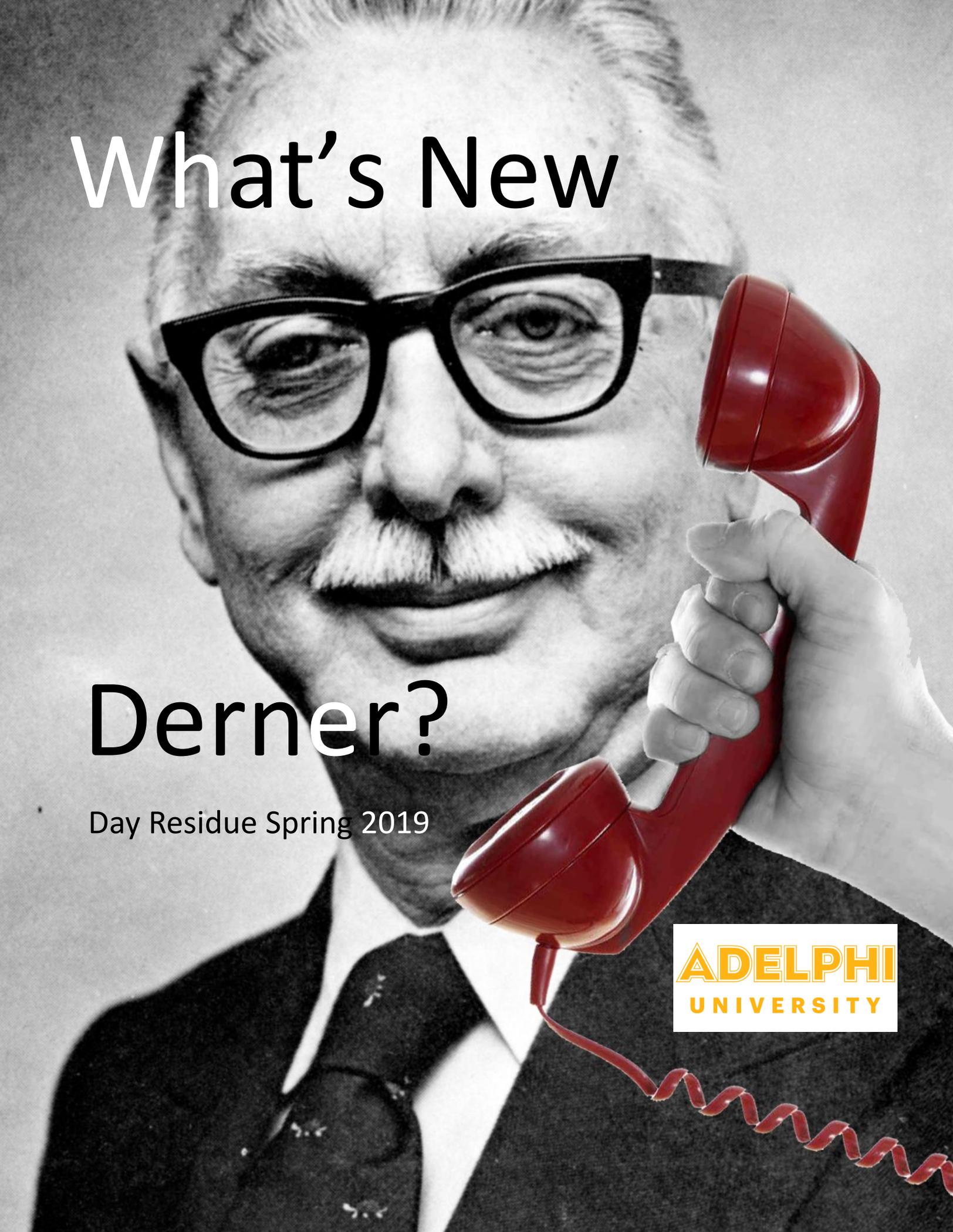


What's New

Dermer?

Day Residue Spring 2019



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DAY RESIDUE: spring 2019

 The Derner Institute Newsletter

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2022 Cohort Organizes Racial Equity Training

By Vanessa Hartmann, 2nd-Year Cohort

At the beginning of the 2017-2018 academic year, doctoral students attended an open discussion meeting with Dean Barber in which students could ask questions about any aspect of the doctoral program. The meeting quickly shifted to concerns that students had about life at Derner. Some students were upset by the departure of a respected faculty member and wanted to know if there were plans to hire more faculty of color. Other students spoke of desiring more resources in the face of financial challenges. Others wanted more open discussions about race and privilege in the classroom and described experiences of feeling shut down by professors and other students.

“I left kind of dissatisfied by the conversation,” Essosinam Ward, a current second-year said. “There was tension and even some arguments that had happened.” Several other students interviewed for this article felt similarly.

For members of the 2022 cohort (the now second-year cohort), who had, at that point, only been at Derner for two weeks, the meeting revealed how social and cultural turmoil in our broader culture was playing out at the school. In a cohort process group, students expressed their concerns about inclusivity at Derner as well as their desire to learn how to address race, socio-

economic, and cultural differences in clinical work. The class decided that participating in a racial equity training program in which students could learn more about how to approach these issues might be a good place to start.

A group of students including Ward, Sophie Cassell, and Marina Weiss set to work drafting a proposal for the training and Weiss interviewed potential trainers. Ward said that the group was initially anxious about how the administration would respond: “Are they going to be supportive of us doing this? Is there money to do this?” she recalled the group thinking. “One of the main things was clinical training: how could we get training that was going to be clinically useful in working with people of color and working in diverse communities? There was a sense of ‘we have some of that’ in terms of the curriculum but there was a sense that something deeper was needed, and more.”

When Dean Muran saw the proposal, he said that he and Dean Barber were impressed; and he remembered thinking, “This is timely.” Muran acknowledged that the school had been struggling with how to address race and privilege on campus and how to make the curriculum more inclusive. “We’ve been agonizing over this, really,” Muran said. According to Muran, the training fit into a broader, ongoing initiative at the school which has involved hiring faculty from diverse

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2022 Cohort Organizes Racial Equity Training (continued)

backgrounds and incorporating topics of diversity and individual differences into each course. “I saw [the racial equity training] as something that would really help the whole community.”

The program occurred over two consecutive Thursdays last spring, with nearly all of the 2022 cohort attending. It was co-led by Rachael Ibrahim, MSW, a racial equity facilitator and grassroots organizer and Mayowa Obasaju Alero, Ph.D., a clinical and community psychologist who has been leading anti-oppression workshops for ten years. A core team of students including Ward, Cassell, Weiss, Firouz Ardalan, and Naa-Adjeley Ama Kuma helped to prepare for and facilitate the training.

The program was unique in that the primary mode of training was through storytelling. In order to facilitate that, Ibrahim and Obasaju Alero worked to create an interactive, nonhierarchical space so the voices of those who are often excluded are given more space. A classroom at the Varick Street campus was transformed with music and posters that framed the stories of people of color and named and described policies and laws in the U.S. that perpetuated oppression. A table of stress-relieving toys, Play-Doh, and art supplies were offered to help create an environment of catharsis and curiosity.

“We [were] able to share our stories authentically with each other,” Ward said. “It’s actually through our experiences and our stories that we learn. It’s not something that’s outside of us, but something that we are experiencing, whether we have a privileged racial identity or if we are a person of color. We have experiences that we can learn from.”

After developing a shared language on how to talk about race, students got down to the important work of learning about the historical roots of oppression in our broader society as well as in the field of psychology. Students shared stories of recognizing oppression in the institutions and organizations they are a part of, including Derner. They shared stories of how they’ve recognized implicit biases in their own work and stories of how they’ve avoided speaking about race or cultural differences with patients. Together, students were able to sit with the deep discom-

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— Naa-Adjeley
Ama Kuma

fort, pain, and trauma that structuralized oppression and racial inequity has caused in their lives and in their work.

“I didn’t expect it to have such an impact on me because I can talk about my experiences in a sort of detached way,” said Naa-Adjeley Ama Kuma. “But there was something about being in that space, and I think it had a lot to do with what we learned—the history, and more focus on context, and thinking about unconscious processes.”

“I think it was also important knowing that people sitting around me were listening,” Kuma continued. “They weren’t judging. There was no interruption or trying to explain why I’m feeling this way.”

In a post-training survey designed by Marina Weiss and other members of the core team, which was presented at APA’s Division 39 conference this spring, the majority of students who participated found the training to be impactful in raising awareness about personal identity and that it helped increase their awareness of the identities and experiences of others. Students also answered open-ended questions about their experiences in the training. In general, students reported that the experiential, self-reflective approach of this training helped them feel that they could engage with the realities of racial dynamics at a deeper level which would serve them well in their clinical training.

“It’s allowed me to go into the therapy room with a broader perspective and to take more time to consider someone’s daily lived experiences,” Killian Folse said. “We tend to learn

about people by lumping them into groups instead of just listening to the person and what’s affecting them on an individual level.”

“I think that we’re able to talk more frankly about issues of racism,” Ward said. “Now that we can talk about it more, we can potentially do more together too.”

The training had an impact on the administration as well. The current first-year cohort recently attended a diversity workshop, led by Perry Greene, Ph.D., vice president of diversity and inclusion at Adelphi. And, going forward, all first-year cohorts will attend a workshop as part of matriculation week.

Faculty members are also being encouraged to explore and contend with issues of race, gender, and culture through a separate continuing education program. Muran said that the impetus for this initiative stemmed from complaints from students that were voiced both privately and at town hall events in recent years. The program includes structured discussions with Craig Polite, Ph.D., a senior consulting psychoanalyst, in which faculty members share their own experiences of identity and difference both in their personal lives and in their teaching. Muran says these discussions will continue regularly in future years to keep the conversation going.

“We recognize that we need to take this seriously if we want this place to be an institution that truly promotes diversity, something that has been so important to the Derner legacy,” Muran said.

“I think that we’re able to talk more frankly about issues of racism. Now that we can talk about it more, we can potentially do more together too.”

— **Essosinam Ward**

Derner School of Psychology Launches Psy.D. in School Psychology

By John Burke, 4th-Year Cohort

One aspect of Derner's Psy.D. in School Psychology program that sets it apart from other doctoral-level school psychology programs is its commitment to social justice.

In the Fall of 2018, the Derner School of Psychology welcomed its first ever Psy.D. in School Psychology cohort. There are 15 students now studying in this program, training in psychotherapy, prevention, systemic-level intervention, and assessment, as well as conducting research.

Dr. Jennifer Durham, Coordinator of the Psy.D. in School Psychology described the origin of the program to lie in the need for more expert clinicians in the field. She said, "There is a need for clinicians trained at the doctoral level. There are not enough clinicians and not enough kids have access to great clinicians. We thought, what a difference more well-trained clinicians would make."

The new Psy.D. program builds on the existing expertise developed over many years among the faculty of the M.A. in school psychology program. Once the idea of adding doctoral-level training was generated, it took approximately 9 years to bring this vision to fruition. The development of the program was spearheaded by Dr. Ionas Sapountzis, director of school psychology programs at Derner, and the core team working to build the program were Dr. Durham, Dr. Sapountzis, and Dr. Dana Boccio. Additionally, Dr. Durham reported that the project was supported at the university level and embraced by Dr. Jacques Barber and

the Derner administration.

One aspect of Derner's Psy.D. in School Psychology program that sets it apart from other doctoral-level school psychology programs is its commitment to social justice. Dr. Durham described a program with social justice integrated into every course, as well as represented in colloquia, special events, clinical training placements, and research. She said that she sees the program to have the potential to be a place "where research and and scholarship are generating best practices with respect to the interface of psychology and social justice."

This aim is illustrated by Dr. Durham's own research group, the Clark Study and Consultation Circle. The Clark Circle is named after Drs. Kenneth and Mamie Clark, known for their research on the internalization of racism by African-American children and their testimony before the Supreme Court, which helped secure the *Brown vs. Board of Education* ruling that declared de jure racial segregation of schools unconstitutional. Dr. Durham's research group similarly aims to combine research with advocacy and practice.

The Clark Circle is currently conducting a study in Atlantic City, New Jersey, examining children's unconscious biases against self through use of an implicit bias assessment measure



The inaugural class of Derner's Psy.D. in School Psychology.

and grounded theory qualitative interviewing. They have a participatory action research approach, emphasizing action to support positive change in the communities studied and collaboration with community members. For example, in addition to the study described, Clark Circle members are also conducting workshops with parents in Atlantic City, addressing topics such as positive identity development and racial socialization.

The new Psy.D. in school psychology also stands out for a reason shared by other programs at Derner: training in a broadened range of approaches to conceptualizing psychological life, including psychodynamic approaches. According to Dr. Durham, “Most school psychology programs are behavioral in focus. We’re very different. Our students learn behavioral methods, but they’re also exposed to other ways to conceptualize children.” Along with training in psychodynamic approaches, the curriculum is also broadened through an emphasis on ecological

conceptualizations of children, which take into account environmental and societal influences on child development and functioning.

In closing, when asked about her hopes for the future of doctoral-level school psychology training at Derner, Dr. Durham said “I would like the program to train experts in culturally-competent treatment for kids, families, and communities. This place should be a hub for that. Churning out great clinicians to go out and help is our goal.” Based on the thoughtful and unique design of the program, and the Derner School of Psychology’s existing expertise in training school psychologists, the Psy.D. in School Psychology seems positioned to achieve the aspirations Dr. Durham described.

For more information on the Derner School of Psychology Psy.D. in School Psychology, please visit <https://derner.adelphi.edu/psychology/school-psyd/>.

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Introducing the Greene Clinic

By John Burke, 4th-Year Cohort

“I became friends with one of the residents who also thought it would be really nice to open up a group practice with people from different fields, but interested in similar theories and interested in community and politics.”

— Dr. Cassie Kaufmann

In her internship, postdoc training, and early career, Dr. Cassie Kaufmann (Ph.D., 2014) kept her mind open regarding her future. She spoke with colleagues about creating a space for collaboration with like-minded clinicians and reflected on the need for more postdoc training opportunities (and equity in postdoc compensation). She also thought about the difficulty patients experience when seeking high-quality but affordable psychotherapy, especially in Brooklyn, where she lives.

Out of these different currents (and with a contribution from the appeal of working close to home), the Greene Clinic was born in January 2018.

Located in the neighborhood of Fort Greene (89 Fort Greene Place, 2nd Floor), the Greene Clinic provides individual, couples, and group psychotherapy, as well as psychiatric consultation, art therapy, and Chinese medicine (including acupuncture, herbal medicine, and qigong). Additionally, the Greene Clinic is also preparing to offer psychological assessment services in the near future. This range of services emerged from the connections and interests developed by Dr. Kaufmann in her training and early career. She met the psychiatrists and art therapist working at the Greene Clinic during her time as an intern and later staff psychologist at Columbia Medical Center, and she became familiar with acupuncture while a postdoc at Madison Park Psychological Services.

Describing the clinic’s origin, Dr. Kaufmann said, “I became friends with one of the residents who also thought it would be really nice to open up a group practice with people from different fields, but interested in similar theories and interested in community and politics.” She added that they desired “to see how we could integrate the different disciplines and offer a range of services to people,” and wanted to do so using a sliding scale model to make treatment more widely accessible.

With regard to providing training opportunities, Dr. Kaufmann is sensitive to the challenges of being a postdoc based on her experiences and those of friends.

Speaking to this sensitivity and her vision for the Greene Clinic, she said, “There aren’t a lot of spaces to get hours in a more formal way. There are a couple of solid positions, where you get benefits and full-time hours, but a lot of people end up cobbling together places. People in training often get exploited for their labor. We wanted to provide a space where people could also make some money. People aren’t making a killing here, but at least they should get a reasonable wage for contributing a lot of hours and effort.”

All of the postdocs at the Greene Clinic so far have been Derner graduates. Laura Eidlitz (Ph.D., 2017) was the first postdoc to start at the Greene Clinic, and she has since been joined by Danny Sims (Ph.D. expected 2019), Nadia Kuprian (Ph.D., 2018), and Inga

Korsgaard (Ph.D., 2018). Additionally, Derner graduates Gabriella Cardona-Morales (Ph.D., 2014), Sophia Frydman (Ph.D., 2016), and Jenny Marion (Ph.D., 2016), as well as current doctoral candidate Antonia Frydman (Ph.D. expected 2020), also provide clinical services at The Greene Clinic.

When conceptualizing the Greene Clinic, Dr. Kaufmann also drew upon her experiences as an extern at The Village Institute and a postdoc at Madison Park Psychological Services. At these sites, she learned “how to do the business end... Negotiating fee, scheduling, submitting claims, dealing with insurance.” She also gained exposure to the sliding scale fee model at The Village Institute and observed how a postdoc position could prepare a psychologist for private practice through her time at Madison Park Psychological Services.

The Greene Clinic’s first year has been a success. Dr. Kaufmann reports “The word is getting out. People are finding their way to us, slowly but surely. And the people who are interested are very pleased to find a place where they can go in Brooklyn, where there’s flexibility in fee, so that they feel they can afford it.” Additionally, Dr. Kaufmann is hopeful that the postdocs and staff will form a supportive professional community. Though it is still early, thus far signs point to this type of network developing at the Greene Clinic through group supervision, postdoc didactics, and the informal interactions that come from sharing space and clinical interests.

The launching of the clinic has not been without challenges, specifically the learning curve that comes along with management, accounting, and real estate aspects of clinic leadership, as well as overseeing triage and assignment of cases.

“It’s one thing to be self-employed and another to incorporate and then to start taking on employees. That’s been a steep learning curve. Figuring out all the bureaucratic stuff, and then figuring out the new role. Figuring out how to feel self-authorized as a private practitioner but also as a supervisor when I’m not that many years ahead of the people who I’m supervising. It’s been very growth-filled, but it’s been a lot of work” said Dr. Kaufmann.

Looking to the future, Dr. Kaufmann described her wish to continue developing a community at the Greene Clinic. “I hope there continue to be trainees who are excited to be part of the group and that the patients get a good experience. And that we continue to enjoy working with each other” she said. She also hopes clinicians at the Greene Clinic will branch out, describing a hope that “we find more space to be creative together” and a hope “to create opportunities for clinicians to feel like they can be experimental.” For example, Dr. Kaufmann is interested in finding ways to make psychotherapeutic experiences available to the community in times of crisis, such as one-day workshops or short-term groups, but

“People in training often get exploited for their labor. We wanted to provide a space where people could also make some money.”

Introducing the Greene Clinic (continued)

logistical questions remain to be worked out.

When asked if she had any advice for current doctoral candidates, Dr. Kaufmann spoke about bringing ourselves to our work, being experimental, and maintaining connections with other professionals, saying, “I’d encourage people to take risks in different ways. It doesn’t necessarily have to be financial. Especially when you’re just coming out of training, I feel like the postdoc years can be a nice time of figuring out, in a more grounded way, how do you want to practice? Who do you want to work with? How do you want to develop your community? And to give that time and space to unfold. I think that’s been part of it for me, figuring out how I want to practice. Leaving a hospital setting where I was working with so many other people but in a short-term model. I loved working with people from other disciplines, so it’s nice to be able to continue that at the Greene Clinic.”

In closing, it appears that the creation of the Greene Clinic offers an example of a psychologist recognizing an opportunity and creatively taking the steps to establish a space reflective of her own commitments and interests. Dr. Kaufmann cites her past advisor, Dr. Joe Newirth, who spoke about using the postdoc experience and early career to figure out what type of practice and career she would have. As students, it can feel that we are entering a pre-established landscape, but Dr. Kauf-

mann’s establishment of the Greene Clinic shows that we can also take steps to shape that landscape. It takes courage (and support) to risk doing something new, but if we draw from the accumulated wisdom that comes to us in our training, a calculated risk can payoff.

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To learn more about the Greene Clinic, visit the website <http://www.greeneclinic.com/>. Individuals seeking to make a referral for psychological services, as well as recent graduates interested in a postdoctoral position can contact Dr. Kaufmann at info.greeneclinic@gmail.com or 646-470-1853.



Drs. Cassie Kaufmann, Inga Korsgaard, Nadia Kuprian, Jenny Marion, and Danny Sims at the Greene Clinic.

Derner Students as Expert Witnesses: The Adelphi Asylum Project

An Interview with Michael O’Loughlin

By Lily Swistel, 2nd-Year Cohort

Derner Professor Michael O’Loughlin runs a program at Adelphi, where doctoral students can train to conduct interviews and clinical examinations in order to write affidavits for asylum seekers under supervision by an Adelphi faculty member. The following is an interview about the program.

Michael O’Loughlin: I started volunteering with HealthRight International’s Human Rights Clinic in 2006. My colleague Carolyn Springer sent me an email asking if I might be interested in this training. I participated in the training and began conducting asylum evaluations. I’ve completed an average of six or seven a year so, in total, I have completed 70 or 80 forensic evaluations. The way the asylum system worked in the past, at least, was the country had a quota, which was around 75,000 people per year. It seems like a large number, but really under the Geneva Convention, countries have obligations to take certain numbers in proportion to their size. There are really three organizations in the U.S. that do evaluations as expert witnesses to assist asylum seekers on a systematic basis, one of which is Physicians for Human Rights, Another is the Human Rights Clinic. They train volunteers who are licensed physicians and mental health workers to perform forensic evaluations. HealthRight is a New

York based NGO that carries out humanitarian projects in a wide variety of developing countries. A small division of HealthRight is called the Human Rights Clinic, which was started by Eva Metalios, a physician at Montefiore Medical Center in the Bronx. She began by teaching her residents how to do evaluations and that became the nucleus of the Human Rights Clinic. She trains her residents to do physical exams for people who have been tortured or suffer from female genital mutilation and trainers like me train the residents to do forensic evaluations.

In 2006, I began as a volunteer clinician for Health Right, conducting one evaluation every six or eight weeks typically. And then a few years after I started, I became a trainer for the Human Rights Clinic. I have trained residents at hospitals in New York City and at Buffalo Medical Center, and I have trained a wide variety of mental health professionals. Most recently, I performed a training for undergraduates in the Interpretation Certificate program in Adelphi’s Spanish Department, and nine of those students will now provide interpretation services for the Asylum Project.

The typical individual who applies for asylum without assistance from a NGO like Health Right has a very low probability of success, maybe less than 10% – but certainly very low. Because

“The typical individual who applies for asylum without assistance from a NGO like Health Right has a very low probability of success, maybe less than 10% – but certainly very low.”

— Dr. Michael O’Loughlin

the system is run as a quasi-judicial system, the federal government has prosecuting attorneys. The purpose of these attorneys is to keep the numbers as low as possible. There has always been pressure to minimize success, but under President Trump this pressure is extreme. The federal attorneys are highly adversarial. If an asylum applicant appears in immigration proceedings without an attorney, their chances of success are extremely poor. I mean most people we see often aren't fluent in English and they're often not educated and they don't have the capacity to explain their circumstances. And many of them might suffer emotional constriction from trauma, so even if they were educated, they might not be able to explain their circumstances. So there is a kind of underground railroad... a large network of NGOs that serve the many different needs of undocumented migrants and asylum seekers. In New York for example, the New York Center for Law and Justice serves the needs of deaf asylum applicants and refugees.

Lily Swistel: It's like all of these NGOs are integral to how the system works, but it's not like the government funds this side of the system.

MO: Ironically enough, they fund parts of it. HealthRight had funding for many years and the funding we got, we lost in the last funding round, and the funds were awarded to Buffalo Medical Center, where I actually trained their personnel. So the funding shifts around, but some parts of the government under some past presidents have had a vested interest in providing reasonable repre-

sentation for people to help them navigate the system, and they won't provide that service, but they're willing to kick in some money to sponsor NGOs. Much like they would have a vested interest in assisting other kinds of charities that do needed work that then stops people being dependent on the government. They have a vested interest in it because it helps the population at large. Note, asylum seekers and refugees have no due process rights and no right to free legal representation, nor to having a lawyer present in court to represent them.

People who come to us for evaluation, their chances of success in the asylum system go up to about 90% plus. It's very high. They get two things: they get a forensic/psychological evaluation, a medical evaluation if indicated, and they get free legal aid from other *pro bono* donations by law firms, and by staffers from immigrant rights NGOs. So there's a network of intersecting organizations.

Faculty and student volunteers perform a forensic evaluation, draft an affidavit, and present expert witness testimony in immigration proceedings if required. A crucial feature of our role is that people who do this work are not advocates. The clients are not our patients. We are not allowed to work with them therapeutically because we are expert witnesses and as an expert witness, you have to try and collect the facts and make an argument from the facts, and so the forensic training that we give to our doctoral students focuses on how to assemble

“The forensic training that we give to our doctoral students focuses on how to assemble facts and how to make an argument from evidence.”

— Dr. Michael O’Loughlin

Derner Students as Expert Witnesses: The Adelphi Asylum Project (continued)

“Now President Trump is trying to remove those categories, so that only political refugees can claim asylum.”

— Dr. Michael O’Loughlin

facts and how to make an argument from evidence. If the facts aren’t there, you can’t make the argument. I’ve declined two out of the eighty or so cases I have been offered because I couldn’t find sufficient evidence that would lead to a satisfactory evidential affidavit. The forensic practice of doing this work, which is really helpful for doctoral students to learn, how to collect clinical forensic evidence, how to write a legal argument based on this evidence, negotiate the final draft with an attorney, and then testify in immigration proceedings if required..

LS: Tell me about where your clients are living – the ones who are awaiting a hearing, and are kept incarcerated?

MO: In this area the biggest – they’re called immigration detention centers – is in Elizabeth, New Jersey. It’s a giant warehouse that has been converted into dormitories with bars on the windows, and there’s an average of 30 asylum applicants or undocumented migrants living in each room. It is set up a like a prison. You talk to a client through a plexiglass shield and you pick up a phone and talk. They live in group dorms, not individual cells, and so the stressors are enormous. There’s a multibillion dollar private business of incarceration firms running these facilities with very little supervision. For instance, a child died and there’s stories of children being tied to chairs and forcibly injected because they were recalcitrant and so on and there’s very

little federal oversight. Detained children are required to receive a certain modicum of education. They’re only allowed to keep children a certain amount of days, but now the administration is trying to reverse this to have them detained indefinitely. Adults can be retained indefinitely.

LS: What are the main policies that allow people to be granted asylum in the U.S.?

MO: Traditionally the main reason people got asylum was political asylum and that was based upon being a dissident, having incurred the displeasure of an authoritarian government, having been part of a banned political party, or having been freedom fighter or some other political category. So, we got a lot of people for instance after the war in Yugoslavia, we got a lot of Kosovars and Croatians who fled because they were fearful they would be killed by the Serb government. We got a lot from Southeast Asia during wars there. Then they widened the category, some years ago to include people who were persecuted based on their gender identity and persecution based on sexual violence or domestic violence or people who feared gang violence, whose governments will not protect them. Now President Trump is trying to remove those categories, so that only political refugees can claim asylum. The traditional pattern, is that people – I’ve seen people from around the world – would flee their country with false documents

and get on a plane to Kennedy airport, rip up their documents on the plane, walk off and say, I present myself as an asylum applicant. Under the Geneva Convention, the government is obligated to take them, take care of them and evaluate them. The same happens at the Mexican border. They're supposed to take that person in, and I don't know if this is happening anymore, but they are supposed to be administered what is called a Credible Fear Interview, to see if they have credible fear of persecution. If they can establish credible fear – and the government is making it harder to establish – then the government is obligated to keep them in the country on a temporary status and put them through an immigration hearing to establish it, and that's where we come in.

Currently the U.S. administration wants to remove fear of gang violence completely as a credible fear, so, what happens is that you might fear that a gang is going to take you and coerce you or your child into a gang. That would be eliminated now as a criterion. The administration's attitude is that every country has criminals, and so that is not our problem. If this posture is upheld they can hugely cut down the number of people from Central America and Mexico who present at the border.

LS: How many clients you've interviewed had the credible fear of gangs?

MO: It wasn't that big in my work for

many years. Mostly I saw people who were political refugees. But recently, since we have expanded the service by opening the Adelphi cAsylum Project, we're getting a lot of referrals from Long Island and the majority of those referrals are for people who have fled from Central America and for them that's the case. We have have thirty cases either completed or in progress, and we have had two successful judgments already on our first two cases

LS: So do you know yet if with this new push from Trump to eliminate gang violence as a criterion, if we won't be seeing those clients any more?

MO: Well the good thing about attorneys, is that they're good at finding loopholes. So as those criteria start to close, they'll start to look for other criteria.

If you are interested in training to become a volunteer forensic evaluator and expert witness at the Adelphi Asylum Project, under the supervision of an Adelphi faculty member, contact Dr. Michael O'Loughlin at oloughli@adelphi.edu. Training for new volunteers is held once a year, usually in May or September.

Note: The Adelphi Asylum Project is supported by part of a \$50,000 grant from the William and Maude Pritchard Family Trust to HealthRight Human Rights Clinic and the Adelphi Asylum Project for services to undocumented migrant children and families on Long island.

“Money” is not a Dirty Word

By Sara Schapiro-Halberstam, 3rd-Year Cohort

Dr. Haggerty explains that psychologists meeting doctors cultivates a relationship and “you become a person rather than a name on a website.”

As the popular inside joke goes, “Psychology is not a career that will make you rich.” Although we can nod in agreement, we all have loans to pay, living standards to maintain, and happy hour to attend. Hence, graduating and walking into the real world can stir up many questions and a mix of emotions. Unfortunately, business planning is not included in most psychology programs and the literature on how to begin a private practice is limited.

Many of us will start our career working at a mental health clinic, hospital, or a group private practice, yet some of us will forge ahead and open our private practice shortly after being licensed. Regardless if you are a new graduate, or you have been in the field for 15+ years, tips for starting a private practice are always helpful.

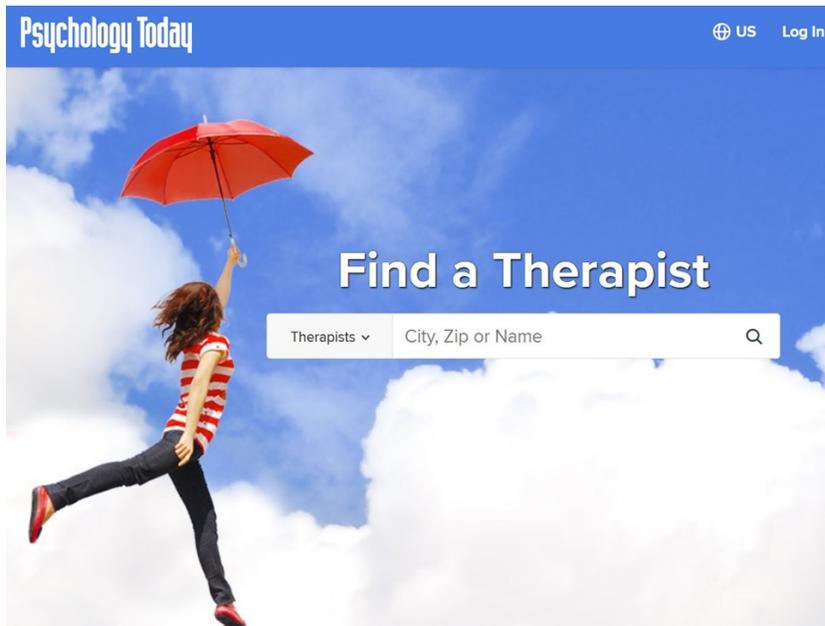
Find your niche

There are many decisions to be made when starting a private practice, some emotional, some logistical, and some theoretical. Dr. Sara Jofen-Miller, (Ph.D. ‘16), emphasizes the importance of finding a niche and specializing in a specific treatment modality. “I will likely specialize in perinatal/postpartum issues because that is a major need in the Orthodox Jewish community.” In terms of job hunting or joining a group private practice she suggests speaking to everyone you know, “You never know where and when an opportunity may present itself... Be open to opportunities you

might not have considered.”

Make yourself known

In today’s digital world a crucial component of starting a private practice is your online presence. Most people find their therapist online. Dr. Greg Haggerty, (Ph.D. ‘08), Dr. Jofen-Miller, and Dr. Carolida Steiner (Ph.D. ‘77) agree that Psychology Today is one of the best networking tools. Setting up your profile is important. Dr. Steiner advises to pay special attention to the introduction of your profile, “if it does not give visitors a compelling reason to read your full profile, you’ve lost them! My profile begins as follows: ‘I work with children, ages two and up...’ If someone’s six-year old was having trouble in school, calling me was a no-brainer.” Your family and friends should read your profile page before it goes live. As well as, including a profile picture in a natural setting (i.e. your office) will make you more relatable to potential clients and clients are more likely to click on profiles with a picture. Dr. Haggerty shares, “I can say that I get a steady stream of referrals from this [Psychology Today].” However, he does emphasize that sometimes he gets more referrals than others. You can also consider opening an Instagram and Twitter therapy-related account where you post quotes or other mental health related information (note: keep your personal social media accounts private and sep-



arate from your professional accounts). Dr. Miller says, “Cultivate your social media presence and keep an active profile on websites such as Psychology Today and ZocDoc.”

In terms of networking you will want to consider both in-person and online marketing strategies. In-person marketing would include meeting with primary care doctors, obstetricians, neurologist, and even dentists. Dr. Haggerty explains that psychologists meeting doctors cultivates a relationship and “you become a person rather than a name on a website.” He continues by emphasizing the importance of fostering your relationship with referral sources by thanking the provider whenever a client is referred to you.

Strategize and Prioritize = Save on Expenses

When you are opening your private

practice, you will need to make choices about where you want to spend your money. Your expenses will include (amongst other things) office space, a billing system, web page, networking, and professional profiles. Dr. Jofen-Miller feels that money best spent is on specific targeted training and networking. She also offers insight into other networking and more cost-effective options such as taking insurance or joining a larger group psychotherapy practice (see the Greene Clinic by our Derner graduates).

Setting up your office space will require hunting for an office that is in a good location and affordable. Dr. Steiner shares, “consider the availability of parking, proximity to public transportation, the availability of evening and weekend appointments, and handicapped accessibility.” When starting out, you should consider subleasing for a few hours a week, renting a space by the hour, or joining another mental health group. Subleasing or joining a group private practice also to get your

Dr. Steiner advises to pay special attention to the introduction of your profile, “if it does not give visitors a compelling reason to read your full profile, you've lost them!”

“Money” is not a Dirty Word (continued)

“Money matters, if well-handled it will help build and maintain trust with our patients.”

— Dr. Carolida Steiner

private practice started. By offering a sliding fee you are giving people access to treatment. You will also begin to have a presence in the mental health world. Hopefully, this will snowball into word-of-mouth referrals. However, Dr. Haggerty shares that when he first started he lowered his session fee. He believes that we should set our session rate based on the market value in the area of our office; “We base value (probably wrongly) on how much something costs. If you set your fee too low to be affordable you might find that potential referrals made assumptions about you and they go to someone with a reasonable fee compared to everyone else in the area.” Therefore, maintain a specific session rate and offer a few sliding-fee spots based on what you can financially afford. Dr. Steiner notes, “Money matters, if well-handled it will help build and maintain trust with our patients.” In terms of insurance, she has found it helpful to check insurance details prior to the intake session and discussing insurance coverage prior to the first meeting. She also suggests that clients call their insurance providers to learn about their mental health coverage.

Negotiating fees and payment are a unique challenge. However, if you have clear policies around session payments and cancellation fees you will save yourself money and stress. You can consider keeping a credit card on file and charging a client upon booking the appointment, 24 hours before the appointment (if you have a credit card on file), or taking payment before the

start of the session. Dr. Steiner concurs, she found that collecting payment at the start of the sessions allowed her to focus more fully on the treatment.

Do your Paper Work

Paper work might be your least favorite aspect of being a psychologist, however, there are many systems that can streamline the process. To schedule and bill clients you can consider an old-fashioned calendar and accounting ledger or get sophisticated and purchase a billing and scheduling system. her important documents (scanned in).” Other therapists have found that Theranest is the most useful and reasonably priced software. The Theranest software includes billing, scheduling, reminders, and notes. This means that all client information is in one system, in addition to having a credit card processing system. For an additional fee you can send your insurance claims directly to your client’s insurance, which means you can avoid completing a CMS1500 form.

In summary, opening a private practice will be challenging *and* rewarding. Do your research, ask colleagues for advice, and reach out to a lawyer with all your legal questions. Dr. Jofen-Millers parting words to us is “find a good mentor and supervisor” you are going to need support. Dr. Steiner says, “while the circumstances under which we practice change, respect for each patient never goes out of style.” Most important, be patient with your-

self, allow for errors, and respect your growth as you move along in your journey as a psychologist.

Dr. Greg Haggerty is a licensed clinical psychologist at Nassau University Medical Center. He maintains a part-time private practice in Massapequa, NY where he sees adolescents, young adults, adults, and couples. He sees clients with anxiety and anxiety related disorders.

Dr. Sarah Jofen-Miller is a licensed clinical psychologist with a private practice in Brooklyn, NY specializing in perinatal mental health and maternal wellness.

Before retiring, Dr. Carolida Steiner was in private practice for over 30 years. She also consulted to various agencies. She specialized in working with children, ages two and up, and their families. Since 2014, she has served as Chairperson of Derner's alumni organization.

Dr. Steiner says, “while the circumstances under which we practice change, respect for each patient never goes out of style.”

Alumni Launch Private Practice Facebook Group — Derner Private Practice Tribe

Derner alumna Dr. Valentina Stoycheva recently participated in a panel discussion for doctoral students on the topic of starting a private practice. Following this productive conversation, she and other alumni have launched a new private Facebook group called **Derner Private Practice Tribe**. This is a forum for conversation between clinicians, networking, asking questions regarding the ins and outs of running a private practice, finding referrals, and generally staying connected. All Derner alumni with an interest in private practice are encouraged to join.

Find the group by searching "Derner Private Practice Tribe" on Facebook or by using the link

<https://www.facebook.com/groups/849426075394928/>



Do We Care About Self-Care?

By John Burke, 4th-Year Cohort

“Here let us pause for a moment to assure the analyst that he has our sincere sympathy in the very exacting demands he has to fulfil in carrying out his activities. It almost looks as if analysis were the third of those ‘impossible’ professions in which one can be sure beforehand of achieving unsatisfying results.”

— Sigmund Freud,
Analysis Terminable and Interminable

When I tell others that I am training to be a psychologist, the most common response is “I could never listen to other people’s problems all day!”

Out of false modesty, I often minimize the reality of the demands we face as therapists but, if I know the person well, I’ll agree that it’s hard work and add that it requires discomfiting self-reflection along with openness to the suffering of others. Still, even in these more open conversations, it is difficult for me to express what it is like to become a psychotherapist, and I doubt I’m alone in this.

The fact is, this work we do as psychotherapists is hard in many ways. We face tremendous strain when we go into a small room with another person and deliberately create conditions to encourage the expression of their most difficult emotions. We come into contact with aggression, dependency, and sexual desire, and we are expected to find ways to talk about these challenging feelings. In many cases, the pressures are unconsciously transmitted and even more draining to contain as a result. And then there’s the fact that we bring our own pasts into the consulting room. Work as a therapist, for me at least, is constantly stirring up memories of my own childhood and family, and thoughts about my own conflicts and personality. This is rewarding, but it isn’t easy!

And that’s not even getting into the topic of the settings where we work.

Freud was really onto something when he applied the term “impossible profession” to psychoanalysis. Adrienne Harris expands on this further when she writes:

[The] evolution of relational thinking places increased demands on the analyst. Always we produce and are exposed to more than we can master, know, or manage. However, you use your countertransference, it is both crucial and only ever imperfectly masterable. That mix of powerlessness, shame, and insistent demand is actually a terrible combination, a prescription for dissociation and trauma (2009, p. 6).

Writing on the demands we face as clinicians could be a source of discouragement, but, in fact, it gives me hope. At least when I’m struggling, I can know that my experiences, while deeply personal, are also shared with many others due to the nature of our work (and life itself).

Furthermore, once the nature of the demands faced are acknowledged, the necessity for self-care becomes clear, and the path to maintaining oneself can be discussed. We will break down personally, or burn out and detach as therapists, if we do not make time and mental space for our own wellness.

So, what are we to do? Vicarious trauma... compassion fatigue... burnout... self-care... These are

buzzwords in the field, but do we make them more than empty speech? How can students prepare themselves for this “impossible” profession? Two questions arise: What to do to care for the self? And how to overcome the barriers that interfere with self-care?

Personal psychotherapy or psychoanalysis is one part of the self-care equation. As therapists we aim to support patients in sustaining lives outside of the consulting room, and the same can be said with regard to our own treatment. Individual psychotherapy enables us to see what we need and to seek it effectively in the world. Also, during psychotherapy one’s therapist is a source of support, and when we eventually finish treatment we take them with us internally. While “Have you talked to your therapist about it?” is a frequent supervisory comment (at least for me), bringing these issues into therapy is just the start of a larger self-care process.

Outside therapy, the self-care possibilities are endless. Kate Szymanski notes: “Self-care is doing something where you put yourself in the center. For me it’s exercise... it can be pretty much anything.” For others it may be meditation, cooking, time in nature, or travel. Time and space for thinking and feeling, and opportunities for emotional connections with partners, family, and friends are essential. Considering the self-care activities reported by current Derner students (which are listed along with this article), it seems support, emotional release, emotional processing, clearing the mind, and maintaining self-esteem are important elements of self-care.

Organized forms of peer support are

also a powerful self-care tool. After graduation, many practitioners go on to join peer supervision groups. Interestingly, no formal and consistent peer supervision or peer support model has been established among Derner students. But hopefully we are making the most of the case conference.

While it may seem obvious that self-care is essential, and while making room for it is frequently emphasized, if it were easy then the burnout phenomenon in our field would not exist. So what makes it so hard to practice self-care? Dr. Kate Szymanski notes, “One fear is that if I have to take care of myself, then I’m not OK.” As therapists we must be careful not to create a split between ourselves and those we treat which leads us to apply perfectionistic standards to ourselves (such as “I don’t need help”). Additionally, Dr. Szymanski also suggests that there is a link between mythologized altruistic ideals and neglect of self-care:

It’s important to look at yourself as an equally important part of the process. In our collective consciousness putting yourself first has a bad reputation and people think it means someone is not empathetic or too self-centered. Self-care is seen as putting yourself first over patients, but that’s a myth. The reality is self-care is mindful. And if you don’t take care of yourself, how can you take care of others.

Self-care can also be difficult given the high workloads we all carry. I know that I have found in the short-run it is easier to put my head down, but in the long run this approach cannot be sustained. Hard conversations about personal limits, or larger conversations about systemic problems of collective over-

“The reality is self-care is mindful. And if you don’t take care of yourself, how can you take care of others.”
 — Dr. Kate Szymanski

Do We Care About Self-Care? (continued)

extension may be needed, and to get to the point of having these conversations may require going against ingrained personal and collective patterns. Self-care takes courage. We may wish for our needs to be magically intuited and met, but our training as therapists teaches us that maturity is being able to communicate what's needed and negotiate for its achievement.

In my own situation, it's been an accomplishment just to recognize being overwhelmed. The analogy of a fish in water is often used clinically to help a patient start to think about aspects of their life that are going unnoticed, and working to the point of exhaustion and ignoring my own needs has been "the water." I know I can take pride in trudging forward and feel afraid to ask for help or acknowledge vulnerability; slowing down can be harder than staying busy. Once a supervisor (Dr. Joe Newirth) told me that if a patient is near tears but holding them back, asking them to take a deep breath will often lead to release. Slowing down and considering myself had a similar effect for me, revealing a need for self-care that I had dissociated. Therapy has been part of recognizing this, and in growing in self-care some things been helpful for me have been setting boundaries and recognizing limits, exercise (highly recommend the boxing class at the NYSC in Park Slope), and making an effort to connect more with family. The more I know myself, the more I can care for myself. I presume

the same applies to others in our field, and I presume that while my experience is unique, none of us can get through Derner without facing some conflict with regard to self-care.

Does the work get easier? Dr. Michael O'Loughlin makes the interesting point that "The longer you live, the more you experience, and the more ability you develop for managing your life and responding to the lives of those you call patients... Over time, there's more in your toolkit for managing. You develop a reference group of ideas you can draw on, and things you've dealt with give you new capacities." Our work is hard, but it provides a unique opportunity for sustained emotional engagement and ongoing growth.

Finally, there is the question of where self-care fits within Derner. Should it be formally addressed in our training? I think this is worth consideration. I cannot say what form this might take, but to deny this issue is either already affecting our lives or will affect our lives would be to turn away from something true. A central aspect of our training is the cultivation of a commitment to address the elephant in the room, and perhaps self-care is one of those elephants.

References

Harris, A. (2009). You must remember this. *Psychoanalytic Dialogues*, 19(1), 2-21.

"The longer you live, the more you experience, and the more ability you develop for managing your life and responding to the lives of those you call patients..."

— Dr. Michael O'Loughlin

Student Self-Care Survey

When asked what they do for self-care, current doctoral students in the 2nd-, 3rd-, and 4th-year clinical psychology cohorts reported the following. The order of responses has been shuffled and they have been condensed when students reported overlapping self-care activities (such as psychotherapy, time with friends and family, cooking, walking, meditation, and exercise).

- Sleeping in on week-ends
- Exercising
- Calling friends
- Journaling
- Cooking
- Going to psychotherapy
- Running
- Yoga
- Meditation
- Prayer
- Eating balanced meals
- Sleeping well
- Spending time with family and friends
- Play the guitar
- Sing
- Go to the gym
- Watching television and movies, watching nostalgic TV shows
- Long walks throughout the city, walks in parks
- Ice cream, chocolate, fresh fruit, other treats
- Audiobooks and podcasts
- Masturbation
- Trips during the breaks
- Enjoyable lunch
- Sauna
- Fancy coffee or chai
- Nature and being outside
- Exploring new areas
- Road biking
- Writing
- Take baths
- Get massages
- Clean my apartment
- Get mani-pedis
- Dance and perform
- Snuggling with my cat!
- Workspace completely separate from my rest space
- I NEVER work while I eat
- I let other people take care of me sometimes
- Extending deadlines
- Taking phone-less long walks, sometimes to a park or sometimes not
- Talking to members of my cohort and validating some of the stress
- Take myself to the movies (phone-less)
- Doing something new (e.g. museum, getting out of town for a day, etc.)
- Coloring books
- Sensory deprivation tank
- Dinner with family on Friday nights

Our Alumni Organization: What's Next?

By Carolida Steiner (Ph.D., '77)

Chairperson, Derner Ph.D. Alumni Chapter

These early successes confirm my belief that having our own alumni organization is a good idea. That said, we are at a crossroads. The questions that need to be asked and answered now are "What's next?" and "Where do we go from here?"

In April, 2014, I was invited to serve as Chairperson of our alumni organization. Doctoral students had, of course, stayed in touch for years and even decades without the help of their own organization. They had also felt, again without the help of their own organization, a special connection to their particular class. The key was their friendships with one another as well as with faculty members.

Of course, the annual Lindemann Lecture has, for as long as I can remember, given alumni a chance to reconnect and to learn from prominent psychologists. It was, until recently, held on campus. It's now been moved to Manhattan.

Then there's the very rare Big Event. The most recent was the November 13, 2015, Celebration of Gordon Derner's Life and Legacy. I could easily devote an entire column to how great a day it was.

In view of the foregoing, do we need still need our very own alumni organization? I think the answer is "yes."

It can strengthen relationships that have always existed and help us develop new ones. It can also support our very challenging work lives and allow us to support the next generation of those who, like us, choose to enter "the impossible profession."

What has our fledgling alumni organization accomplished? We have accomplished a lot in spite of the absence of funding. Thanks to our enthusiastic and caring volunteers, we have had an

Envisioning Dinner, 10th Year Parties, Class Reunions, and a brunch at the 2015 APA Convention in Toronto.

We also launched the Derner Alumni Collection. One of Adelphi's more than 40 Special Collections, the Derner Alumni Collection—which showcases the scholarly work of Derner's doctoral alumni—was the subject of a 2017 exhibit at Swirbul Library.

These early successes confirm my belief that having our own alumni organization is a good idea. That said, we are at a crossroads. The questions that need to be asked and answered now are "What's next?" and "Where do we go from here?"



Dr. Carolida Steiner

There are two ideas regarding which I would like your feedback. The first is "**Something-on-Sunday.**" It's a flexible, relaxing, back-to-campus event. The second is "**Ask-an-Alum.**" It's a

career mentoring program.

"Something-on-Sunday" might work as follows: A campus tour would kick things off. Lunch at the Student Union would follow. Finally, a concert or a play at Adelphi's Performing Arts Center would complete the day. Alumni could come on their own or bring family and friends. They could join in for one or all three offerings. **Besides socializing with one another, Something-on-Sunday would also provide an opportunity for alumni and interested faculty to spend time together.**

"Ask-an-Alum" would match a mentor with a mentee for one or more consultations on a particular topic. The mentor and mentee could meet in person or speak on the phone. Obvious topics include the following: How to publish a book, how to win over referral sources, how to start a practice, and how to lead a professional organization. However, given the challenges of a long career, the list of potential topics is endless.

Besides helping alumni themselves, every self-respecting alumni organization encourages its members to support their *alma mater*. Donations are used for scholarships and other good purposes.

In deciding if and how much to give, two points deserve consideration. First, ours is a dues-free organization. If you completed the program and received a doctoral diploma, you are automatically a member. (Yes, it's kind of like family.)

Second, the number of donors is used as a measure of alumni satisfaction and can help with rankings. In other words, even a modest donation helps.

Can you see your way to giving \$100, \$1,000, or something more? Whatever the amount, your donation will make a difference.

There are two ways to give. You can send a check, made payable to the "Derner School of Psychology", to the following address:

Office of University Advancement
Nexus Building, 2nd Floor
1 South Avenue
P.O. Box 701
Garden City, NY 11530

Alternately, you can use [Adelphi's secure website](https://auconnect.adelphi.edu/sslpage.aspx?pid+878) by following this hyperlink (<https://auconnect.adelphi.edu/sslpage.aspx?pid+878>). There's a photo of students with the panther statue. Go to the drop down menu labelled "Designation" and select "Derner." The rest is easy.

A good alumni organization needs to do more than tap into our nostalgia for "the glory days." It needs to be meaningful to our lives today.

Looking to connect? Here are some ways to do that:

1. If you haven't heard from Adelphi in a while, you may need to update your contact information. Kathy Bacon-Greenberg (kbacongreen@gmail.com) will see that this gets done.
2. If you started the program in 2009 or 2010, can you volunteer to organize a 10th Year Party—either in 2019 or in 2020—for your class?
3. If you started the program more than 10 years ago, can you volunteer to organize a Class Party? Class Parties celebrating 25 years and other anniversaries are espe-

Our Alumni Association (continued)

cially nice.

4. If you know someone who has written or co-written a book, a book chapter, or an article in a peer-reviewed journal, encourage them to donate their work to the Derner Alumni Collection.
5. Would you like to help out, just once, at a Lindemann Lecture or another specific event?
6. Do you have six free hours—in either 2019 or 2020—to help where needed? These gal Friday/guy Friday assignments can be done long distance. They're a good way to connect if you live out-of-State or abroad.

My e-mail address is drcarol26@msn.com (Put "Derner Alumni Organization" in the subject line). Whatever your interest or availability, I'd love to hear from you!

All the best,

Carolida Steiner (Ph.D., '77)

Derner Students Complete Spartan Race

In June of 2018, a group of Derner Students completed a “Spartan Race.” These challenging endurance events combine running with completion of obstacles such as climbing over barriers and through mud. They have been compared to graduate study by some, although they are not as long. The Derner team ran under the name “Derner Studs,” with the motto “Burpees for PhDs.” Cheers to the Derner Studs!



Pictured above: Robbie Lewis, Nicholette Lewis, Fallon Kane, Kimberly Otero, Ben Warach, Chloe Pagano-Stalzer, Akiva Goldschein, Sara Schapiro-Halberstam



“Burpees
for
PhDs”



2018-2019 Internship Match Results

Students from Derner matched with the sites below for doctoral internships in 2018-2019:

- Harvard Medical School/Massachusetts General Hospital
- Manhattan Psychiatric Center
- North Bronx Healthcare – Jacobi Medical Center
- North Bronx Healthcare – North Central Bronx Hospital
- Mt. Sinai Services/Elmhurst Hospital
- VA Medical Center - Northport, NY
- VA Medical Center - Washington, DC
- St. Luke’s Roosevelt Medical Center
- New York University/Bellevue Medical Center
- Columbia University Medical Center
- Boston University Medical Campus/Center for Multicultural Training in Psychology
- Lenox Hill Hospital
- Kings County Hospital Center
- Adelphi University Student Counseling Center
- William Alanson White Institute
- SUNY Old Westbury Student Counseling Center
- Village Institute for Psychotherapy



Dr. Amira Simha-Alpern Comes Home: An Interview with the Director of Derner's Postgraduate Programs

By John Burke, 4th-year cohort

Dr. Amira Simha-Alpern is the new Director of Postgraduate Programs at the Derner School of Psychology. This program provides advanced training in psychoanalysis, group treatment, couples treatment, psychodynamic school psychology, child, adolescent, and family psychotherapy, and psychoanalytic supervision. In the interview that follows she discusses her thoughts on postgraduate training and her vision for Derner's postgraduate program.

“To be a psychoanalyst today is very difficult, for a number of reasons.”

— Dr. Amira Simha-Alpern

John Burke: Welcome. Thanks for taking the time to speak with *Day Residue*. To start, can you tell me about how you came to be director of postgraduate programs at Derner?

Dr. Simha-Alpern: I basically grew up at Derner. I started my postgraduate program before I had even completed my Ph.D. Because I had kids in-between, my training took forever, and I know more than one generation of teachers. I then did the postgraduate training in supervision.

After that I stayed and hung out. I attend as many conferences and colloquia at Derner as possible. When Mary Beth Cresci [previous director of postgraduate programs] announced her departure, she suggested that I apply for her position. It was her idea. When she wrote to me I thought she was joking. I had to ask her “Are you really serious?” I am very committed to my profession. Frequently I write and present

psychoanalytic papers. She and I attend many conferences together and she knew a lot about me – about how I think about psychology and psychoanalysis. She also knew that I was the director of the Suffolk Institute, a small psychoanalytic institute, also on Long Island. . . She knew that I have some background not only in psychoanalysis and writing, but also in managing an institute. One thing led to another, and they invited me to apply.

JB: It sounds like you have a real connection to Derner too, having done so many things here.

ASA: It's really my home in many, many ways.

JB: Can you say a little more about that?

ASA: To be a psychoanalyst today is very difficult, for a number of reasons. One reason is because our discipline is attacked. It is attacked from within psychology, because psychology wants to be evidence-based. And from outside of psychology, critics say “It's too long” “It's too complicated” “It's just for the rich and famous.” As a psychoanalyst it is hard to have a sense that what you're doing is good, right and effective. Especially for those of us who are in private practice, having a professional reflective community, that helps you maintain a professional iden-

tity, is very important. So I kept in touch with my colleagues.

JB: That makes so much sense. Especially with private practice and how isolating it can potentially be.

ASA: A second reason is that our work is often within a gray area, often requiring judgment calls... how do you know that what you did was right? You bounce it off of colleagues. There is no single formula where if you do it “right” you get the results you wanted. You need to discuss your work with colleagues to help process what you do.

JB: Thank you for sharing that. That’s something good to hear as a student. Can you give me a brief description of postgraduate training in psychoanalysis for people who might not know much about it?

ASA: If I would have to explain what psychoanalysis is about, I would say that it’s the allegiance to the unconscious. The premise in psychoanalysis is that the human mind has an unconscious. That’s what makes it different from CBT or DBT or other therapeutic approaches. The patient has an unconscious and the therapist also has an unconscious. Our goal, as therapists is to find access to the unconscious in order to understand each other better – what motivates us, what we long for. If psychoanalytic training aims to help therapists understand the human mind, it needs to teach how to access, understand and work with that part of our personality. There are different ways to do it. Some people say dreams, but that’s not the only way. There are other ways like enactment, transference, the

therapeutic relationship... There are many ways, and that’s what the training is about – To be reflective... To understand human behavior... To go underneath to unconscious processes in order to help patients change and heal.

JB: Some people might respond, “But I finished my Ph.D. or L.C.S.W. already.” How would you respond to someone who would say that?

ASA: The training that you talk about is absolutely necessary. You have to do that first. But in therapy, no matter how scientific we want to be there is an art to it. There is judgment call, there is intuition. It’s informed intuition, it’s reflective intuition. The academic program will teach you technique, it will teach you what works in terms of outcome, but it will not teach you how to use yourself as a therapist. Post graduate training will help you understand how and why the patient relates to you in a certain manner and what is in you that reacts in one way or another. The purpose of the postgrad is to make ourselves better “tools” to be better therapists for our patients.

JB: Which brings me to the question of personal psychoanalysis. That’s part of the postgrad training as well?

ASA: That’s essential. In the past, there was more hierarchy between patient and therapist. In the old school, the therapist was perceived to be the healthy partner in the dyad. He was the more developed one, the more aware one. Today we don’t work like this. We know that it’s more mutual, where both unconscious are active. If we have allegiance to the model of the mind that has an unconscious, then we have to own the fact that the therapist also has unconscious. So to answer your

“Our goal, as therapists is to find access to the unconscious in order to understand each other better – what motivates us, what we long for.”

— **Dr. Amira Simha-Alpern**

Amira Simha-Alpern Comes Home (continued)

question, you have to at least know some of your unconscious in order to get it under wraps... not to act out, to be more reflective. You have to do it if you want to be a better therapist.

JB: To change gears, can you tell me what your hopes are for the postgraduate program under your leadership?

ASA: I have a lot of hopes. I see a postgraduate training that is a tripod. One part is training mental health professionals. Training in couples, in psychoanalysis, in groups... whatever we have. But that's only one part of it. The other part is creating a professional community that will be a home for clinicians even after they graduate. As a community we can provide continuing education and an infrastructure that will enable professionals to achieve goals they cannot achieve on their own. For example, for professionals who want to write psychoanalytic papers, but cannot just sit in their office and do that, I would like to create an environment that encourages scholarship and reflection, like writing groups or study groups to inspire psychoanalytic ideas. We can study trauma... immigration, the effect of family separation on children... I'm mentioning things that are in the news - contemporary maladies. I think an institute like ours can provide that type of education and create an ongoing learning environment. I was director of an institute after the 2016 elections, both patients and therapists were besides themselves. We had workshops, meetings, colloquia to discuss. What do we do? What happened? Why did it happen?

What should we do as mental health professionals? Whether it's about something contemporary because of a crisis, or it's revisiting an old topic and wanting to know more about it, we as professionals who believe in ongoing learning can offer that education. And the third leg of the tripod is providing service to the community. Psychoanalysis will survive only if it will find solutions to contemporary issues. We cannot be in the ivory towers. We cannot just talk about transference-countertransference. I'd like to provide services. My dream is to create a trauma center. We have a very good group program. I'd like us to provide group therapy for different types of groups and psychological struggles: People who come out, people who have been sexually abused, and more. I was the coordinator of group therapy at Stony Brook University Counseling Center. I'd like to bring similar services to Adelphi. Whether we serve the student community or we serve the outside community, I'd like us to be a center for services, and services pro bono. We have the skills, we have the enthusiasm, we have the people, and we owe it to society.

JB: What do you see as challenges for postgraduate training here at Derner or more generally?

ASA: I think we are facing the same thing as most of psychoanalysis. There is a decline in our reputation. There's a decline in what the public thinks of our value and efficacy. Partly, it's because life is tough. Psychoanalytic education is extremely expensive, between the

“...for professionals who want to write psychoanalytic papers, but cannot just sit in their office and do that, I would like to create an environment that encourages scholarship and reflection, like writing groups or study groups to inspire psychoanalytic ideas.”

— Dr. Amira Simha-Alpern

supervision, the tuition, the personal analysis... it's a financial commitment and a time commitment. People are working hard today. They have to see twice as many patients to earn the same amount. People go out of college with huge debts. They have to repay debts... they cannot pay for another 5, 6, 7 years of training. So that's part of it. I also think that our world changed. Our culture is fast. Either you cure me in three sessions or I'm not interested. Psychoanalysis is not like this. You have to wait, you have to talk. It's something that's against our culture. It's something that's not consistent with the fast pace of Google. Our approach to time is different. We are slow. We are reflective. The younger generation doesn't value this.

JB: How do these challenges affect the Derner program?

ASA: Our enrollment is low. It's picked up a little bit this year. But in the heydays of Derner we had 12 to 15 students every year. I had 12 in my class. And we had classes every year. Now some of our programs did not have candidates for a few years.

JB: Are you talking with others about this issue?

ASA: Yes. We'd like to recruit. But we also have to reflect and understand why people are not coming, and maybe change the way we offer training. For example, if we know that people cannot commit for more than a year, one of the things we would like to do is offer shorter programs that cover maybe one aspect rather than many aspects of psychoanalysis. One of the programs we are trying to develop now is

a trauma track. It'll be only one year, with an option for two, or we may offer 5-6 long workshops on weekends, rather than meeting every Wednesday evening throughout the year. We need to change the way we deliver the training to adapt to the needs of the times. We're going to deliver training in different ways, that will be more geared to professionals' contemporary needs. We have a few ideas already for next year. We're open to suggestions.

JB: What other message would you like to share as you start as director?

ASA: I'd like to see more collaboration between the doctoral and the postgraduate program. I would love to do things together. If any of the grad students have an idea, I would love to hear it. If there is anything that you want outside of the curriculum? You want to create an educational event? Talk to me. Any clinical services that you want? Talk to me. If we can make it happen, we'll make it happen. The graduate students that I've met, are motivated, smart, and reflective. It would be a wonderful infusion to the postgraduate program.

JB: Final words for current doctoral students?

Dr. Simha-Alpern: Go for postgraduate training. It's worth it. It's fun. It's meaningful. It will make your work more meaningful.

Interview has been condensed and edited.

For more information on postgraduate training at the Derner School of Psychology, visit <https://derner.adelphi.edu/psychology/postgraduate/>

“I'd like to see more collaboration between the doctoral and the postgraduate program. I would love to do things together.”

— Dr. Amira Simha-Alpern

George Stricker Fellowship Awards

George Stricker was a member of the Derner faculty for many years, Dean of Derner for 10 years, and a Distinguished Research Professor at Adelphi University until his retirement about ten years ago. Dr. Stricker has authored over 20 books and has received two APA Awards, one for Distinguished Contributions to Applied Psychology, the other for his Career Contribution to Education and Training in Psychology. He has served as President of Division 12 (Clinical Psychology) and was President for three years of the Society for Personality Assessment. He was a loved member of our community. After retiring from Adelphi University, the administration, Dr. Stricker's colleagues, as well as a host of former students, decided to establish a Stricker Fund; alumni, faculty, and students alike have provided substantial contributions towards the fund.

This year's George Stricker Fellowship applicants were of very high caliber and should all be commended on their accomplishments.



Michael Katz. Michael published five peer reviewed journal articles and presented at multiple conferences. His expertise is in psychotherapy process and outcome for depression, the relation of attachment style to therapist evaluation of social anxiety/avoidance, the termination process, and suicidal behavior in adolescents. He has done much of his work under the supervision of Dr. Mark Hilsenroth. For these impressive contributions, the committee voted Michael an award of \$12,000.

George Striker Fellowship Awards (continued)



Adam Natoli. Adam published two peer reviewed papers, book chapters, presented at various conferences, and submitted a grant proposal. His work covers assessment from both methodological and theoretical perspectives, with a focus on personality. Adam worked under the supervision of Dr. Robert Bornstein. For his contributions, the committee awarded Adam \$3,000.



Tanya Saraiya. Tanya authored two peer reviewed journal articles, book chapters, and presented at conferences. Her area of interest is PTSD. Her work involves social cognition and emotion in relation to the development and treatment of PTSD. She investigates these variables as they relate to culture and gender. Tanya worked under the supervision of Denise Hien. For her contributions, the committee awarded Tanya \$3,000.



Zeynep Sahin was granted honorable mention. Zeynep has published three peer review journal articles, contributed to a therapy manual, and presented at conferences. Her work involves variables affecting outcome in DBT and Supportive Expressive Dynamic Therapy for Borderline Personality Disorder. Zeynep worked under the supervision of Dr. Jacques Barber.

Emotions, Thinking, and Internal Object Deficits: Anne Alvarez at Derner

By Laura DeRubeis-Byrne, 5th-Year Doctoral Cohort

For these patients who naturally cannot get themselves to reflect, to consider self-other relatedness, an utterance that calls them to react, and to ponder, is the first step in transformation.

We are honored to have had Anne Alvarez, Ph.D. present in the *Lindemann Lectures in Human Development* series, travelling from England to share her wealth of knowledge with us. Anne Alvarez is well known for her books *The Thinking Heart: Three Levels of Psychoanalytic Therapy with Disturbed Children* and *Live Company: Psychoanalytic Psychotherapy with Autistic, Borderline, Depressed and Abused Children*. She also spent decades as a consultant child and adolescent psychotherapist at the Tavistock Clinic in London, including serving as Co-Chair of the Autism Service, where she continues to teach.

Anne Alvarez has a wealth of experience working with severely impaired and disturbed children at the Tavistock Clinic who have impairment in their internalized object(s) that are perverse and/or masochistic. In work with these child patients, Alvarez urges clinicians to use reclamation. Reclamation is a call to action which pieces together fragmented bits of one's experience and of one's internal object relations. For these patients who naturally cannot get themselves to reflect, to consider self-other relatedness, an utterance that calls them to react, and to ponder, is the first step in transformation.

In her talk, Anne Alvarez helped break down what's transformative for different patients. Analysis of wishes and defenses works for many, but

when working with patients experiencing borderline, psychotic, and autistic states, something else is needed. With these people, describing and enlarging meaning through emphasis on the "whatness" and "-ishness" of experience is a way of focusing on needs, containing projections, and facilitating introjections. Lastly, the level which insists on meaning seeks to reclaim, to discourage action and perseveration by a call, like "Hey!," for example, which can be used when treating the autistic, psychotic, those in despair, and those with developmental delays and addiction and perversion. Feeling with the patient can help in terms of utilizing amplifications that can help to take the pressure off.

For child patients who are on the autism spectrum or who experience psychosis, the other piece of the puzzle is insisting on meaning, particularly for the affectless states of autism, apathy and chronic despair. The internal object of the child in this state is one that is dead, worthless, and not there. With these patients, there is a theme of the "dead mother."

Dr. Alvarez presented her work with a 13-year-old child in a wheelchair named "Robbie." She described him as physically floppy and shared her sense that "he did not know he was in there, with an underuse of hands for grasping." She related Robbie to a baby experiencing the breast leaving its mouth

and going along with it. That there is a sense of Robbie symbolically not having a mouth separate from his mother's breast. When working with Robbie, she described to him exactly what she felt, as opposed to saying, "you want me to feel what you feel." Robbie needed to be called back from his earlier state. From Alvarez it's not done by using "What" or "Why" but "Hey!" After his "nervous breakdown" he was sobbing while his parents were at his bedside. Anne Alvarez said to Robbie, "Hey! Robbie," to shake him up internally, to which he replied, "Hello, there!" In this moment something shifted in Robbie. Like a dog perking his ears, she got him to awaken enough to utter a mirrored response, while simultaneously allowing Robbie's ears to perk up to his own self coming alive. The case of Robbie is an example of reclamation.

Case Presentation:

Shira Spiel, M.A., a clinical psychology doctoral student at Derner School of Psychology, presented a clinical case of a three-year-old child named "Darren" who turned four during the treatment. At around 15 months of age, Darren had a severe condition which affected his brain, requiring brain surgery, which left him with speech and developmental delays post-surgery. This child wore a helmet infrequently, was clumsy, was described as leading with his head, and at the start of play therapy he would smack and whack his head.

When Darren dropped a toy, Shira exclaimed, "Drop!" to signify what had occurred as a reclamation. As a semi-concrete way of enacting and

working through Darren's brain surgery, they made a puppet, cutting the back of the puppet's head with a pizza cutter, super gluing it together again.



Dr. Anne Alvarez

Throughout this play therapy, Ms. Spiel questioned whether play was too close and too intense. However, Dr. Alvarez believed it was extraordinary, in terms of the utilization of reclamation. At one point, Ms. Spiel draped a knitted cloth over her face while Darren used pretend drills and operating tools to enact surgery on his willing patient. At this juncture in the play Ms. Spiel felt anxious and confused throughout, which she and Dr. Alvarez discussed could be his feelings in the hospital. Play that was acted out tended to utilize non-verbal expression, combining physical act with the symbolic, which helped to integrate Darren's experience. Themes of perversion were discussed and the blank face of Darren as he was operating, and how it gave Shira chills. Anne Alvarez stated: "what you were doing was essential, because you were giving words to the victim." And the question emerged, "Could that phenomenon be pre-language? It must."

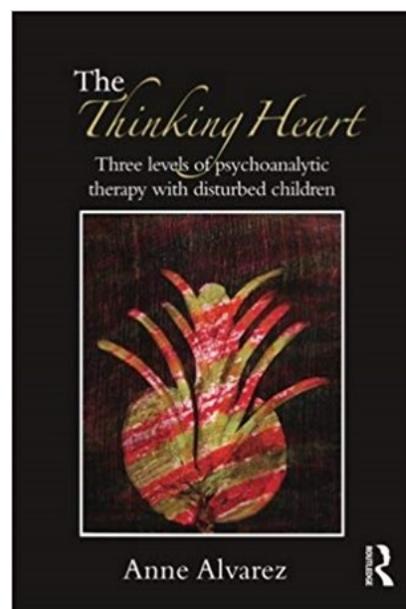
Anne Alvarez at Derner (continued)

Play progressed to Darren hitting and hammering plastic baby dolls with a blanket over their face. Ms. Spiel would label the body part, while Darren picked it up, tossed and stroked the baby, which was one of the first times Darren consistently smiled throughout the play. Ms. Spiel became bored with the repetition of the play while Darren also became bored during these moments. They both got stuck and Ms. Spiel felt hopeless, which Ms. Spiel broke through by expanding the play. Darren would play that he was feeding Ms. Spiel, so he could work through being swallowed and eaten. When Darren's younger brother was born, play moved to anger, and was more active and verbal in the expression of fear.

Anne Alvarez and Shira Spiel touch on the clinical significance of utilizing reclamation in clinical work with impaired children where a child can move from pre-verbal and pre-symbolic to symbolic if allowed the opportunity to be activated. How to allow space for the symbolic in our fast-paced world which seeks out empirical evidence and randomized controlled trials and quick fixes? The discussion following this case presentation touched on many points, one of which was neoliberal subjectivity, and this push towards cognitive behavioral therapy, alongside narrative reduction approaches to treatment, increasing depersonalization, increased need for devices, and a reduction in the capacity for dialogue. Dr. Alvarez also shared, in alignment

with Churchill, that “we must wage war.” Emphasizing the importance or moral value is not enough, “we need to be activists. If you are going to work with damaged children, you must be psychopathologically and developmentally informed. If you are working with developmentally disabled patients, then you must expand your work beyond classical psychoanalysis and must bridge development with psychoanalysis.”

Play that was acted out tended to utilize non-verbal expression, combining physical act with the symbolic, which helped to integrate Darren's experience.



Research, Parental Loss, and Me

By Marvin Eisenstadt, Ph.D. Class of 1964

I did research on creativity and it led to my Ph.D. in clinical psychology in 1964 from the Derner Institute, although perhaps not its name then.

Dr. Richard Klein, one of my professors, suggested I prepare a questionnaire for the 40 creative and 40 non-creative City College of New York students I was using for the dissertation study. Among the 19 questions was included father's occupation and mother's occupation. The students were mostly 19 year olds with exceptions, and seven creatives and three non-creatives told me their parents had died. This unexpected result was nagging me as I went about writing up the conclusions of my study ("The effect of threat on the problem-solving ability of creative and non-creative college students").

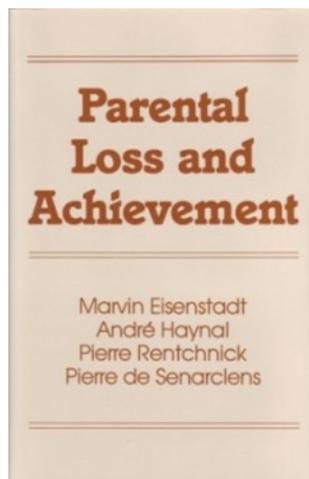
Once freed from classes and research protocols, I used my "free time" to read entries in the Encyclopedia Britannica on famous and creative individuals. Seven and three turned into 600 or so! It took me 10 years of library work to find death dates on a final list of 251 writers, 177 statesmen, 108 philosophers, 95 science-scholars, 57 artists, 23 composers, and others utilizing a parental-loss profile that defined their orphanhood. Early loss of parents was found to be characteristic of these eminent individuals.

The successful creative product or the important political role alleviates negative effects and becomes a restorative act. The trauma leads to a great

motivation to excel. The orphan may emerge as the glorious best of humanity or the infamous worst of history.

Have I aroused your interest? Are you curious to follow up? Is there a new research project inspired by these results?

The *American Psychologist* published "Parental Loss and Genius" in March 1978, and it went around the world to over 1,000. The book followed – *Parental Loss and Achievement* (1989) – and later the book *Essential Papers on Object Loss* (1994) included the *American Psychologist* article.



The 1989 book was co-authored by Andre Haynal, a Professor of Psychiatry, University of Geneva and former president of the Swiss Psychoanalytic Society; by Pierre Rentchnick, also from Geneva University, who was chief editor of *Médecine & Hygiène*; and by Pierre de Senarclens, a Profes-

Research, Parental Loss, and Me (continued)

sor of International Relations at University of Lausanne. All were well known, but not by me at the time.

I was Chief Psychologist at Central Nassau Guidance and Counseling Services in Hicksville, NY and had associations with Adelphi, Yeshiva, and Hofstra Universities as a clinical supervisor of interns. I was a past member of the Nassau County Psychological Association when it had 1,000 plus members!

While in a meeting in the outpatient clinic in Hicksville, I received a package from the three co-authors who had published *Les Orphelins Mènent-ils le Monde?* in 1978 in Paris and read the 1978 *American Psychologist* article. It was a copy of their book. *Do Orphans Rule the World?* was the English title. I had it translated and it became part of *Parental Loss and Achievement*.

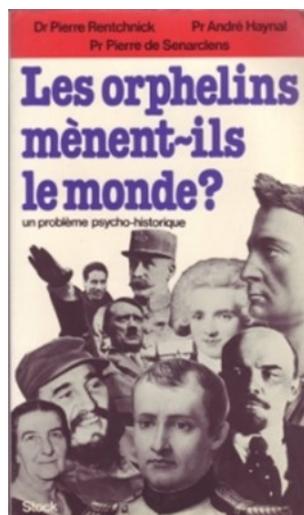
As I like to say, I thought I would be the caboose on this train, but they were in Geneva and I was in Hicksville. The book was published eventually in Connecticut, so I became the engineer instead.

Why did it take 11 years to go from article to book? you ask. The French needed to be translated into English, but articles used by the Swiss authors had been published originally in English and then incorporated into their French publication. I was asked by my editor – get the original English articles and use them instead of the many translations. That took more research years. Remember this also, at the time I had a full time job and a small private practice and a wife and two daughters, which interfered with the project. But the change from 1978 article into the 1989 book was eventually done. So what if it took 11 years?

It sold perhaps 2,000 copies and I made *no* money on it at all. My expenses more than overcame the small royalties I shared with three other authors. So what?

I was on the radio discussing it. Two pages of *Newsday* were devoted to my research. I received interest and support from my colleagues. I even obtained an employment offer because of the topic and the nature of the clientele patients. All in all, riches abound when the research one does is a passionate affair that is unquestionably important (to you) and those others that influence you.

Early loss of parents was found to be characteristic of these eminent individuals.



By the way – the Swirbul Library has an exhibit of my other efforts in their recently highlighted Derner Alumni Collection. Check it out. It’s titled “Gordon’s Scholars.”

Dr. Marvin Eisenstadt (Ph.D., '64) is a retired clinical psychologist. Over the course of his career, in addition to his research and writing, he held a variety of clinical roles, including outpatient clinic and psychiatric hospital positions, and a private practice. For many years he was the director of psychological services at the MercyFirst residential treatment program in Syosset, NY. In addition to clinical responsibilities, Dr. Eisenstadt also oversaw training of MercyFirst's clinical psychology interns. With Drs. Hayal, Rentchnick, and De Searclens, he is the author of Parental Loss and Achievement, which can be found in the Derner Alumni Collection at Adelphi's Swirbul Library.

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- Frankiel, R. V. (Ed.). (1994). *Essential papers on object loss*. New York, NY: NYU Press.

Student Publications, Presentations and Accomplishments

Colleen Bucci:

Bucci, C., Brumariu, L., & Moore, M. T. (In press). Cognitive performance in adolescence: Links with early maternal stimulation and children's anxious behaviors. *The Journal of Psychology: Interdisciplinary and Applied*.

for individuals diagnosed with panic disorder? Poster presentation at the International Meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands.

Akiva Goldschein:

Goldschein, A., Gorman, B., Springer, C., Litman, L., & Fordsham, N. (2018, March). *Lost in cyber space: Predictors of internet addiction*. Poster session presented at the Eastern Psychological Association Annual Meeting, Philadelphia, PA.

Graham, K.M., Barber, J., Minges, M., Milrod, B., & Chambless, D. (2018, May). *Will the presence of comorbid personality disorder traits impact defensive functioning for individuals diagnosed with panic disorder?* Poster presentation at The Society for the Exploration of Psychotherapy Integration Annual Conference (SEPI), New York, NY.

Goldschein, A., Gorman, B., Springer, C., Litman, L., & Fordsham, N. (2018, June). *The Wide World of Web addiction: Predictors of compulsive internet use*. Poster session presented at the Society of Addiction Psychology (Division 50) of the American Psychological Association National Convention, San Francisco, CA.

Graham, K., Krause, F. C., Brigante, M., Minges, M. V., Milrod, B., Chambless, D. L., & Barber, J. P. (2019, April). *The impact of the presence of comorbid personality disorder traits on defensive functioning for individuals diagnosed with panic disorder*. Poster presentation at the APA Division 39 Annual Meeting, Philadelphia, PA.

Kathryn Graham:

Graham, K.M., Barber, J.P., Minges, M., Chambless, D., & Milrod, B. (2018, June). *Will the presence of comorbid personality disorder traits impact defensive functioning*

Taylor Groth:

Groth, T., & Boccio, D. E. (2018). Psychologists' willingness to provide services to individuals at risk of suicide. *Suicide and Life-Threatening Behavior*. DOI: 10.1111/sltb.12501. [Epub ahead of print].

Groth, T., & Boccio, D. (2018, April). *Stigma and the suicidal client: Are psychologists willing to offer treatment to those at risk?* Paper presented at The American Association of Suicidology, Washington, DC.

Recipient of the APA Division 29 Student Paper Award: Mathilda B. Canter Education and Training, San Francisco, CA; August, 2018.

Yosef Jacobs:

Jacobs, Y., Lombardi, K., & Newirth, J. (2017, April). *Decision making in Orthodox Jewish courtship: A qualitative analysis.* Poster presentation at the APA Division 39 Annual Meeting, New Orleans, LA.

Michael Katz:

Katz, M., Hilsenroth, M., Gold, J. R., Moore, M. T., Pitman, S. R., Levy, S. R., & Owen, J. (In press). Adherence, flexibility, & outcome in psychodynamic treatment of depression. *Journal of Counseling Psychology.*

Naa-Adjeley Ama Kuma:

Kuma, N. A., Hurley, J. G., Graham, K., & Brumariu, L. (2019, February). *Maternal childhood role confusion: Links with parenting, pre-adolescence's emotion regulation, and anxiety.* Poster presented at the Eastern Psychological Association meeting, New York, NY.

Lauren Lipner:

Lipner, L.M., Liu, D., Eubanks, C.F., & Muran, J.C. (2018, June). *Discrepant quantitative methods of alliance rupture identification: A single case study.* Paper presented at the 34th annual meeting of the Society for the Exploration of Psychotherapy Integration, New York, NY.

Lipner, L.M., Muran, J.C., Gorman, B.S., Saraiya, T., Eubanks, C.F., Safran, J.D., & Winston, A. (2018, June). *Patient and therapist synchrony in ratings of alliance and alliance rupture: The role of personality pathology.* Paper presented at the 49th annual meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands.

Lipner, L.M., Muran, J.C., Eubanks, C.F., & Gorman, B.S. (under review). What is a rupture, and how do we find them? A review of alliance rupture identification methodologies. *Clinical Psychology Review.*

Kate McMillen:

McMillen, K., & Hilsenroth, M.J. (2018, June). *What interpersonal problems are related to different therapeutic techniques early in treatment?* In S. Ziv-Beiman (Chair), Patient factors related to variations of therapeutic technique. Symposium conducted at the meeting of the Society for the Exploration of Psychotherapy Integration, New York, NY.

Student Accomplishments (continued)

Patrick Mele:

Mele, P. & Josephs, L. (2018) *Sublimation: Enhancing creativity with sexual priming*. Poster presented at the APA Division 39 Annual Meeting, New Orleans, LA.

Mary Minges:

Minges, M., Muran, J.C., Eubanks, C., Perry, J.C., & Barber, J. (2018, June). *Defense mechanism and ruptures in the therapeutic alliance: A case study*. Talk presented at the Society for the Exploration of Psychotherapy Integration Annual Conference (SEPI), New York, NY.

Minges, M.V., Muran, J.C., Eubanks, C.F., Perry, J.C., Lipner, L.M., Liu, D., & Barber, J.P. (2018, June). Ruptures and defenses. Paper presented at the Society for the Exploration of Psychotherapy Integration Annual Conference (SEPI), New York, NY.

Adam Natoli:

2018-Present: American Psychoanalytic Association Fund for Psychoanalytic Research. The moderating role of personality functioning in multimethod assessment of interpersonal dependency: Evaluating implicit – self-attributed test score discontinuity. PI, Support: \$5,000.

Natoli, A. P. (Under Review). The DSM's reconnection to psychoanalytic theory through the Alternative Model for Personality Disorders. *Journal of the American Psychoanalytic Association*.

Natoli, A. P. (2018, March). *Process-focused interpretation of multimethod assessment data: A case of reconciling seemingly incongruous test scores*. Paper presented at the 2018 Annual Meeting of the Society for Personality Assessment, Washington, D.C.

Natoli, A. P. (Under Review). Supervision as an alternative source for developing skills in psychological assessment and the value of the formal evaluation of a trainee's baseline skills. *Training and Education in Professional Psychology*.

Natoli, A. P., & Bornstein, R. F. (Under Review). Personality functioning moderates test score discontinuity: Exploring use of the DSM-5 personality impairment model to enhance psychological assessment. *Journal of Psychopathology and Behavioral Assessment*.

Meg Parmenter:

Parmenter, M., & Fiori, K. (2018, July). *Attachment as a moderator of the association between social interactions & life satisfaction in college freshmen*. Poster presented at the biennial conference of the International Association for Relationship Research, Fort Collins, CO.

Zeynep Sahin:

Chui, H., Chong, E., Solomonov, N., Sahin, Z., Minges, M., Kuprian, N., & Barber, J.P. (2018, June). *Beyond symptom reduction: Development of the Comprehensive Measure of Psychotherapy Outcome (COMPO)*. Poster presentation at the International Meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands.

Sara Schapiro-Halberstam:

Schapiro-Halberstam, S., & Josephs, L. (2018) Unkosher sex: Vulnerable narcissism and the Ultra-Orthodox Jewish male. *Journal of Sex and Marital Therapy*, 1-8. DOI: 10.1080/0092623X.2018.1452087 [Epub ahead of print].

Schapiro-Halberstam, S., & Josephs, L. (in review) Young women treating men with borderline personality disorder: A challenge for psychotherapy integration. *Journal of Psychotherapy Integration*.

Conor Shanahan:

Shanahan, C., Lipner, L.M., Liu, D., Small, R., Eubanks, C.F. & Muran, J.C. (2018, June). Vocal rhythm analysis of alliance ruptures. Poster presented at the 49th annual convention of the Society for Psychotherapy Research, Amsterdam, Netherlands.

4th-Year Cohort Fundraiser

The Ph.D. class of 2020 is currently selling merchandise to support our end of the program celebration and to provide thank you gifts to administrative and support staff who helped us along the way. Merch sales have become a Derner tradition, and we hope you'll consider ordering something to support our fundraising effort.



Price: \$10

Introducing “The Winnicup.” This Good Enough Mug is a holding environment for your tea, and in the spirit of DW, we trust that no minor cracks in the idyllic scene will overwhelm you with discomfort).

Price: \$15

At Derner we start our study of psychoanalytic theory with Bob Mendelsohn’s introduction to Freud. This practical tote bag is inspired by that shared experience.



Price: \$5

Gordon Derner’s legacy lives at the Derner Institute. Now it can live on your fridge as well.

Price: \$2

Add a “Who’s your data?” pen to any order for \$2. It’s an “empirically supported” purchase.

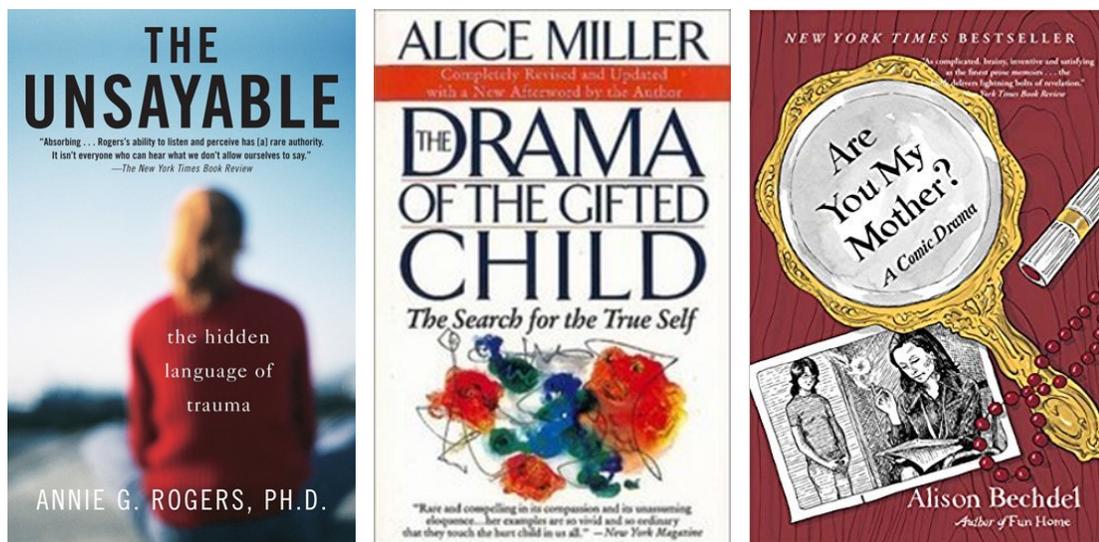


To place an order please email Johnburke@mail.adelphi.edu. Items will be delivered by mail. The shipping cost is \$8.

Payment can be made by Venmo or check, and John Burke will provide details on payment (i.e. where to mail check or Venmo account information) via email to those who place an order. Thanks!

We are taking orders until May 15th, 2019.

Day Residue Editors' Book Picks



Day Residue Editors

John Burke is a 4th-year doctoral student studying with Karen Lombardi and Joe Newirth. He is interested in the process of change in psychotherapy and the applicability of the concept of freedom as a meta-goal within psychodynamic treatments. John is currently an extern at the National Institute for the Psychotherapies.

Sara Schapiro-Halberstam is a 3rd-year doctoral student studying with Larry Josephs. She is interested in masculinity, masculine insecurity, and how it relates to sexual infidelity. Sara is currently an extern at Lenox Hill - Neurology. In her “free” time she enjoys writing blog posts on the topic of sexuality and relationships www.mwr.nyc/blog and posting sex-facts on her instagram account @sexfacts4dummies.

Lily Swistel is a 2nd-year doctoral student studying with Karen Lombardi and Joe Newirth. She is interested in the intersections in the uses of language in poetry and psychoanalysis. Lily is currently an extern at SCO-Family of Services Residential Treatment Facility.





Day Residue:

The Derner Institute Newsletter

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Your feedback is extremely valuable to us and will help enhance future issues. Did you find the newsletter interesting? What would you like to see in future issues? Please let us know your opinions and comments. If you would like to contribute a piece of writing or have a suggestion regarding Derner news to be covered in the next issue of Day Residue, please contact editor Sara Schapiro-Halberstam . We welcome student and alumni essays, articles, and reflections.

Stay tuned for DAY RESIDUE Spring 2020...
<http://derner.adelphi.edu/news-and-events>

DAY'S RESIDUES. According to Freud's theory of dreams, day's residues are memory traces left by the events and psychic processes of the waking state; they are used as raw material by the dream-work that serves the wishes of the dreamer.

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