

Intermittent REINFORCEMENT

Spring 2005

Vol. 9 No.1

NEWSLETTER OF THE PH.D. PROGRAM IN CLINICAL AND SCHOOL PSYCHOLOGY

“Schare”ing Cognitions: Is Behavior Therapy Dead?



by Mitchell Schare

As we progress through our professional careers, we become witnesses to a multitude of changes in what we do and how professional psychology operates. Some changes are practical, perhaps altering the way we give a test or conduct a therapy session. For example, who would have predicted that the verbal-performance distinction on the Wechsler scales would simply become unimportant or that exposure therapy (a.k.a., flooding) could be conducted in a virtual environment on an office computer? Changes in diagnostic nosology and therapeutic models are common. Whatever happened to thought stopping or

neurolinguistic programming or covert conditioning or _____ (you fill in the blank). The ubiquitous educational diagnosis of “minimal brain dysfunction” was readily supplanted by the equally ubiquitous “learning disability,” which is constantly being redefined as a combination of language and academic developmental disorders and at times associated with, but maybe not differing from, attention deficit with or without hyperactivity, etc. You get my point.

Personally, I find *field-driven* philosophical change to be the greatest professional challenge that I experience. I find this difficult because it is being imposed upon me rather than being self-generated. Perhaps it's my nature that I like a good fight or more likely that I feel strongly committed to my position. As a second-generation behavior therapist my education was immersed in a world of learning research and literature, which always stressed the primacy of behavior. The old adage “what people say and what they do are two different things” always stressed the importance of looking for behavioral change and outcomes as measurable products of successful behavior therapy; even if that therapy included a cognitive component. I was thrilled when Al Ellis, in the mid-1990s, changed the name of his therapy to Rational Emotive BEHAVIOR Therapy because of his dissatisfaction with the armchair cognitive manipulators (i.e., therapists) whose patients did not show demonstrable behavior changes in their lives despite many therapy sessions.

So what's my problem, you may ask. What's this field-driven change being alluded to? I would simply describe it as the death of behavior therapy. Speak to young colleagues or current graduate students and ask them what type of therapy they practice in general terms and the answer will be “CBT” or “cognitive-behavior therapy.” Look over a typical convention program or offerings from the bigger publishers and see how many papers and

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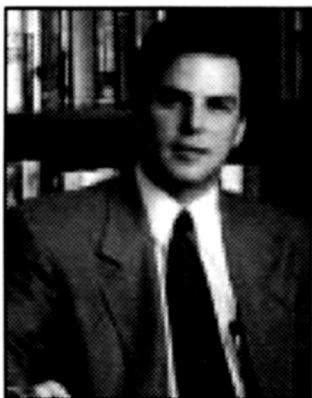
books offer the "cognitive-behavioral treatment" of this and that. A recent medication advertisement refers to the value of CBT as an aid to the pharmaceutical benefit of the drug. Somehow our field has become one of cognitive-behavior therapy.

In 1978 I attended my first professional conference in Chicago. It was for a group then called the Association for Advancement of Behavior Therapy. I immediately found my professional home among like-minded graduate students, professors, and practitioners. I have attended almost every convention of this organization since then until it disappeared. What?...Disappeared?...Gone away?...Yes. In 2004, following much debate and a failed past attempt at the same action, the organization informally known by its abbreviation, AABT, voted itself out of existence by a 4-to-1 margin with only 40 percent of the membership voting. Out of the ashes of AABT arises a new organization: ABCT, the Association of Behavioral and Cognitive Therapies. Some of you will argue that this is merely a name change, a modern outreach to a naive public or semantics in a changing world. I wholeheartedly disagree. Behavior therapy is my identity, my practice, my science.

To add insult to injury, during 2003-2004 I was in the process of obtaining my ABPP in behavior therapy. Imagine my chagrin when I learned that the board I had applied to, the American Board of Behavioral Therapy, had changed its name to the American Board of Cognitive and Behavioral Psychology. Unlike the AABT to ABCT change, here cognition supersedes behavior! Although I earned my ABPP diplomate in February 2004, I have yet to request my official certificate.

Is behavior therapy dead? Maybe. What do you think?

Treatment for Anxiety & Depression: A Survey of Real-World Practice



by William C. Sanderson

Approximately three years ago, I was approached by *Consumer Reports* to help devise a questionnaire that would be used to survey their readers about mental health treatment for anxiety and depression. (Bruce Schwartz, MD, of Albert Einstein College of Medicine, NY, was the other consultant). A fan of *Consumer Reports* myself, it sounded like an interesting project: to gather information about their readers' satisfaction with various mental health treatments (medication, psychotherapy) – just like they rate dishwashers, cars, and soaps. In the past, I conducted several clinical trials where we maximized experimental control. In these studies we were delighted to have 30 subjects. In contrast, in the *Consumer Reports* project we had very little experimental control, but access to more than 3,000 individuals who received treatment in the "real world." Now that makes for a nice power analysis! So despite the valid criticisms that can be launched at such a study (I had to check my internal validity barometer at the door), I believe the information is invaluable in its own way.

Here are some of the highlights.

- Psychotherapy rivaled drug therapy in effectiveness. Respondents who said their therapy was "mostly talk" and lasted at least 13 sessions had better outcomes than those whose therapy was "mostly medication." So not only are psychological treatments as effective as medication, but a minimum "dose" seems to be necessary. This certainly has implications for managed care companies who try to limit treatment or push patients toward medication.
- Drug therapy relieved symptoms faster than psychotherapy, and the majority of people who described their therapy as "mostly medication" also had good outcomes. But it can take much trial and error to find the right medication. More than 50 percent of survey respondents who took antidepressants tried two or more drugs; 10 percent tried five or more. This has to be considered in looking at rate of recovery. If a person tries two different medications, it can take as long as 10-12 weeks from the initiation of treatment (i.e., when they start the first drug) before they are likely to receive any improvement from the second medication (because a trial of medication usually consists of a minimum of six weeks before someone will switch).

- Forty percent of people who took antidepressants complained of adverse sexual side effects. This is a major reason why people want to come off of medication. For those 4 out of 10 individuals, they had to choose between depression or sex!
- Care from primary-care doctors was effective for people with mild problems, but less so for people with severe ones. Once again, this is important information for insurance companies who try to steer their patients into being treated by primary-care doctors (rather than specialists such as psychiatrists). Common sense? Yes. But sometimes profiteering gets in the way of rational decision making.
- The rates of adverse drug side effects that our respondents experienced were much higher than those noted on the medications' package inserts. Forty percent said they experienced a loss of sexual interest or performance, and almost 20 percent said they gained weight. Hmmm. The drug companies would not try to underestimate side effects, would they?
- Health-plan restrictions, such as limits on therapy visits, and costs kept some people from getting the best treatment. More data demonstrating the problems created by restricting treatment. In addition, the lack of equal coverage for mental health problems (higher deductible, less percentage of fee covered, etc.) gets in the way of people getting treatment. Ironically, cost-cutting here ends up costing more later on due to the likelihood of the condition getting worse, resulting in more extensive treatment later on, not to mention all sorts of indirect costs such as unemployment, disability, substance abuse, etc., which are associated with untreated anxiety and depression.

So thanks to Ralph Nader, now you know: Sears makes the best washing machine, SUVs roll over, Dunkin' Donuts donuts have the highest content of artery-clogging trans fat (if you eat them, you may want to look into who provides the best bypass surgery), and psychotherapy is as effective as medication without the side effects. George Bush will also thank Ralph for four more years in the White House, but that's another story.

For the complete report see the October issue of *Consumer Reports* (online: consumerreports.org).

Alumni Across the Country

by Noreen Vail-Gandolfo

In our Winter 2004 issue of *Intermittent Reinforcement*, statistics from a survey of alumni from 1998 to 2003 were reported by Dr. Schare. One of the findings that struck me was that most of the alumni who responded are located in the tri-state area. It made me wonder about those alumni who have ventured away from the East Coast. After doing some research I found several alumni who have relocated all across the country from California to Texas to Indiana and even Canada!

When Dr. Chris Eckhardt graduated from Hofstra in 1994, he moved to Wilmington, North Carolina, to teach at the University of North Carolina. After three years at UNC, Dr. Eckhardt relocated to Southern Methodist University in Dallas, Texas, where he remained until August 2004. At that time he was offered a position at Purdue University in West Lafayette, Indiana, where he is currently an associate professor of psychological services. Dr. Eckhardt was drawn to the program for its "high quality of research and excellent clinical Ph.D. program." When asked about his experiences at Hofstra, Dr. Eckhardt reported that he received excellent research training, as well as a solid background in assessment. He especially notes the faculty's attention to students as individuals and sends a big thanks to Howie Kassonov. Having much experience with relocating to different states, Dr. Eckhardt advises students and other professionals who are interested in moving to another state to make connections and contacts with professors and colleagues. It is important for students to be "willing to take the initiative." Dr. Eckhardt also suggests that students consider applying for out-of-state APA-approved internships during their fifth year or applying for a post-doctoral position after their defense.



Raphael Rose

One alumnus who implemented this post-doc strategy was Dr. Raphael Rose, a 2001 graduate of Hofstra. After graduation Dr. Rose took a post-doc position in Vermont; however, the cold, dark weather was less than uplifting. Through networking and job searches he applied for a job with Michelle Craske in a slightly brighter state on the other side of the country—California. Currently, Dr. Rose is the associate research psychologist to Dr. Craske at UCLA where he directs a multi-site, NIMH-funded research study looking at risk factors of the development of anxiety disorders and the treatment of anxiety with short-term CBT. Dr. Rose attributes much of his success to the "very valuable" clinical and research training he received at Hofstra. To add to Dr. Eckhardt's advice, Dr. Rose recommends researching the state you would like to live in and networking in the area. Dr. Rose also advocates the use of job postings in professional organizations, such as those on the AABT and APA Web sites and in publications.



Ety Bischoff

Another alumnus who longed for warmer climate was Dr. Margaretha (Ety) Bischoff, who graduated from the program in 1998 and a year later found herself just 12 miles from the Mexican border in McAllen, Texas. Aside from the warmer temperatures, Dr. Bischoff saw an opportunity for professional growth at South Texas College. In the five years since she has been there, Dr. Bischoff has held several positions, including psychology instructor, academic assistant to the dean, and program chair for criminal justice and social services. Currently, Dr. Bischoff is the interim dean for the Liberal Arts and Social Sciences Division. In the time that she has been there she has seen the school grow from a small community college to a Division II institution with more than 17,000 students. Dr. Bischoff attributes her success in these diverse positions to her training at Hofstra. Specifically, Dr. Bischoff acknowledges the importance of being able to conduct and interpret research, as well as having knowledge of management skills such as being able to resolve conflict and motivating those around her.

Dr. Bischoff advises those who are interested in relocating to check the state's accreditation and licensing requirements in addition to the more practical issues like the cost of living. It is also important to put yourself out there in terms of establishing a support system, especially if you are far from family and friends.

Not only have our alumni relocated across the United States, but they have also moved to other countries. Dr. Sheila Jabalpurwala had lived in Quebec, Canada, her entire life, so after graduating from Hofstra in 1994, she decided to return to her homeland. Currently, Dr. Jabalpurwala is a psychologist at a francophone outpatient addictions centre, where she conducts evaluations and runs a support group for partners of those who consume. In addition to having a private practice, Dr. Jabalpurwala conducts drunk driver evaluations for the Quebec auto insurance board. She credits her past internship experience with the New York State Department of Drug and Alcohol Addiction and her assessment experience at Hofstra for her successful career. For those students and professionals wishing to move to another country, Dr. Jabalpurwala recommends taking up residency in the country for a short while to familiarize yourself with the local customs and vernacular. She also recommends researching the type of problems that are predominant in the respective country. Finally, Dr. Jabalpurwala notes that obtaining citizenship and knowing the language are essential to working successfully in another country.

This is just a small but striking group of alumni who have chosen to live in different places across the country. From their career choices it is evident that there are numerous opportunities available. Hopefully their successful experiences will encourage those of you who are entertaining the idea of relocating or inspire some who never have. If you have any comments or questions for the alumni highlighted in this article you can contact them at the following e-mail addresses:

Dr. Chris Eckardt: eckhardt@psych.purdue.edu

Dr. Raphael Rose: Rose@psych.ucla.edu

Dr. Ety Bischoff: etybuh@stcc.cc.tx.us

Dr. Sheila Jabalpurwala: sheilakj@sympatico.ca

Congratulations to our newest Ph.D.s!

Ellen Cooper

Krissy Drewes

Tahli Fink

Ryan Fuller

Laurie Goldfarb

Peter Gould

Deena Kahn

Avi Kaufman-Kofler

Evan Kroll

Marianni Laniti

Laura Malosh

APAGS



by Laura Reigada

I was asked to write about my experiences thus far working on the national committee for the American Psychological Association for Graduate Students (APAGS). Given the brief time that I have been working within the governance of APAGS, I realize that this column would not nearly be enough space to adequately describe the complexity of this organization, nor the amount of work that this organization does for graduate students. Therefore, as succinctly as possible, I will give an overview of my role and the benefits of becoming involved.

I am an elected member-at-large (Membership Focus) committee member with voting privileges. Along with five other member-at-large committee members (Practice, Education, Science, Minority, and Communication Focuses), we work with a substantial budget to determine which new or existing initiatives receive/continue to receive funding and/or staff support. These decisions are made biannually at the APA consolidation meetings in Washington, D.C. At these meetings there are multiple committees and boards (Board of Professional Affairs, Committee of Accreditation, etc.) that have their own focus, policies and agenda items. Recently I attended my first consolidation meeting in which I was able to network with many individuals and meet the president of APA! In addition to consolidation, I also have multiple liaisons with various committees and boards that sometimes require traveling to their meetings. At these meetings I represent the voice of APAGS and relay information to my committee regarding relevant agenda items that have an impact on graduate students.

Interestingly, APAGS is a relatively new committee (began in 1988), but is rather influential with other committees and boards and has developed a stable platform to voice graduate student concerns and needs. Overall, my experiences have been educationally enlightening with regard to policy development, legislation, and the internal workings of APA. For me, one of the biggest highlights has been visiting the APA building in Washington, D.C., and visiting the boardroom. Along the walls in the boardroom are pictures of APA's past presidents (Hull, Skinner, etc.) and I felt overcome with a sense of history and pride. It was truly a great moment!

Right now, some of you may be thinking, what is APAGS and/or how do you become a member? Surprisingly, many graduate students are not aware that once they become APA student affiliates they are automatically considered APAGS members. Some of the benefits that are available to APAGS members are: scholarships, listservs (dissertation, women issues, ethnic minority concerns, disability, lesbian, gay, bisexual and transgender concerns in psychology, etc.), gradPSYCH, free guide books/information (self care, how to manage conflicts, careers in psychology, managing grad school with disabilities, managing loan debt, etc.), convention programming (postdoc applications, submitting grant proposals, etc), and a Web site, to mention just a few. In addition to the more obvious benefits, APAGS is also involved in political advocacy at the local, state and national levels through our grassroots networks. There are more than 400 campus representatives, state representatives and regional coordinators actively disseminating new/upcoming legislation and making visits to Capitol Hill. Not only does this network advocate for students, as well as the future of our profession, but it is also offers graduate students the opportunity to gain leadership and policy experience.

To learn more about APAGS or to get involved, please feel free to contact me at Laurareigada@yahoo.com or visit the APAGS Web site at <http://www.apa.org/apags>. Begin to take advantage of the many opportunities that are available to you now.

How to Handle the Stress of Being a Psychologist



by John C. Guthman

Clinical work in psychology can be extremely rewarding. Activities are often associated with a purpose that transcends wage compensation and other structured reinforcers. The work, however, is also associated with frequent intense interpersonal interactions and high levels of stress. If not managed effectively, over time this stress can erode professional commitment and creativity as well as physical, emotional, and cognitive well-being. Clinicians may therefore be compelled to anticipate and effectively manage the stress produced by their choice of career. This often begins with attending to the sources of stress, lifestyle decisions and health-enhancing behaviors. Managing time effectively, scheduling opportunities for regular exercise and social activities are only a few of the areas that typically require attention. The way we spend our recreational time away from work can be an important investment in long-term professional health. I have found that specific approaches to stress management seem to vary in effectiveness over time. What works today may not be useful in the future.

Therefore, dynamic strategies may be needed.

My earliest exposure to the stress of managing a clinical caseload came after college while working with the Department of Social Services. I quickly discovered that nothing I had read prepared me for the pain of witnessing children and families in distress. Even with advanced education, graduate programs typically do not provide extensive opportunities for helping professionals learn how to help themselves. In most cases, these skills must be acquired independent of the classroom setting. In this regard, some of my most important lessons on managing professional stress have come from observing and talking with colleagues in informal settings. Connecting with colleagues provides the benefit of collective wisdom and helps to normalize the demanding experience of clinical casework.

Many professional organizations offer their membership opportunities for consultation and referral services to address work-related stress. The American Psychological Association has an Advisory Committee on Colleague Assistance. The APA also provides Web-links to articles that offer specific strategies for self-care. While the value of clinical work may justify the personal sacrifice that psychologists make, it does not inoculate them from the impact of occupational stress. Proactive self-care is increasingly recognized as an essential professional skill.

Fund-Raiser a Huge Success!



Joe Scardapane and his son Daniel
on the runway

by Noreen Vail-Gandolfo

On Tuesday, April 5, 2005, a fund-raising event was held at Chateau Briand in Carle Place to raise money for the Joan and Arnold Saltzman Community Services Center, more familiarly known to the members of the Psychology Department as PERCC. Thanks to the effort of several members of the Hofstra community, especially Joe Scardapane, the evening was a huge success. Kenneth Cole donated clothes from his Reaction spring line for an exclusive fashion show of boys clothes. The fashion show featured many of the children from the community, including the sons of Joe Scardapane and John Guthman, and was emceed by Hofstra alumni and Channel 11 weatherman Mr. G. All the children did a fantastic job, and even our own Joe Scardapane showed off his modeling expertise! In addition to the fashion show, Robert Catell, CEO of KeySpan, and Richard Kessel, CEO of LIPA, were honored for their very generous donations to the Saltzman Center. The proceeds raised will be used to support various aspects of the Saltzman Center, including research, technology and equipment funds, and scholarships. If you fondly remember your times spent conducting assessments and therapy at the Saltzman Center and want to give something back, or if you are simply interested in donating to the Joan and Arnold Saltzman Community Services Center, please call the Center at (516) 463-6535 or send an e-mail to SaltzmanCenter@hofstra.edu.

Somewhere Over the Rainbow...



Silvia C. Pastor

by Silvia C. Pastor and Rebecca E. Sachs

The Gay-Straight Alliance (GSA) has successfully been "out" and active since the fall semester of 2004. Although we are a relatively young organization, our efforts and determination to become a visual ally on campus has been a lengthy struggle worthy of recognition. The GSA is the product of many hypothetical coffee conversations, optimistic (at times delusional) visions, and the powerful will of some amazing colleagues (whom I prefer to call dear friends). I would especially like to recognize Jim Perez, founder of the GSA, and Dr. Joann Wright, faculty adviser for the GSA, as they have been the backbone and soul of this organization. It is with our sincerest hearts that we, the students and Hofstra community, applaud our persistence and thank you for this long-awaited moment. And to our friends, families, and Hofstra community, thanks for the continuous support and frequent reminders that this is the civil rights movement of our generation.

The Gay-Straight Alliance is a graduate student-run organization that provides a safe place for students to meet and support each other and discuss issues related to sexual orientation regardless of individual orientation. Our organization acts as a resource for faculty, staff, and administrators to get information on how to best serve the needs of the lesbian, gay, bisexual, and transgender (LGBT) community on campus. As we build coalitions with other organizations within and outside of the Hofstra community, we are working toward a greater tolerance and acceptance of diversity.

This spring 2005 look for and plan to attend, participate and/or volunteer in our ambitious "*Rainbow Scholars*" event, a day that will be dedicated to LGBT issues and discussions. *Rainbow Scholars* will include research posters/presentations, applied workshops, formal and informal lectures, musical performances, and art exhibits. This is a wonderful opportunity for graduate students to share their knowledge and talents with others. *Rainbow Scholars* will be our most impressive outreach initiative to let people know that the Gay-Straight Alliance at Hofstra University exists and we're joining a nationwide effort demanding "... *Liberty and Justice for ALL.*"

Get involved today! For more information you can attend a weekly meeting or contact us directly at M.J.Wright@hofstra.edu or silviacpastor@hotmail.com.

Welcome the Class of 2004

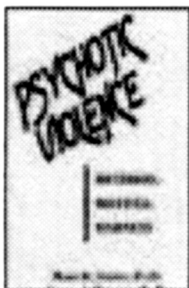


Book Corner

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

Psychotic Violence: Methods, Motives, and Madness

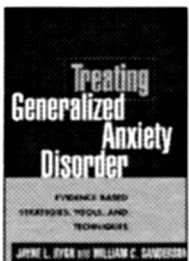
(Psychosocial Press, 2003) Mark R. Serper, Ph.D., and Andrea Bergman, Ph.D.



Psychotic Violence is a comprehensive examination of violence and the mentally ill. Not only does it dispel several myths of the tendency for people with mental illnesses to commit violent acts, but it systematically addresses the most pertinent issues of violent behavior, including biological and psychological factors, description of the victims of psychotic violence, and the impact of substance abuse. In addition, *Psychotic Violence* unveils the ways in which institutional settings, such as the psychiatric emergency room, often fail to provide individuals with mental illness the proper care and consideration they require and often ask for. Furthermore, the area of deinstitutionalization is addressed in light of the many patients who become part of a revolving door cycle. Drs. Serper and Bergman discuss the relationship between criminality and the mentally ill, as well as the legal, social, and clinical factors that should be addressed when considering possible solutions to and interventions for the psychotically violent.

Treating Generalized Anxiety Disorder: Evidence-Based Strategies, Tools, and Techniques

(Guilford Publications, Inc., 2004) William C. Sanderson, Ph.D., and Jayne L. Rygh, Ph.D.



"This highly practical manual provides evidence-based tools and techniques for assessing and treating clients with generalized anxiety disorder (GAD). Proven cognitive-behavioral interventions are described in rich, step-by-step detail, together with illustrative case examples. With an emphasis on both accountability and flexibility, the clinician is guided to select from available options, weave them into individualized treatment plans, and troubleshoot problems that may arise. For those clients who do not respond well to CBT alone, the book also offers a chapter on cutting-edge supplementary interventions that have shown promise in preliminary clinical trials. Special features include a wealth of reproducible materials--over 25 client handouts and forms, assessment tools, and more--presented in a convenient large-size format." (www.guilford.com)

Overcoming Compulsive Hoarding: Why You Save and How You Can Stop

Fugen A. Neziroglu, Ph.D., Jerome Bubrick, Ph.D., and Jose A. Yaryuva-Tobias, M.D. (New Harbinger Publications, June 2004)



"This book, the first ever written for savers and their families, provides an overview of compulsive hoarding and how it relates to obsessive-compulsive disorder. It discusses hoarding broadly, offering readers perspectives on the physical, behavioral, and value-oriented aspects of the condition. Readers can use its assessment tools to help decide why they or their loved one hoards. Skill-building exercises help readers determine how to beat the hoarding problem by addressing issues that often underlie compulsive saving. Even though this is fundamentally a self-help book, it contains a frank discussion about the need for professional help in some hoarding cases, how to find it, and what medications have been proven effective for savers" (www.bn.com)

2005 Conventions

May 13-15

New York State Psychological Association

Nevele Grande Resort and Country Club

Ellenville, NY

www.nyspa.org

May 27-31

Association for Behavior Analysis

Chicago, IL

www.abainternational.org

August 18-21

American Psychological Association

Washington, D.C.

www.apa.org

November 3-5

New York Association of School Psychologists

White Plains, NY

www.nyasp.org

November 17-20

Association for Behavioral and Cognitive Therapies

Washington, D.C.

www.aabt.org

Editor in Chief: Mitchell L. Schare

Editor: Noreen Vail-Gandolfo

Contributors: Joan Connors, John Guthman, Michael Hickey, Silvia Pastor, Laura Reigada, Rebecca Sachs, and William Sanderson

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

If you have recently moved and would like to provide your current address or if you have information regarding the address of a fellow alumnus, please return the form below to Ms. Joan Connors at Hauser Hall, 135 Hofstra University, Hempstead, NY 11549-1350 or e-mail her at PSYJTC@hofstra.edu.

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Department of Psychology
135 Hofstra University
Hempstead, NY 11549-1350