Indeed, many adults experience anger a few times a week. For adolescents, it may be an even more frequent and problematic response. Since anger is one of the basic emotions, and is part of our evolutionary history, hardly a person exists who has not felt angry. In addition, most of us have been the target of another person's anger, including the anger of clients, patients and colleagues. Nevertheless, when compared to anxiety and depression, the literature base to help us understand the causes, manifestations and treatment of anger is small. Thus, this book was written to help practitioners who are likely to encounter anger in their personal and professional lives. This includes almost everyone!

This comprehensive step-by-step program was created to help practitioners address problematic anger. It takes the reader through the anger management program by first defining and exploring the basics of anger. The anger episode model is then delineated, as well as the factors required to facilitate change in the client, including motivation and a therapeutic alliance. Drs. Kassinove and Tafrate outline strategies to help clients change so they can better deal with anger triggers as well as accept the often unpleasant realities of life. The book concludes with a discussion of relapse prevention, anger reduction for the practitioners and sample programs. The goal of this book is to provide knowledge and techniques useful for adults, adolescents and practitioners to help all of us deal more effectively with problematic anger.

### *Cognitive-Behavioral Therapies with Lesbian, Gay, and Bisexual Clients*

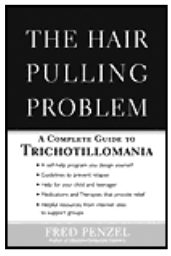
Christopher Martell, Ph.D.; Steven Safren, Ph.D.; & Stacey Prince, Ph.D. (Guilford Press, 2003)




In *Cognitive-Behavioral Therapies with Lesbian, Gay, and Bisexual Clients*, Drs. Martell, Safren and Prince bring together the literature on lesbian, gay and bisexual issues and the cognitive-behavior therapy literature to inform affirmative practice with these clients. To date, most experts in LGB psychology come from developmental or social psychology backgrounds, or are psychodyanmic or humanistically trained clinicians. Few LGB experts are also experts in CBT. Likewise, many CBT practitioners and researchers know very little about LGB clients. This book is the only one of its kind to present a comprehensive review that informs competent CBT practice with LGB clients. The book focuses on treating depression, anxiety disorder, and couple problems within this specific population. Emerging trends in cognitive-behavior therapy are presented as well as ethical decision making in work with LGB clients.

***The Hair-Pulling Problem: A Complete Guide to Trichotillomania***

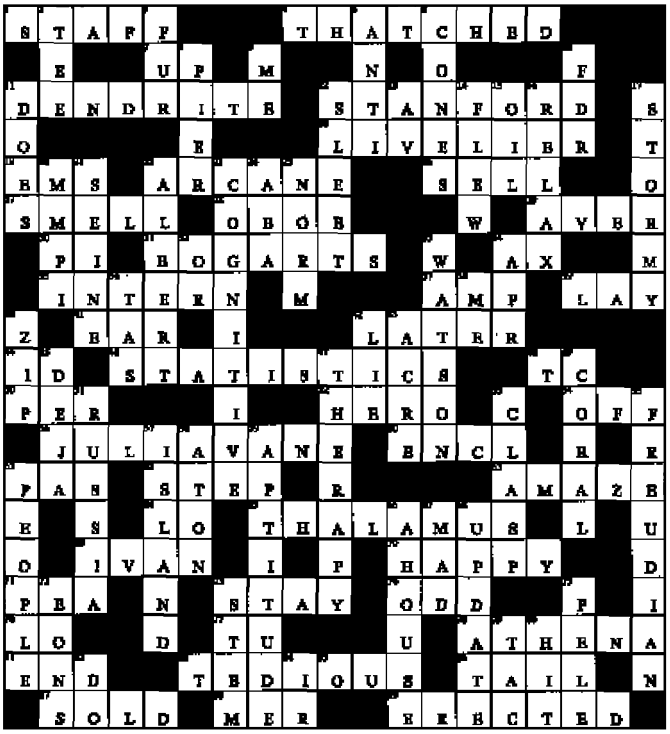
Fred Penzel, Ph.D. (Oxford University Press, 2003)




Trichotillomania, or, compulsive hair pulling is one of the family of what are known as body-focused repetitive behaviors, which includes skin picking, nail biting, lip picking, cheek biting, to name a few. As a group, these disorders afflict an estimated 6 to 8 million people in the United States alone. Dr. Fred Penzel's new book is currently the largest, most up-to-date and comprehensive guide to this disorder. This handbook includes all the information a patient or relative would need to understand this illness and to cope with it. It provides a detailed discussion of causes and reviews all the treatment options, describing the most effective medications and their side effects as well as the recommended cognitive and behavioral treatments. Dr. Penzel shows patients how to design a self-help program and gain control of their compulsive behavior, how to prevent relapse, describes trichotillomania and its treatment in children, and suggests coping strategies for families at home and in public situations. He also provides a guide to all the resources available, Including internet sites, recommended books and videos, and outlines ways to start a support group. The appendix includes questionnaires, clinical rating scales, and the DSM diagnostic criteria for the disorder, so readers can decide if they need to seek behavioral and possibly medical treatment. Dr. Penzel has been involved in the treatment of trichotillomania since 1982, and is the executive director of Western Suffolk Psychological Services in Huntington, Long Island. He is also the author of *Obsessive-Compulsive Disorders: A Complete Guide to Getting Well and Staying Well* (Oxford University Press, 2000). You can find further information about his two books at www.trichbook.com and www.ocdbook.com.

# AABT Conference, November 2003

# Crossword Answer Key

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