

# Intermittent Reinforcement



HOFSTRA  
UNIVERSITY®

Fall 2009 Volume 11, No. 1 NEWSLETTERS OF THE PH.D. PROGRAM IN CLINICAL PSYCHOLOGY AND COMBINED SCHOOL AND CLINICAL PSYCHOLOGY

## “Schare”ing Cognitions: Kudos for Us

by Mitchell Schare



Yeah! In 2007, we were named the ABCT Distinguished Training Program at the November convention. We once again received full APA accreditation, as we have continually since 1973. This time, the notification, which arrived during the summer of 2008, told us that we had been granted a SEVEN-year accreditation, the highest time period allowed by the APA procedures! Awards and accreditations give us feedback that the Hofstra Ph.D. programs in Combined Clinical and School Psychology, and Clinical Psychology are well respected by our peers.

However, I pose a question to you: how did this happen? How does a program become well known nationally and internationally and win kudos? Well, a simple answer would be “hard work,” but the real answer is not so simple. Most readers of this column know the program faculty primarily as classroom professors. Some of you know them from assessment or therapy supervision; others have been supervised in research endeavors and/or dissertation projects. As doctoral students, you learn the importance of giving professional papers at conferences or invited addresses when asked. These opportunities give the faculty and students opportunities to open discourse on their areas of expertise and to carry the Hofstra name with them as they meet new colleagues elsewhere. Likewise, the publishing of articles and books allows a wider distribution of ideas in formats more available through many distribution channels. We strongly encourage *all our current students and alumni* to join with us to publish their work and attend conferences with the faculty to enhance their education and build their reputations.

Still, the role of faculty to the greater professional community of psychologists is less recognized by many reading this newsletter. The core faculty is a highly credentialed and professionally acknowledged group beyond their roles at Hofstra. The following listing gives a sense of the level of recognition and involvement in the greater community of psychology:

2►

## in this issue

“Schare”ing Cognitions: Kudos for Us .....	1
CLAP If You Like Intermittent Reinforcement .....	2
Self-Disclosure in Adolescent Conversations .....	3
Where Are They Now? Alumni Who Have Stayed in the New York Area .....	4
Welcome to the Classes of 2007 and 2008! .....	6
ACT and Mindfulness Clinic Expands at Hofstra .....	7
My Experiences With “Virtual Reality” Treatment for Flying Phobias .....	7
New Ph.D. Recipients .....	8
My Life as a University Professor of Psychology .....	9
Event photos .....	11

*Diplomate of the American Board of Professional Psychology - ABPP*

Board Certified in Clinical Psychology (Kassinove)  
Board Certified in Cognitive and Behavioral Therapy (Schare and Kassinove)

*Fellow of the American Psychological Association (Kassinove)*  
*Divisions of Clinical, Psychotherapy, Independent Practice, and International Psychology*

*Fellow of the Academy of Cognitive Therapy (Sanderson)*

*Fellow of the Association for Psychological Science (Kassinove)*

*Fellow of the American Psychopathological Association (Sanderson and Serper)*

*Fellow of the Society for Personality Assessment (Guarnaccia)*

*Clinical Fellow of the Behavior Therapy and Research Society (Kassinove)*

*Fellow of the Albert Ellis Institute for Rational Emotive Therapy (Kassinove)*

*Editor of The Clinical Psychologist (Sanderson)*

*Associate Editor of the Journal of Organizational Behavior Management (O'Brien)*

*Editorial Board of the International Journal of Psychology and Psychological Therapy (Serper)*

*Editorial Board of WebMD Psychiatry (Sanderson)*

*Editorial Board of Behaviour Research and Therapy (Sanderson)*

*Editorial Board of the Journal of Clinical Sports Psychology (O'Brien)*

*Editorial Board of the Journal of Cognitive Psychotherapy (Kassinove)*

*Board of Advisors for the Journal of Rational Emotive Behavior Therapy & Cognitive Behavior Therapy (Kassinove)*

*Board of Directors, Membership Issues Coordinator, Association for Behavioral & Cognitive Therapies (Schare)*

*Board of Directors, Member at Large, Academy of Cognitive Therapy (Sanderson)*

*Master Clinician Series Chair, Association for Behavioral & Cognitive Therapies (Scardapane)*

*ABCT Program Committee 2009, Association for Behavioral & Cognitive Therapies (Ohr, Schare)*

In addition, Professor Emeritus Dr. Kurt Salzinger has a distinguished list of credentials, including past executive director of the APA Science Directorate, APA Fellow in the division of the Experimental Analysis of Behavior, Fellow of the American Psychopathological Association and Fellow of the Association for Psychological Science. Currently, he serves on the APA Board of Directors and is the President of the Eastern Psychological Association.

Through faculty involvement, as found above, we all share in the building of a reputation for our program. Now, please don't take this information as simply some nice patting on our own backs. All doctoral students and alumni serve as ambassadors of our graduate programs. Wherever you go professionally, you take your education and program message with you. We are proud of our alumni located throughout North America and elsewhere in the world. We have four graduates in Greece alone! The strong message here is: education and professional involvement do not stop when you defend your dissertation or complete your internship! As you continue to develop as a professional psychologist, I implore you to *stay active in the field*. Support professional organizations, join committees, become officers, review journal articles, apply for fellowship status, and become board-certified as ABPPs. We look forward to seeing you at conventions (For the last few years, and hopefully the foreseeable future, we have been able to have a Friday evening Hofstra Alumni/Recruitment party at ABCT (AABT). This year we are in NYC so come home and visit!).

When I asked earlier in this piece, "kudos – how did it happen?" the answer is because of what everyone – faculty, alumni and current students alike – put into all our professional endeavors. The reputation of the Hofstra Clinical, and Combined Clinical and School programs continue to grow. Thank you all.

## CLAP If You Like Intermittent Reinforcement

by Samantha DiMisa



During the 2008-2009 academic year, the Clinical Psychology Graduate Student Association (CLAP) facilitated both academic and leisure events for students, faculty, and staff. The 2008-2009 executive board of CLAP included Members-at-Large Victoria Frisse and Jordan Levy, Treasurer Adam McCabe,

Secretary Benjamin Miller, Vice Presidents Stefanie Wolf and Jason Stasi, and President Samantha DiMisa. Executive board meetings were held regularly throughout the semester to plan for upcoming events and activities. Our mission is to facilitate cohesiveness amongst the students, faculty, and staff of the Ph.D. Programs in Combined Clinical and School Psychology as well as Clinical Psychology.

CLAP welcomed the Clinical Psychology Ph.D. Class of 2013 during their orientation in late August. After the Class of 2012 shared some insightful quotes of wisdom with the incoming class of 2013, the "Big Brothers" and "Big Sisters" sought out their "Little Brothers" and "Little Sisters" to offer encouragement and motivation for their graduate paths that lie ahead. CLAP then toured the students around the campus to familiarize them with their new "home." Both classes then gathered for an informal lunch on the outdoor patio at the Grand Lux Cafe in Garden City.

In September the Ph.D. Programs celebrated the beginning of the new academic year at the Welcome Back Luncheon in PERCC. During the fall months of 2008, CLAP organized a sweatshirt fundraiser, donating the proceeds to the Leukemia and Lymphoma Society. CLASP and CLAP hosted a faculty and student night of entertainment with the Psy.D. Program in School-Community Psychology during a local happy hour at Savannah Lounge. To end the fall semester, CLAP hosted the Annual Ph.D. Intersession Banquet at the Inn at New Hyde Park, a night full of many laughs, photos, dancing, and timeless memories.

The CLAP executive board, along with some of our fellow second-level students, assisted the faculty and Joan Connors, senior assistant to the Ph.D. Program in Clinical Psychology, in the organization of interviews and campus tours for applicants to the Clinical Psychology Ph.D. Class of 2014. The efforts of all those who contributed to the facilitation of Interview Day

were greatly appreciated, as the interviewing process remained organized and structured.

CLASP President Anthony Iacovelli organized a softball team, named the "Strait Jackets," composed of students, faculty and staff, that competed in a coed ABA league in March 2009. In the first week of May, CLAP held the End of the Year Luncheon, an informal gathering in PERCC to celebrate the 2008-2009 academic year. The End of the Year Cocktail Party, a more formal gathering, was held at the Water's Edge in Long Island City; it was a memorable evening that was enjoyed by all.

CLAP is devoted to ensuring the continued success of the Ph.D. programs and encourages your feedback and suggestions in attaining this goal. We appreciate your continued participation and look forward to instilling our mission in the newly elected CLAP executive board members for the 2009-2010 academic year.

## Self-Disclosure in Adolescent Conversations

by S. Stavros Valenti



My research projects at Hofstra University have varied, and on casual inspection they appear to range from soup to nuts. Since arriving at Hofstra 21 years ago, I have presented and published articles on nonverbal movement synchrony, perception of

intention, perception of action in paintings and photographs, self-disclosure in conversations, community-based treatments for persons with severe mental illness, the "A-not-B-error" in infants' search for objects, and high school students' views on science as a career. But there is an underlying theme: the social ecology of behavior. How do we perceive and think about other people, how do we communicate with other people, and what are the consequences in behavior and thought of our thoroughly social way of life? Even when an infant reaches for an object, there is a socialized action at play; the object was created by other people for the infant, the object was hidden by another person, and the object, when found, often is given to a person. People's activity creates structure in the material environment (e.g., footpaths, buildings, texts), and these structures guide exploratory and instrumental activity (e.g., walking, meeting, reading). When people interact, there is a co-construction of body gesture and sound patterns that guide exploratory and instrumental activity (e.g., self-disclosure, planning). The key to understanding human behavior, in this view, is to identify the informational structures that grow, support, and reinforce human activity. And most of these structures are intrinsically social.

To make this idea a bit more concrete, I'll use an illustration some of the readers may be familiar with from their study of human development: Judy Dunn and Marilyn Shatz's study of the development of conversational skills of 2- to 3-year-olds. During the 3rd year of life, toddlers in households with older siblings learn how to break into conversations not directed at them – they learn how to interrupt appropriately. This is not a skill that mothers intentionally teach, nor one that children consciously learn. But from 24 to 36 months, children's use of appropriate interruptions – ones that contain new and relevant information – increases. How do they learn to do this? Dunn and Shatz performed a sequential analysis of these 3-person conversations and discovered that mothers typically respond to ("reinforce") interruptions when they contain new and relevant information and are less likely to respond when they contain old information or irrelevant information. Mothers respond this way because, like fathers and children, they are designed by evolution to attend to novelty and relevance. When mothers, siblings, and toddlers interact, a natural response (reinforcement) contingency structure emerges, and toddlers "discover" this structure in the ordinary give-and-take of conversation. The key to understanding the development of this conversational skill is to identify a naturally occurring response contingency structure that grows, supports, and reinforces the activity. And this structure is intrinsically social.

One of my research interests is the naturally occurring conversational structures that support the skill of self-disclosure. There is a growing body of evidence that self-disclosure promotes mental and physical health, but relatively little is known about how this behavior develops in childhood and adolescence. There is evidence that self-disclosure skills are socialized, to a limited extent, in early and middle childhood within families. But starting with the dissertation by Ken Wagner in the mid-1990s, my students and I have focused on the contextual supports for self-disclosure provided by peers in adolescence.

Adolescent friendships provide emotional support as well as a context for the development of social skills. It seems likely that social skills and intrapersonal knowledge emerge largely from the ordinary give-and-take of discourse. Conversations among adolescent friends, in particular, appear to be critical for solving problems of personal relationships and for exploring the self. John Gottman and colleagues have argued that a central goal in adolescent friendships is exploration of self through self-disclosure in conversations. Nonetheless, there is much we do not know about how adolescents actually talk with one another in face-to-face situations and the ways in which conversations may scaffold the development of social knowledge and skill.

One of our findings from an observational study of adolescent conversations is that teenage friends tend to reciprocate partner disclosures of affect (emotion) with their own disclosure of affect. For example, when one boy said, "... I started cursing [my mom] out, and I slapped her in the face ... [later,] the cops came ...," the other boy immediately said, "Yeah, I've had a couple of beauties ... Me and my father got into an actual fist fight once ..." Immediate reciprocation of verbalized emotion in this way seems to be characteristic of adolescent friendships, and constitutes a "social affordance" – an interaction opportunity for continued conversation and long-term relationship.

In our observational studies of verbal emotion labeling and intimate thought disclosure, we reported a surprising finding that male adolescents show a greater tendency to reciprocate disclosure immediately compared to female adolescents. The higher level of male reciprocity is observed only when sequential analyses include controls for disclosure base rates (i.e., the overall rate of self-disclosure) and for autocorrelation

(i.e., the tendency to remain consistent in speech content over time). We speculate that this tendency for immediate disclosure reciprocity in male adolescents is due, in part, to the higher salience of disclosure in male-male conversations; disclosure is less frequent and, hence, more "remark-able." Female adolescents, on the other hand, expect disclosure to be a high-frequency event, and the probability of their own disclosure is driven primarily by their own narratives, rather than by their partner's.

Whereas our earlier studies on self-disclosure analyzed conversations turn-by-turn, our more recent studies have analyzed the relation between self-disclosure and the topic-by-topic content of adolescent conversations. In a poster presented to the Society for Research in Child Development (Boston, March 2007), we demonstrated that topics of conversation that focused on negative peer interactions – gossip – for both male and female adolescent friends were associated with elevated probabilities for self-disclosure. It appears that John Gottman and his colleagues were right in their speculations about the development of conversational skills among friends: Gossip is the appetizer, but self-disclosure is the main course in adolescent conversations.

[I thank the doctoral students who have contributed to the research discussed in this report, including, but not limited to: Morgan Anderson, Sujata Bhagavathula, Christine Cannella, Karin Chin, Laura DiGiovanni, Joe Goldfarb, Jeff Goldstein, Patrick Grehan, Yael Hamer, Greg Kidorf, Toshi Kondo, Rachel Kritzer, Wendy Leonard, Craig Litman, Stephanie Lesk, Georgia Michaelopoulou, Mike Pantalon, Erin Ross, Marty Sobel, Ken Wagner, and Deborah Williams.]

## Where Are They Now? Alumni Who Have Stayed in the New York Area

by Allison Lebowitz



No matter what year current students are experiencing or where alumni are now located, at some point, we are all faced with making the decision of where we want to settle and what we want to do once we receive our degree. Being located so close to one of the world's most bustling metropolises, it seems like there's much opportunity available to us. In this issue, we contacted four alumni who decided to see what lay ahead for them in the tri-state area. Read on to discover what they have accomplished thus far and what they are hoping to do as they pursue their careers in psychology.

### Nehal Vadhan, Ph.D., 2003 Graduate

I knew since my third year in Hofstra's program that I wanted to stay in academia, which meant doing a research post-doctoral fellowship. Based on the post-doc application deadlines, I had to make a decision regarding my plans about six months before my expected dissertation defense. The primary factor I had to weigh in terms of where to apply was my fiancée's career — she's in advertising — and New York was the best place for her career to grow. Luckily, there were several excellent post-doc opportunities in substance abuse or schizophrenia (my research areas of interest) in the New York area, and I was accepted into Columbia's substance abuse research fellowship program. We also had been living in the city together for my last two years of school and were having a great time — it was difficult to imagine living anywhere else.

I stayed on at Columbia after the post-doc, and am now an assistant professor of clinical psychology in the Substance Use Research Center at the New York State Psychiatric Institute, where I conduct research on the neuropsychological sequelae of cocaine and marijuana use. I was fortunate to receive a Career Development Award from the National Institute on Drug Abuse after my post-doc ended, which provides me with salary and research support for five years — a nice bit of security in the insecure world of academic medicine. I also carry a few psychotherapy clients in our division's



substance use treatment clinic, and have a small private practice. New York City is a great place for all of these activities, especially because of the diversity of clients and research participants you encounter.

It's great to finally be out in the real world, after what seems like an eternity in school, and to actually be able to apply some of that education and training. Life as a professional psychologist is even better than I thought it would be, primarily because of the diversity of things I do, and because the flexibility of my schedule allows me time to pursue hobbies like my drumming, traveling and tennis. Plus, finally having some cash is nice.

For now, my plans are to continue to conduct research on substance use and abuse, publish papers, submit grants, etc. After I get more established in academia, I'd like to expand my clinical repertoire and private practice, and also do some consulting. But what's great about our field is the flexibility to alter those plans based on life circumstances or just simple curiosity.

### **Heather Smith, Ph.D., 2004 Graduate**

New York or Maryland? I have a vague recollection of peeking my head out from the underbelly of my dissertation in winter 2003 and skimming over the classified section of the *Monitor*, when I observed that familiar yet uncomfortable thought, "Where am I headed next year?" After what seemed like years of doing wind sprints just to jog in place, I was frankly annoyed by the prospect of another journey that originated with a writing sample and equally as unwilling to start on a career path that didn't generate an undercurrent of excitement at the onset. At the time, I felt consumed by the act of "dissertating" and was working both for the Epilepsy Foundation of Long Island and St. John's Episcopal Hospital in Far Rockaway. Being unlicensed and at the foot of graduation, I wasn't captivated by job postings and decided to more actively peruse the field of postdoctoral fellowships. I'm not a native New Yorker and, being the daughter of a military family, I've lived in many states, which created a dispersion of good friends and loved ones across the country and an open field of options. I began to submit applications for child and adolescent post-doctoral programs both in and out of New York, and soon after went on a series of interviews. Much quicker than I had anticipated, I was faced with making a decision between two very diverse yet compelling fellowship tracts, North Shore-LIJ and Johns Hopkins.

I chose my post-doctoral fellowship at LIJ/Schneider Children's Hospital, where I conducted psychiatric evaluations in its pediatric emergency room, and served as a therapist, group leader, and school and community consultant. I received training in DBT and developed my skills within this framework. Through the hospital's Alliance for School of Mental Health, I provided school-based consultation and developed systems-focused and/or individualized behavior programs for Long Island schools.

Following the completion of my fellowship at LIJ in 2004, I was offered a position as a staff psychologist and team leader for the adolescent treatment team at North Shore/LIJ's Zucker Hillside Hospital's Child and Adolescent Day Program. I supervised psychology externs and postdoctoral fellows; taught intern, extern, and resident classes; and was the coordinator of the cognitive and behavioral training series for psychiatry residents. My clinical responsibilities included providing individual, family, and group therapy to adolescents from diverse cultural and socioeconomic backgrounds with a broad range of affective, behavioral, learning, and psychiatric conditions.

In February 2007 I was offered a position as director of the Group Therapy Program at the Child Psychiatry Outpatient Department and as a supervising psychologist in the Adolescent Depression and Suicide Program at Montefiore Medical Center in the Bronx. As Montefiore is one of the few treatment facilities specializing in adolescent DBT, I chose to pursue a challenging career working in an ethnically diverse inner-city setting that was reflective of my professional interests in providing evidence-based treatment. As a member of the DBT team, I provide individual therapy and lead the multifamily skills training group for parents and their adolescents exhibiting borderline personality disorder traits and engaging in suicidal/non-suicidal self-injurious behaviors. Additionally, I am an assistant professor of psychiatry and behavioral sciences at Albert Einstein College of Medicine, I supervise psychology interns, externs, and psychiatry fellows, and I teach training seminars. I also maintain a private practice in Great Neck, New York.

I can tell you with great pleasure that my career thus far has not taken the linear path that I initially conceived. It continues to be shaped by a synthesis of experience and diversity of individuals and mentors – many of whom may never realize their inspiration or their lessons. I found these "teachers" not only in my classrooms, but in the hospitals, clinics, and communities in which I've worked. I'm certain that my career will continue to be balanced by such seemingly opposing vantage points and, with that, I look forward to my future.

### **Hilary B. Vidair, Ph.D., 2005 Graduate**

After several years of conducting parent intervention research with Dr. Phyllis Ohr, I was interested in further developing my own research program. I was originally hired as a research scientist and project coordinator at Columbia University and the New York State Psychiatric Institute, but I transitioned into a three-year T32 Post-Doctoral Research Fellowship in Columbia's Research Training Program in Child and Adolescent Psychiatry. My research focuses on the development and implementation of evidence-based interventions that are feasible and effective for treating high-risk, depressed parents and their children in underserved communities. I am particularly interested in determining if treating parental psychopathology has a positive impact on child outcome. Currently, I have two grants. The first, funded by Columbia's Advanced Center for Intervention and Services Research, is a survey of parents attending an urban family practice focused on family mental health, treatment preferences, and obstacles to attending treatment. The second is an Office of Mental Health Policy Scholar grant focused on evaluating the effects of a combined services program for depressed mothers and their suicidal adolescents.

In addition to research, I have been teaching a cognitive-behavioral therapy course at Teachers College, Columbia University, and a CBT seminar for Harlem Hospital's psychiatric residents. My clinical work focuses on treating child and adolescent anxiety. In addition, I recently became the chair of the Membership Committee for the Association for Cognitive and Behavioral Therapies, which is a very exciting and fun way to give back to the place I consider my professional home.

I have always been a New Yorker, and I can't imagine myself settling down in any other state. However, I love to travel. I spent three months after graduating living on a houseboat in Amsterdam and seeing Europe (definitely great for a post-reinforcement pause!). While maintaining extra jobs can be difficult, this enables me to travel regularly.

The best part about a clinical research career is that I am paid to do what I love. I am being trained to develop treatments, write grants and papers, conduct large clinical studies, and analyze data. I have the opportunity to attend grand rounds led by experts in parent and child intervention research. I also supervise research assistants, externs, and volunteers. In addition, I have been fortunate to receive an NIH Clinical Research Loan Repayment Program award. Having an office is nice, but I miss the Hauser lounge.

I hope to become an independent investigator of clinical parent and child intervention research. My next step will be to apply for a career development grant. Ultimately, I hope to continue to pursue the scientist-practitioner balance of doing research, treating clients, and teaching. Mentoring is particularly important to me, and I hope to be able to share what I am learning with future psychologists.

### Laura Reigada, Ph.D., 2006 Graduate

As a recent graduate Hofstra University's Ph.D. program, I was excited to be asked to write a few words to my fellow grads regarding my post-graduate school experiences. For me the path was more serendipitous than planned. I knew that I wanted to stay in the New York metropolitan area and that I wanted a combination of clinical and research work, specifically in the area of anxiety. Just such a position was posted in the hallway right outside of Dr. Schare's office: a clinical research postdoctoral fellowship at NYU School of Medicine, at the Child Study Center in the Department of Child and Adolescent Psychiatry. Fortunately, I attained the position. Currently, as a fellow at the Child Study Center, I direct an NIMH-funded research program focused on the treatment of anxious children in pediatric medical settings. This work has provided me with valuable experience conducting diagnostic assessments, using cognitive-behavioral treatment for child anxiety, and training and mentoring graduate students. In addition to the clinical side, I have an administrative role; I manage research assistants, the submission of progress reports to NIMH, and IRBs; give professional

presentations and grand rounds; prepare manuscripts for publication; and help write grants. This work is challenging, stimulating; and, at times, taxing.

While I have officially entered the "real world," I still feel like a student. Graduate school gave me the tools and foundation, but I find that continual training (i.e., grand rounds, research seminars, training meetings) and studying are necessary to hone my clinical/research skills and to find my personal style. Even more important than these activities, I have found strong mentorship to be the most integral factor to my professional development during this period of transition. Thus, my one word of advice for graduates looking for postdoctoral training, whether formal or informal, is to seek out a position that will provide you with strong mentorship and supervision.

Looking toward the future, I envision myself passing the state licensing exam, and working either at a medical center or an academic institution, as I enjoy the independence, collegial environment, combination of roles (clinical, research, mentorship and teaching) and flexible schedules these settings provide. I hope to transition to an independent clinical researcher and plan to apply for the NIMH Mentored Research Scientist Career Development Award, which would allow me to launch my own program of research. After that, well, let's just accomplish this first (a common phrase spoken during my first few years at Hofstra).

Note: Since the time this article was written, Dr. Reigada has finished her fellowship at the NYU Child Study Center and has been working as an assistant professor of psychology at Brooklyn College. She has received a three-year Career Development Award from a private foundation to test a CBT program for youth with chronic illness and anxiety disorders, and is licensed. Her work is being conducted with collaborators at Mt. Sinai School of Medicine and NYU Medical School.



## Welcome to the Classes of 2007 and 2008!



## ACT and Mindfulness Clinic Expands at Hofstra

by Katharine Donnelly



Approximately 20 years after official and unofficial introductions, acceptance-based approaches (such as ACT and DBT) have demonstrated accelerated momentum in the area of behavior therapy. At the recent ABCT conference in Orlando, mindfulness and ACT were prominent, reflecting a growing trend within the field to acknowledge acceptance as an alternative to cognitive

strategies that emphasize disputation of thought content. At Hofstra, mindfulness and acceptance strategies will receive more formal emphasis in years to come, reflecting changes in theoretical focus. This year, mindfulness and acceptance services at Hofstra have expanded to treat individuals, as preparations are made for a clinical seminar that will be offered soon.

It has been of growing acknowledgment among professionals that certain clinical problems do not respond to conventional cognitive techniques, such as patients with more intractable symptoms (e.g., personality-disordered) or complaints that do not reflect some logical flaw (e.g., chronic pain). Traditional cognitive techniques assume that “irrational” cognitions cause psychological distress. This basic assumption has been questioned recently, as a growing body of research suggests that cognitive strategies stressing disputation may be obsolete when treating patients. Therefore, it appears that the behavioral aspect of CBT accounts for the majority of treatment benefit. However, participation in behavioral treatment is often undergone with trepidation, hesitation, and subtle efforts to avoid any corresponding unpleasant feelings. Mindfulness and acceptance strategies complement traditional behavioral strategies, as they allow patients to approach behavioral tasks with greater resolve and commitment. This is particularly important, as most clinicians know all too well that any patient whose “heart is not in it” will be difficult to treat.

ACT resembles motivational interviewing in many ways, soliciting a list of failed coping strategies and framing past therapeutic failures within the context of “creative hopelessness.” Therapists and patients collaboratively clarify the patients’ values with emphasis on increasing value-oriented behaviors. Short-term goals in the context of overall valued life areas allow patients to maintain behavioral control while unpleasant emotional reactions are experienced. Acceptance-based treatments also acknowledge that unpleasant emotions are as avoided as unpleasant activities, and this variety of avoidance may interfere with personal growth. Experiential avoidance, or efforts to avoid/escape from unpleasant thoughts/feelings, is a specific target of therapy. Awareness and acceptance of unpleasant internal experiences is fostered as an alternative to cognitive change.

Perhaps the component present in mindfulness and acceptance strategies that is most foreign to conventional behavioral and cognitive strategies is the position that affect may not improve during treatment. Whether it does or does not, this is never the resounding goal of treatment, as it interferes with the philosophy of acceptance that conscious control of all mental activity is not only impossible, it may be detrimental. Generally, individuals try to apply the same problem-solving strategies to the internal environment that are applied to the external environment, but our efforts are often counter-productive (I can take the garbage to the curb, but I cannot dump the depression out of my head with the same sheer will and physical effort). So ultimately, mindfulness and acceptance, much in the spirit of traditional behavioral thinking, expects affective change to follow behavioral change, if it is to occur at all. Likewise, patients in an acceptance-based treatment are told to expect discomfort without a guarantee that pleasant feelings will follow, much in the spirit of life in general.

Every year the Mindfulness and Acceptance Lab enlists a few students to participate in weekly discussions, sitting meditations, and treatment planning supervised by Dr. Joseph Scardapane. In recent years, we have organized group treatments for nonclinical populations, administering mindfulness strategies for stress reduction and eating awareness. This year we have moved beyond the group format in order to offer individual treatment for a variety of physical/psychological concerns. As we expand, we will bolster referral networks in preparation for the formal elective seminar to be offered in the future.

## My Experiences With “Virtual Reality” Treatment for Flying Phobics

by Allen Grove

I’ve worked in the Virtual Reality Lab since March 2006. The bulk of my time has been spent with clients who were afraid to fly on an airplane. What we often do to treat the clients is to expose them to a “virtual” flight through the use of a computer program. However, if exposure to the program was the only part of the treatment, any high school student interested in computers could conduct it. A vital piece of the environment includes what the therapist says to the client during the virtual flight.

For example, it is not uncommon for clients to report that fears of terrorism, mechanical failure, or bad weather prevent them from getting on a plane. Some clients are even afraid to book a



flight, much less ride in a plane. Clients are introduced to the lab and asked to sit in an airplane chair that was donated to Hofstra by Delta Airlines. Many clients' anxieties increase simply by sitting in the airplane chair. Most clients have flown in an airplane in the past, but are either unable to do so currently or only fly with the use of anxiolytic medication (e.g., "Knock me out and I'm fine!"). Clients are helped to put on a Head Mounted Display (HMD), which gives sight and sound to the program, to prepare them for the virtual environment.

The environment starts at the airport. Clients can walk around the airport as they please with the use of a game controller. The therapist may choose to "call" their flight by saying something like, "Flight 2270 to Boston, Massachusetts: Now boarding first class as well as parents with small children." Periodically, clients are asked for their Subjective Units of Distress (SUDS) ratings to give a verbal measure of their anxiety. Clients can also be hooked up to a program to measure their Galvanic Skin Response (GSR) for a biological measure of their anxiety. If anticipatory anxiety is a major issue with a particular client, he or she may be asked to wait in the airport indefinitely: "Flight 2270 to Boston has been delayed; we will give you more information on this flight as soon as we have it."

Assuming the virtual flight has not been delayed, once the clients' row has been "called," they walk through a jetway and board the plane. Clients may notice other people sitting in the back of the plane. Those who mentioned that terrorism was a major concern might be told, "You know, those people back there, I bet you one of them is a terrorist. You can just tell." While this may sound "mean," this type of dialogue is essential in exposure therapy. It is important to note that clients are supported throughout therapy so that they know that the therapist, though possibly sounding harsh, cares about them and wants them to overcome their phobia.

As the plane leaves the gate for the runway, clients hear the captain and flight attendant talk about oxygen masks, water landings, and emergency exits, and they are asked to "sit back and enjoy the flight." Takeoff is often the most fear-inducing part of the flight. Clients are asked for SUDS ratings just before this point in the flight. The airplane chair in which the client is sitting is on top of a platform that shakes continuously and quite loudly as the plane takes off. Some clients are so nervous at this point that they grab the airplane chair, touch the wall near them, or express feelings of nausea. Therapists generally wait until takeoff has occurred to ask

for SUDS ratings to promote immersion during the takeoff (and because it is so loud during takeoff that clients often cannot hear therapists anyway!). If takeoff is the only part of the flight that prompts fears, the computer program is set up for clients to repeat takeoffs as often as necessary.

Clients often enjoy the middle part of the flight during good weather. They have just "survived" takeoff and hope that the worst is behind them. Therapists can change the program to bad weather, which prompts the platform to shake once again, lightning to strike outside the airplane, and thunder to erupt. Therapists may pretend to be other passengers on the flight at this point saying, "What are they thinking flying through this? They're crazy! We're going to crash! I should have driven!" The words "crash" and "driven" are important because ultimately clients are not afraid to fly; they are afraid to crash. Second, ceding control of their safety to a pilot they have never met ("Who knows what kind of experience s/he has?") is often a major concern.

Clients' favorite part of the flight is almost inevitably the landing. They exclaim sighs of relief as they see trees, grass, and roads outside their window instead of clouds. Clients who are totally immersed often look outside and talk about their new surroundings. They listen to the flight attendant "welcome" them to their new destination and look out for luggage that may have moved during the flight. After the flight, clients are counseled about their reactions during the flight and asked to book an actual flight as soon as possible.

I think what I've learned from my experience with VR so far has been how to conduct exposure therapy. Some clients respond better to imaginal exposure or in vivo exposure than they do to Virtual Reality. I have accompanied clients to both LaGuardia and JFK Airports in an effort to help them overcome their fears. I think that the members of the VR lab – Donny Hoffman, Elizabeth Morell, Tamar Kairy, Emily D'Antonio, Justin DiScafani, Melissa Strlicic, Kerry Torrell, Liz Mansdorf, and I – work together very well. I've learned as much from them as I have from our supervisor, Mitchell Schare, who consistently does an amazing job. Fortunately, Joe Scardapane takes care of the financial aspects of the setup – VR is expensive! I think we would all say that working with VR technology and, especially, our clients has been an invaluable part of our education at Hofstra.

## Congratulations to our 2007, 2008 and 2009 Ph.D. Recipients!

Lena Andersen  
Margie Bougioukas  
Laura Braider  
Chris Browne  
Karen Chin  
Christine Fornabia  
Regina Galenti

Susan Gaylord  
Joe Goldfarb  
Cheryl Greenberger  
Teresa Guerrero  
Michael Hickey  
Laura Iocin  
Melanie Levine

Tara Mandel-Perrino  
Pamela Mason  
Mary Ellen Mulligan  
Ryan Quirk  
Michele Read  
Jen Rodman  
Natalia Skitskaya

Jill Slavin  
Mary Travers  
Noreen Vail  
Christine Walling



# My Life as a University Professor of Psychology

by Howard Kassinove, Ph.D., ABPP



The two best decisions I made in my life were to marry my wife of 42 years, Tina Boyarin, and to accept a teaching position at Hofstra. In this article, since many Hofstra folks already know how wonderful Tina is, I will comment on the joys of university life. Hopefully, I will lead some of you to consider a university career.

In 1965 I was happily working as a school psychologist in Levittown, NY. At the same time, a Hofstra professor named Dr. Julia Vane had aspirations to begin doctoral training at Hofstra. She called to ask if I would accept a full-time position in the department. I said “yes,” not really knowing what I was getting myself into. As it turns out, university life is exciting, leads to personal growth, and places us on the forefront of new knowledge. Along the way, I have also developed some terrific friendships with my faculty colleagues and with students.

My first task was to learn how to teach – something I knew nothing about. I had only taught a course in Abnormal Psychology during the previous summer. To prepare, I read a few books and wrote out about 20 pages of notes. However, I was terrified, and when I saw the 50 students before me, I went into “rapid lecture mode.” My materials were done in 15 minutes, and I had to dismiss the students early. I didn’t know that good teaching involved developing a reasonable pace, writing important concepts on the board (there was no PowerPoint in those days), asking for questions, developing discussions, and so on.

Faculty members were required to teach four courses per semester. I ended up teaching almost every one that we offered. At the undergraduate level, I taught Introduction to Psychology, Abnormal Psychology, Statistics, Personality, Research Design, Child Psychology, Tests and Measurements, and a few others. The good news is that I really learned about the body of knowledge in psychology by preparing this variety of courses. At the graduate level, I taught Developmental Psychology, Group Psychotherapy, two or three different Assessment courses, Behavior Therapy, Research Design, Dissertation Proposal Initiation, Interviewing and Counseling, Cross Cultural Psychology, and some specialized seminars. Having to learn all this material also made me into a better private practitioner. I discovered that the best way to learn about the base of knowledge in psychology is to teach it. I hope I have become a better teacher over the years, since I get great joy from imparting knowledge to others. For us on the faculty, it is really gratifying to see students develop a broad understanding of behavior as they move through their educational programs.

Dr. Vane decided to start a clinic to be named the *Psychological Evaluation and Research Center (PERC)*. We began with four supervisors and, for the assessments, I often asked students to administer the *Rorschach Ink Blot Test* and *Thematic Apperception Test*, as well as measures of intelligence and achievement. That may seem surprising by today’s standards. However, as part of my own education, I had taken two years of training in projective testing and was quite impressed by these methods. How things change!

PERC, of course, has now evolved into PERCC (with two Cs) to represent our emphasis on intervention (the second C is for Counseling) and it is now directed by Dr. Joseph Scardapane. Our students are fortunate to have him as their teacher and leader of PERCC. I have gotten great pleasure out of seeing Joe develop PERCC into a world-class facility led by a psychologist of excellence with a vision for the future.

The Ph.D. program itself went through many changes, and it has been exciting to see that process. We began as a Ph.D. program in School Psychology. Dr. Vane had been a psychologist in the Hempstead Schools, and working with children was her passion. However, the program was very clinical. For example, there was little emphasis on understanding the public school curriculum. Rather, we focused on childhood behavior disorders. All students learned to give the *Draw-A-Person Test* and *Vane Kindergarten Test*, and many of us worked with Dr. Vane at the Catholic Charities Mental Health Center doing child personality assessments and psychotherapy. Eventually, we developed a parallel Ph.D. program in Clinical Psychology. These two programs were later merged into a Ph.D. program in Combined Clinical and School Psychology, which has recently reverted to the Ph.D. in Clinical Psychology.

Each of these changes meant dealing with APA and the NY State Department of Education and they presented opportunities for the development of anxiety in both students and faculty members alike. Nevertheless, under the wonderful guidance of Dr. Mitchell Schare, I am convinced that we now have the best set of course and practical experience offerings for students, as well as the finest group of faculty members in our history. Students are now guided by Drs. Dill, Guarnaccia, Kassinove, O’Brien, Ohr, Salzinger, Sanderson and Serper. I find it very exciting to work with such a fine group of psychologists and to have participated in each of the program developments.

With the help of my doctoral student assistants, I did research in a number of areas over the years. This included work in compliance with professional recommendations, assertiveness training, and Rational-Emotive Behavior Therapy. Some of my assistants have gone on to their own noteworthy careers. Dr. Christopher Eckhardt, a marital violence researcher, is now an associate professor at Purdue University. Dr. J. Christopher Muran is now assistant dean and director of clinical training at Adelphi University and Dr. Raymond DiGiuseppe is chairperson of the Department of Psychology at St. John’s University. Dr. Denis

Sukhodolsky is now a research scientist at Yale University. He recently received a very large grant to continue his studies of tics in children with Tourette's Disorder. I would be remiss if I did not mention Dr. Raymond Chip Tafrate, now chairperson of the Department of Criminology and Criminal Justice at Central Connecticut State University, who has become my writing partner on a number of projects.

These people have become lifelong friends, and each has enriched my life in different ways. For example, it was Dr. Eckhardt who, as a student, taught me how to do factor analysis. This was often done at my home or his, over pizza and wine. I also note that it was Dr. Tafrate who introduced me to motivational interviewing and Dr. Sukhodolsky who taught me about meta-analysis. It was a special treat for Tina and me to recently be part of Dr. Sukhodolsky's wedding, as his family was still in Russia. In fact, Tina and I have attended quite a few student weddings over the years. Each has been memorable and we have been enriched by seeing my assistants move forward with their lives.

In recent years, my work has taken an international focus. When Dr. Sergei Tsytarev invited me for my first visit to Russia in 1991, then known as the "Evil Empire," I was terrified. So, I asked my then student assistant, Chris Eckhart, to come along. That led to 17 trips to Russia, five to India, two to Argentina, and one each to Korea and Romania. In addition to Dr. Eckhardt, other former students who came on these adventures include Drs. DiGiuseppe, Tafrate, and Summers. Yes, Dr. Marc Summers, now an adjunct associate professor at Hofstra, was also my student assistant, and he came to Russia a number of times. Overall, more than 100 Hofstra doctoral students have traveled with me on these international adventures, and it has been very satisfying for me to see them grow through these experiences.

My current passion centers on the study and treatment of anger and aggression. In my lab are Bruno Broll-Barone, Mark Closson, Samantha DiMisa, Robert Gruenfelder, Tony Iacovelli, Kentaro Nakajima, Ranita Pekarsky, Kristen Risola, Stephanie Rodrigues, Jason Stasi, and Michael Toohey. Through weekly supervision of the adults they treat, they are gaining exposure to our model for anger research and treatment. Bruno, Rob, and Ranita, as well as anger lab graduates Ryan Quirk and Ian Whitney, have co-lectured with me in Korea, Romania, and Russia.

When I reflect on these experiences, I realize how lucky I am. I work with a great group of faculty colleagues who support me as a person, although they do not always support my ideas. This has allowed me to grow intellectually, within a positive atmosphere. With regard to my students, especially those who have been my assistants or who have worked in my lab, I usually tell Tina that I am thankful for what they have taught me. As I wrote, I am really lucky to be interacting with them.

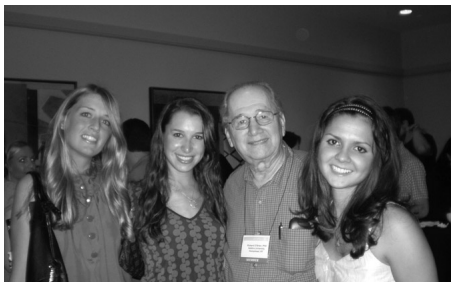
Life as a university professor, for me, can be summarized in one word: Great. I know that we have many opportunities in psychology, including work in the schools, hospitals, college counseling centers, and so forth. I also worked for 12 years, part-time, in a community mental health center, and I ran a successful private practice for 25 years. Although I enjoyed these experiences, absolutely nothing compares to the gratification I have gotten from working with Hofstra faculty members and doctoral students. Hopefully, some readers of this paper will consider university careers.

**Don't work so hard!**  
**Take a quick break!**  
***Sudoku puzzle***

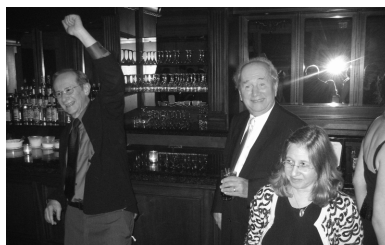
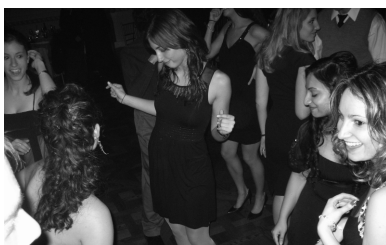
		9		1		7		5
	3	8	7					
4								
					4			
8		7		9		1		
			5					
								3
					8	4	2	
1		2		6		8		

(Answer key on page 12)

## Memories From the 2008 ABCT Convention



## 2008 Intersession Banquet:







**Editor in Chief:** Mitchell L. Schare

**Editor:** Mike Toohey

**Contributors:** Samantha DiMisa, Katharine Donnelly, Allen Grove,  
Howard Kassinove, Allison Lebowitz Elkoubi, S. Stavros Valenti

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](mailto: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](mailto:PSYJTC@hofstra.edu).

6	2	9	4	1	3	7	8	5
5	3	8	7	2	6	9	4	1
4	7	1	9	8	5	3	6	2
2	1	3	8	7	4	5	9	6
8	5	7	6	9	2	1	3	4
9	6	4	5	3	1	2	7	8
7	8	5	2	4	9	6	1	3
3	9	6	1	5	8	4	2	7
1	4	2	3	6	7	8	5	9

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_