

DAY RESIDUE

AU **ADELPHI UNIVERSITY** **DERNER INSTITUTE NEWSLETTER**

GORDON F. DERNER
INSTITUTE OF ADVANCED PSYCHOLOGICAL STUDIES

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Faculty Spotlight: Denise A. Hien, Ph.D.



Lauren Knopf, M.A. and Denise A. Hien, Ph.D.

Dr. Denise Hien has conducted programmatic research on women's mental health, trauma and addiction for over 20 years. Having taught at Adelphi early in her career in the late 1990s, she returns to Derner this spring, bringing a wealth of knowledge on evidence-based treatments for trauma-related psychiatric disorders and comorbid addictions.

LK: What made you decide to return to Derner?

DH: I felt that what's happening at Derner now is very much synergistic to where I am in my life and my interests. It's a place that's creating new energy around psychotherapy research, in particular, dynamically oriented research. It's exciting to be around other people who are successful and interested in the kind of work that I do. There's also faculty doing work in trauma and in psychotherapy research, and then there's the interest in addiction, which is the new piece I'm able to bring to the mix. So there were a number of converging factors that made it feel like it was a good time to come back to Adelphi.

LK: I can imagine there are tremendous differences in the doctoral program at Derner now compared to what it was when you first worked at Adelphi in 1995.

DH: Certainly, although I've changed in 20 years, too! I think that the program has only gotten stronger. From the APA point of view, I think Derner has made changes in order to retain a strong clinical and dynamic orientation and appreciation, but at the same time to adopt a more integrated perspective. I think teaching students to value other perspectives is really important in today's marketplace. That's something that I think has been hard for dynamically oriented programs to do. Either you completely change and become a CBT shop, or you get entrenched in an attitude of, "This is the only way to think."

LK: It seems like that type of attitude is antithetical to the type of research you have done.

DH: I'm an integrative person who was trained from a dynamic perspective. The work that I do is very much focused on how past and present can co-exist. Trauma theory tends to be non-discipline specific and draws on an interdisciplinary perspective, which is one thing that drew me to the field. But I think historically researchers and practitioners have had a perspective that keeps them from realizing how many common factors there are across treatments. Even the most adherent CBT practitioner still will get to know a patient's past and how it might be active in the present. And there's a therapeutic alliance that drives all treatments—we know that from all of the research that's been done. The techniques are important too, but not as important. The most powerful element is the relationship.

LK: Many of your studies of treatments for women with a history of trauma and comorbid addictions have found support for the self-medication model of substance abuse. In your experience, is trauma implicated in the majority of addictions, or are there other important factors?

DH: The causes of addiction are multifaceted. For some people, having an early trauma history is probably a causal factor in developing a substance use disorder. That's not to say that anyone who is exposed to trauma will develop a substance use disorder, but it is one mechanism by which that happens. There's a lot of science that shows that trauma changes the brain in particular ways that make it more likely to succumb to the need for reward and activation. From a psychological perspective, it makes perfect sense that your

emotional experiences could impact the likelihood that you would use a substance to self-soothe. Recently there was a study called the ACES [Adverse Childhood Experiences] study, conducted jointly by the CDC and Kaiser Permanente, looking at the relationship between childhood adversity and the development of all different sorts of problems, addiction being one of them. This work has showed definitively that there is a clear cut, almost linear relationship between the number of exposures to traumatic child events and the development of all kinds of negative health outcomes, including addiction, obesity, and premature mortality. The majority of women who end up in treatment for drug addiction have significant childhood and ongoing trauma, interpersonal violence histories and addictions. For them, PTSD, depression, anxiety or other trauma-related pathology is part of the clinical picture of addiction.

LK: Seeking Safety is one trauma-focused addiction intervention that has significant empirical support, but at times you've lamented that not all studies of Seeking Safety are as rigorous as they could be, leaving gaps in the empirical base. Where is the tipping point, when enough empirical evidence is amassed that an intervention is accepted as evidence-based?

DH: That's a big question. Both Seeking Safety and Relapse Prevention are incredibly powerful interventions. What we've found is, whenever you set up a study where you're comparing a treatment to another that is already really powerful, you're not going to see a very big difference. This is disappointing to some researchers, who would say you should never compare your experimental treatment to an active treatment so you can achieve significant results. It's interesting, because we don't see this mindset when it comes to medications. If both Zoloft and Paxil are helpful, then fantastic! With medication, we want more options, more alternatives. I don't know how this has happened, but in the psychotherapy world there has been a focus on finding the "one" treatment. Seeking Safety is a very good first line treatment, but does it solve all of the person's problems? No. Might patients need other things in addition, whether it's another type of trauma treatment, or longer treatment, or medication? Yes, they need all of those things. These are very sick people who have had horrible things happen in their lives. A dose of 12 sessions of anything isn't going to fix things for them.

LK: Do you think this desire to find the "one" treatment is waning?

DH: I hope so. I know it's waning for me. The work I'm doing now is all about personalized and individualized



approaches about understanding what works for whom, when does it work, how does it work, when does it not work? I'm interested in the whole gamut of questions other than, "Which treatment is better?" This, to me, is a boring question and really sort of sets us up for failure. For me, research is about helping guide us along the path. Neither research nor clinical work alone is going to give us all the answers about how to treat the human heart and mind. It's more like can we get some beacons of light to guide us in the darkness. A research study, if we do it well enough, can give us some guidance.

LK: What is one of your most interesting findings to date?

DH: I was involved in a research project years ago at St. Luke's Roosevelt Hospital. We were fortunate to have access to every single mental health service available at the hospital for our project—inpatient, outpatient, child psychiatry, day programs, and addiction services. We conducted SCID evaluations with patients in each of the separate mental health units, and we found that all patients were the same. About 50% of the patients in mental health settings had diagnosable addiction problems and about 50% of those in substance use settings also qualified for other mental health diagnoses. This demonstrated very clearly that dividing people with addictions and people with mental health disorders into separate clinical populations is quite arbitrary. If we know that 50% of patients have co-morbid disorders, then we can see that co-morbidity is not the aberration, it's the norm.

LK: You mentioned earlier that your interest now is which treatments work for whom. Is this research done less frequently than comparison studies because it is too labor intensive, or because there is a methodological bias?

DH: Well, actually I think we've come full circle. Lately the NIH has expressed significant doubts about the value of what the single site clinical trial can achieve. Single site clinical trials take a lot of time and cost a lot of money, and at the end of the day there are questions about how generalizable the findings of any one small scale study are. Right now, I'm working on a grant with colleagues that we're calling the "virtual multisite clinical trial." This method allows us to pool a large number of single site studies together and use innovative statistical modeling techniques to ask even more nuanced questions than the typical multi-site trial. I'm very excited about it, and I feel like it's a direction that avoids the limitations of a traditional clinical trial, while making use of all of the work that others have already done and taking it to the next level.

LK: I have to admit that makes me feel better about research in general, that we can make use of existing data in a way that will support this more detailed approach of determining what works best for different subsets of patients.

DH: Making use of research has motivated all of my work. Clinical theory has influenced the way I think about the research that I do, and vice versa. I live a bidirectional life in that

regard, and it's a good thing. The research that I've done has also been that way in terms of deriving the ideas from community-based practices, participating in the development of the research ideas, the conduct of the research and then giving back at the end of the day. It's very rewarding to be able to communicate with and to influence people working in the field so that research is not just done in an Ivory Tower by people who have no knowledge of what it's like to work with actual patients in the real world. The type of studies I strive to do honor the fact that whatever you do in the lab should have relevance in the real world.

Becoming Fluent: Expectations from 2nd Years



Afshan Ladha, M.A.

The great philosopher, Eli Khamarov, was quoted as saying, "The best things in life are unexpected, because there were no expectations." While I can relate to this, I wanted to see if others in my 2nd year cohort felt the same. Specifically, I was interested in how Derner had surpassed initial expectations. Here's what I found...

Some of us were pleasantly surprised by the mentorship offered at Derner. **Lauren Knopf, M.A.**, a fellow second year commented: "This may be particular to my advisor, Dr. Muran, but I especially

appreciate his mixture of allowing us independence of ideas and approach to research, while keeping us on track practically and logistically. It's a great combination of trust and support."

Second year, **Jett Stone, M.A.**, also spoke about the faculty: "Most of the professors and administration are open-minded about our choices about clinical training and research," he said. "In recent years Derner has hired a diverse team of academics and clinicians from various fields. While the program is proud of their history, I have been impressed by their efforts to bring in fresh faculty with unique backgrounds."

Others commented on the guaranteed second-year externship placement, which has helped tremendously in preparing us for applying to sites in our third year.

Additionally, the camaraderie of our cohort has helped us thrive. **Nili Solomonov** expected her interactions with classmates to be similar to those in her undergraduate

program. "Little did I know that our cohort would turn out to be the most warm, kind, and supportive group that I have encountered throughout my academic career. It really has been a great pleasure to be part of such an amazing holding environment."

Finally, **Rachel Small, M.A.** spoke to the barrage of information thrown our way during the first year at Derner. "It was a whirlwind. It seemed there was a little bit of attention given to a lot of different things. Much like a language immersion program - at first you feel a bit clumsy, but by the end of first year, you find yourself proficient in your training goals, fluent in the ways of a Derner doctoral student."

It seems clear that as we venture toward becoming fluent practitioners and scholars, we'll continue to be pleasantly surprised.

Dual Identity Dilemma: Reflections on Becoming a Ph.D. *and* Parent

Compiled by Seth Pitman, M.A.



Sarah Bloch-Elkouby, M.A.

Being a Ph.D. student in clinical psychology and a mother of young children involves much more than balancing two discrete social roles. They should probably be best described as two separate identities that all-too-often end up conflicting with each other.

Let's start with the positive. Both functions entail nurturing and healing to support growth, and each requires constant self-monitoring and unremitting self-analysis.

Both involve a constant effort to improve. Understanding my own history also impacts my relationships with both my children and patients. These dual identities can be complementary, as the type of insights and skills I use in these two separate worlds often inform and enrich each other. They also each contribute to shaping a more nuanced and complex understanding about human functioning, human pathology, healing, and growth.

However, these two identities can also be conflicting, as each involves a total investment of time and mental availability. Reconciling them requires a great deal of creativity and organization, and can often result in unmanageable schedules. Juggling between the world of a mother and a Ph.D. student has inevitably induced some guilt for not devoting my whole self to each world. I sometimes experience a conflict between my loyalty to my

children and my patients, especially when my schedule makes it impossible for me to be in two places at the same time. I worry that my internal resources are exhaustible, and that any "depletion of the stock" in one area may imply less of it in another.

Overall, I find my understanding of child development enhanced by my double identity. The bottom line is that going back and forth from home to the therapy room and vice versa, involves constant self-monitoring along with many complex, conflicting feelings.

Foula Gavrilis, M.A., J.D.

For one, I never feel like I'm doing either well enough. On the one hand, I feel guilt about the time spent away from my kids, but also the time not devoted to papers, research, clients, etc. I know I'd be devoting a lot more time and energy to the pursuit of my Ph.D. if it was not for the fact that there is a little person tugging at my heart strings. Hence, I try to pick and choose what I devote my precious time to, and would probably be a lot more involved (like participating on committees) if I was not a mom. However, being a mother really helps keep things in perspective. Instead of stressing over the amount of work and various other demands and expectations thrown at me, I learn to prioritize and focus on the most important (and pray that "good enough" really is good enough).



Vanessa Li, M.A.

Balancing graduate work and family is not easy. I think I was fortunate that I delivered over winter break, so I could recover and spend time with my baby without missing many classes. Having said that, the faculty was supportive when I only came back as part time. However, when I was looking for an externship last year (obviously pregnant, with a bump), I felt many training directors were hesitant to accept me because of my uncertain schedule.

My priorities have no doubt shifted from when I began my Ph.D. I had intended to excel in all aspects of my academic and professional career, but after having my baby around, I think it became important to keep a more balanced lifestyle. It has been challenging, because we do not have immediate family close by to help babysit. But so far the long academic breaks have been great opportunities for me to spend time with him.

I had always been interested in working with adolescents, but after having a newborn, I think my interest in treating children has grown. Interestingly, there have been moments of transference and countertransference with patients while I was pregnant and thereafter. Those were unexpected learning moments that I have found invaluable to my clinical work.



Moshe Moeller

I confirm that I am a student and a dad when it's 12:30am, and I'm in the middle of a paper due the following day, and my son wakes up and needs a drink. My wife is sleeping because she was up with the kids since 5am and went to

work. So I get my son a drink and change his diaper. When he's settled back in bed, I sit back down in front of my computer to continue the paper. When I am finally able to remember my train of thought, and figure out why the last few sentences all sound the same, my daughter starts crying from her bassinette. Oh ***! I rush and try to mix the correct amount of formula with water (maybe drop in some scotch), and try to soothe her. Soon my son wakes up again. I simply give in, and camp out next to his crib on the floor. I confirm that I am a clinical psychology doctoral student and a dad when I experience the following conflict. I understand that my kids are not supposed to be waking up during the night as much as they do; however, I don't want them to suffer any long-term psychological trauma from letting them cry all night.

Being a dad has influenced my research and inspired me to focus on father-child relationships. Reading about parenting and relationships pushes me to be a better father and husband. In my clinical work, I am mindful about how I speak to parents, since I know how challenging parenting can be, and many times it's easier said than done. Being a father makes my work more meaningful and I appreciate it more as well.

I try to finish as much as possible in school since it is difficult completing any schoolwork before the kids are asleep. There are always parenting responsibilities that need to be taken care of at night as well, such as buying new diapers, formula, clothing, medicine, scheduling babysitters, paying bills, etc. When the kids are sick or need to go to the doctor, I might have to miss class or externship (if my wife is busy). Actually, I once received a phone call from my wife telling me that my son fell and needed stitches in three places around his mouth. This was 10 minutes before a child intake! Next thing I knew the client arrived, and I couldn't cancel the appointment. I was anxious, but I had to push that out of mind to focus on the new case.

Psychoanalysis on Ice



Emma Forrester, M.A.

From October 9th to 12th 2014, 107 psychoanalysts gathered in Reykjavik for Iceland's first psychoanalytic conference. Psychoanalysis on Ice was conceived of and organized by Michael Garfinkle Ph.D. (Derner '09) and Manya Steinkoler Ph.D. with the goal of uniting analysts who espouse different theoretical viewpoints in order to foster a conversation about where they differ and where they are in agreement. Drs. Garfinkle and Steinkoler invited analysts of all orientations to meet at the intersection of the North American and Eurasian tectonic plates to discuss foundational psychoanalytic

concepts and some of the challenges that face the field today. Although psychoanalysis has been fraught with divisions and rifts over the past century, which have created tensions throughout groups, the goal of the conference was to create a comfortable atmosphere where analysts could put aside differences and talk about the practical and theoretical challenges that face them today. As a result, attendees espoused a wide range of theoretical views, from Freudian to Lacanian to Relational, and the atmosphere fostered intense discussions about how psychoanalysis can continue to grow in what is often a hostile environment.

Conference headliners included big names like Dr. Otto Kernberg, who joined a panel on psychoanalysis and pedagogy, and Dr. Harold Blum, who participated in a panel on how psychoanalysis works. Students and seasoned analysts alike traveled from as far as London and Colombia to share their work and ideas, often engaging in lively debates. The conference featured eight panels on topics ranging from psychoanalysis and religion to modern conceptualizations of hysteria. Paper presentations included everything from a case study of a young child who identified deeply with a character from the movie *Frozen* to an excerpt from a dissertation analyzing St. Paul's views on circumcision. There was truly something for everyone. As a student still figuring out my own theoretical orientation, attending this conference provided a fascinating glimpse into many areas of the field that I had not yet encountered. In listening to a Lacanian analyst discuss treating an inmate in a french prison and, later, to a psychoanalyst Shaman from New Zealand talk about his

clinical work and Shamanic training, I was exposed to interpretations and experiences that I never knew existed.

Of course, traveling to Iceland was an experience in and of itself. Whether I was attending a lecture on Icelandic geology and folklore, taking a late night drive out into the countryside to see the Northern Lights, or relaxing at the Blue Lagoon, it was easy to see why a majority of Icelanders believe in elves. The dramatic landscape and rich culture lent themselves well to discussions about unconscious desires and primal states. As Drs. Garfinkle and Steinkoler explained



on the conference's website, Iceland is, "a landscape ridden with volcanoes and glacial fields, steeped in a mythology and folklore that finds hidden people and elves in unexpected places; in Iceland, engagement with the invisible is omnipresent." I know that I felt it, and I suspect that I was not alone. It was an ideal setting to foster discussion about what is not said and to create a sense of community among analysts from different orientations.

The next Psychoanalysis on Ice will be held in Reykjavik in 2016. For more information, email the organizers at psychoanalysisonice@gmail.com.

Securely Attached: Introducing the Derner Ph.D. Alumni Association

Carolida Steiner, Ph.D. '77

Our 1,000+ alumni have always felt a strong connection to Adelphi. How, then, did it take 50+ years to create an alumni organization? Perhaps we found other ways to stay in touch. The good news is that we now have an alumni organization. Its official name is the Derner Ph.D. Alumni Chapter (D-PAC, for short). Not surprisingly, D-PAC does things Derner Style: We get stuff done and have FUN along the way. Last year, D-PAC committed itself to three initiatives: the 10th Year Party, an alumni brunch at the 2015 APA Annual Convention, and an always available, self-guided Campus Tour...

A Decade Already? The 10th Year Party

Last year's inaugural 10th Year Party was coordinated by **Allison Rothman, Ph.D. '09**. This initiative builds on the tradition of a party when students complete their last year of classes. The event was held at DaSilvano's in Manhattan on September 19th, 2014. This year's 10th Year Party will be coordinated by **Amy Vigliotti, Ph.D. '10**. Amy and her class began the doctoral program in 2005. For more information about D-PAC's 2015 10th Year Party, contact Allison (allison.rothman@gmail.com).

Derner Invades Canada! An APA Convention Gathering

Can't take the summer heat? Toronto in August is a good bet for cooler temps! This year's APA Annual Convention is in Toronto? Luckily, **Tanya Cotler, Ph.D. '08**, one of our own, lives in Toronto. She is coordinating a brunch at Earl's on King Street on Sunday, August 15th, 2015. For more information, contact Tanya (Cotlerphd@gmail.com).

More you should know...

At Your Own Pace: A Self-guided Derner Tour



If you have not visited the Garden City campus in a long time, it will be familiar and yet different. One difference is the profusion of outdoor sculptures: See "Giant Disco Man" (pictured at left). The self-guided Campus Tour lets alumni (those living in New York and those living out-of-state) see Adelphi at their own convenience. What will you do on your self-guided Campus Tour? The Derner Institute is no longer housed in the Business Building, but across Cambridge Avenue, in the Hy Weinberg Building. Stop in and say hello, then get an Adelphi alumni card. Attend a cultural event or catch a free lecture at the handicapped-accessible, Performing Arts Center. Carolida Steiner, Ph.D. '77, is coordinating the self-guided Campus Tour. For more timely information, contact Carolida (drcarol26@msn.com).



Gordon F. Derner Remembered

Throughout 2015, the Derner Institute—under the leadership of Dean Jacques Barber—is celebrating Gordon F. Derner and his legacy. A daylong celebration of the Institute's founder is planned for Friday, November 13th, 2015. Fortunately, for those who cannot visit campus or attend events in person, technology gives us other ways to stay in touch. Alumni and colleagues who knew Gordon can share their memories online (alumni.adelphi.edu/alumni-pride/share-your-memories-of-gordon-derner).

Derner Alum on Facebook

If you want to let other alumni know what you're doing or share photos of your visit to Adelphi, you can visit D-PAC on Facebook (www.facebook.com/DernerPhDALumniChapter). **Sherry Breslau, Ph.D. '91** is our Facebook Administrator. For more information, contact Sherry (docbreslau@aol.com).

Student Accomplishments

Balbert, T. proposed her dissertation *Construct Validity of the Social Styles Scale: A Self-Report Measure of Counterdependency*. September 23rd, 2014.

Borovikova, M. (2014, October). *Bi-curious, so to speak: Linguistic considerations within the therapeutic whole*. Paper presented at the Association for the Psychoanalysis of Culture and Society, Annual Conference, New Brunswick, NJ.

Collins, H. proposed her dissertation *Experiences of Adopted Persons Who Maintain Relationships With Birth Relatives Following Reunion: A Qualitative Study*. June 18th, 2014.

Conway, F., & **Lyons, S.** (2014). Object relations of hospitalized adolescents engaged in self-injurious behaviors. *Journal of Infant, Child, and Adolescent Psychotherapy*, 13.

Curtis, R. C., & **Ladha, A.** (2014). Overview of group therapies, personal growth groups, and support groups: Theories and research support. In Derrickson, H. (Ed.), *Group therapy: Theory, practices, and effectiveness*. Hauppauge, NY: Nova Science.

Dillon, J., & O'Loughlin, M. (2015). Questions unasked: The legacy of childhood trauma in the life narratives of Lithuanian women survivors of the 1941 Soviet deportations. In O'Loughlin, M. (Ed.), *The ethics of remembering and the consequence of forgetting: Essays on Trauma, history, and memory*. Lanham, MD: Rowman & Littlefield.

Eidlitz, L., Szymanski, K., Paul, E., & Hien, D. (2014, November). *The impact of childhood abuse on treatment effectiveness in a sample with comorbid PTSD and alcohol misuse*. Poster presented at the International Society for Traumatic Stress Studies Annual Meeting, Miami, FL.

Fiori, K. L., & **Denckla, C. A.** (2015). Friendship and happiness among middle-aged adults. In Demir, M. (Eds), *Friendship and happiness: Across the life-span and cultures*. Springer.

Gerber, A. J., & **Knopf, L. E.** (2015). An empirically-based psychoanalytic curriculum. *Psychoanalytic Inquiry*, 35(sup1), 115-123.

Goldman, R. proposed her dissertation *Psychotherapy Integration and Alliance: An Examination Across Treatment Outcomes and the Exploration of Borderline Personality Pathology*. October 21st, 2014.

Holder, C. (2014, November). *Assimilation, Ethnic Identity, and Personality Characteristics of People of Caribbean Descent*. Poster presented at the biennial meeting of the Caribbean Alliance of National Psychological Associations. Paramaribo, Suriname.

Ladha, A., Chin, J. L., & Desormeaux, L. (2015). Diversity leadership. *The Feminist Psychologist*, 42(1), 11.

Levy, S. R., Hilsenroth, M. J., & Owen, J. (in press). Relationship between interpretation, alliance and outcome in psychodynamic psychotherapy: Control of therapist effects and assessment of moderator variable impact. *Journal of Nervous and Mental Disease*.

Lombardi, K., & **Gordon, A.** (2014). Life after "death": An empirical and clinical perspective on trauma. In O'Loughlin, M., & Charles, M. (Eds.), *Fragments of trauma and the social production of suffering: Trauma, history, and memory*. Lanham, MD: Rowman & Littlefield.

Miller, S. proposed her dissertation *When It's Over: Post-Termination Contact following Psychodynamic Psychotherapy*. October 27th, 2014.

Marion, J. proposed her dissertation *Serious Games: Women's Participation in Consensual Sadoomasochism*. June 18th, 2014.

O'Loughlin, M., & **McLeod, B. A.** (2015). "Thinking beyond our means": Engendering a depth understanding of trauma. In O'Loughlin, M., & Charles, M. (Eds.), *Fragments of*

trauma and the social production of suffering: Trauma, history, and memory. Lanham, MD: Rowman & Littlefield.

Paul, E., Tsydes, A., Ernhout, C., **Eidlitz, L.**, & Whitlock, J. (in Press). Frequency and functions of non-suicidal self-injury: Associations with suicidal thoughts and behaviors. *Psychiatry Research*.

Siegel, D. proposed her dissertation *Patient Characteristics an Early Treatment Gains As Predictors of Functional Outcome and Symptom Change at Discharge in Patients with Treatment Resistant Schizophrenia in a Social Learning Program*. October 23, 2014.

Taylor, J. proposed his dissertation *Never Had a Friend Like Me: An Exploration of Friendship in the Therapeutic Alliance*. October 15th, 2014.

Tufekcioglu, S., & Muran, J. C. (in press). Case formulation and the therapeutic relationship: The role of therapist self-reflection and self-revelation. *Journal of Clinical Psychology: In Session*.

Ugwumba, N. proposed her dissertation *Once a Bully, Always a Bully? Stability and Change in Patterns of Bullying and Victimization during the Transition from Middle School to High School*. June 18th, 2014.

Zecevic, L. proposed her dissertation *The Role of Mentalization as a Mediating Mechanism between Childhood Trauma and History of Suicidal Behaviors in Young Adults*. October 29th, 2014.

Zecevic, L., & Szymanski, K. (2014, November). *Early childhood trauma impact on suicidality: A relationship between risk factors and suicidal ideation*. Poster presented at the Annual Meeting of the International Society for Traumatic Stress Studies Annual Meeting, Miami, FL.

Faculty Honors and Awards

Jean Lau Chin, Ed.D. was elected Past-Chair of the newly formed Council Leadership Team of the American Psychological Association Council of Representatives. This body will be responsible for the policy and issues relating to the discipline of psychology.

J. Christopher Muran, Ph.D. was elected General Vice President, to become President of the Society for Psychotherapy Research.

Faculty Accomplishments

Atherton, B. D., Nevels, R. M., & **Moore, M. T.** (in press). Predicting symptoms of depression from social anhedonia and emotion regulation. *Journal of Nervous and Mental Disease*.

Barber, J. P., & Sharpless, B. A. (2015). On the future of psychodynamic therapy research. *Psychotherapy Research*.

Bell, R. P., Foxe, J. J., **Ross, L. A.**, & Garavan, H. (2014). Intact inhibitory control processes in abstinent drug abusers (I): A functional neuroimaging study in former cocaine addicts. *Neuropharmacology*, 82, 143-150.

Boccio, D. E., Karch, K., Grauna, M., Chuah, M., Cami, A., & Banilevy, M. (2014). *Helping students survive the college years: Suicide prevention and intervention efforts at institutions of higher education*. Poster presented at the 47th Annual Conference of the American Association of Suicidology, Los Angeles, CA.

Boccio, D. E., Leibowitz, A., & Stern, G. (2014). *Explaining administrative pressure to practice unethically*. Paper presented at the Annual Convention of the National Association of School Psychologists, Washington, DC.

Boccio, D. E., & Macari, A. M. (2014). Workplace as safe haven: How managers can mitigate risk for employee suicide. *Journal of Workplace Behavioral Health*, 29(1), 32-54.

Bornstein, R. F. (2015). From surface to depth: Toward a more psychodynamically informed DSM-6. *Psychoanalytic Inquiry*, 35, 45-59.

Bornstein, R. F., & Huprich, S. K. (2015). Toward an empirically informed 21st century psychoanalysis: Challenges and opportunities. *Psychoanalytic Inquiry*, 35, 2-4.

Brumariu, L. E., & Kerns, K. A. (in press). Mother-child emotion communication and childhood anxiety symptoms. *Cognition and Emotion*.

Caligor, E., Roose, S., **Hilsenroth, M.**, & Rutherford, B. (2015). Developing a protocol design for an outcome study of psychoanalysis. *Psychoanalytic Inquiry*, 35, 150-168.

Castonguay, L. G., Eubanks, C. F., Goldfried, M. R., **Muran, J. C.**, & Lutz, W. (in press). Research in psychotherapy integration: Building on the past, looking to the future. *Psychotherapy Research*.

Castonguay, L. G., & **Muran, J. C.** (2015). Fostering collaboration between researchers and clinicians through building practice-oriented research: An introduction. *Psychotherapy Research*, 25(1), 1-5.

Castonguay, L. G., Youn, S. J., Xiao, H., **Muran, J. C.**, & **Barber, J. P.** (2015). Building clinicians-researchers partnerships: Lessons from diverse natural settings and practice-oriented initiatives. *Psychotherapy Research*, 25(1), 166-184.

Chin, J. L., & Trimble, J. (2014). *Diversity and leadership*. Thousand Oaks, CA: Sage Publications.

Chin, J. L., Yee, B. W. K., & Banks, M. E. (2014). Women's health and behavioral health issues in health care reform. *Journal of Social Work in Disability & Rehabilitation*, 13(1-2), 122-138.

Conway, F. (2014). *Attention Deficit Hyperactivity Disorder: Integration of cognitive, neuropsychological and psychodynamic theoretical perspectives in psychotherapy*. New York: Routledge.

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Coyle, K., & **Fiori, K. L.** (2014). *The relationship between Facebook use and emotional well-being as moderated by interpersonal relatedness among college students*. Presented at the 2014 Meeting of the National Conference on Undergraduate Research, Lexington, KY.

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DeFife, J., **Hilsenroth, M.**, & Kuutmann, K. (in press). Beyond transference: Fostering growth through therapeutic immediacy. In Luyten, P., Mayes, L. C., Fonagy, P., Target, M., & Blatt, S. J. (Eds.), *Handbook of contemporary psychodynamic approaches to psychopathology*. New York, NY: Guilford Press.

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Calls for Papers

When?	Where?	<i>Submissions Due!</i>	More info...
International Society for Traumatic Stress Studies			
31 st Annual Meeting			
11/5 - 11/7/2015	New Orleans, LA	<i>3/17/2015</i>	www.istss.org/ Abstract_Submission.htm
Society of Experimental Social Psychology			
51 st Annual Meeting			
9/24 - 9/26/2015	Denver, CO	<i>TBA 3/31/2015</i>	www.sesp.org/confer.htm
New York State Association for Behavioral Analysis			
26 th Annual Conference			
9/30 - 10/2/2015	Albany, NY	<i>TBA</i>	www.nysaba.org/events.htm
28 th Annual			
US Psychiatric and Mental Health Congress			
9/10 - 9/13/2015	San Diego, CA	<i>TBA</i>	www.psychcongress.com/ psychcongress/abstracts
International Society for Psychotherapy, Counseling, & Psychology			
9 th World Psychotherapy Conference Asia			
<i>Theme: Mystery, Uncertainty, Growth, & Psychotherapy</i>			
8/30 - 9/2/2015	Borneo Kuching, Malaysia	<i>3/31/2015</i>	counselingmalaysia.com/ abstracts.html
Society of Interamerican Psychology			
35 th Congress of Interamerican Psychology			
7/12 - 7/16/2015	Lima, Peru	<i>4/30/2015</i>	sip2015.org/ programa.html#conferencistas
International Union of Psychological Science			
31 st International Congress of Psychology			
<i>Theme: Diversity in Harmony: Insights from Psychology</i>			
7/24 - 7/29/2016	Yokohama, Japan	<i>12/1/2015</i>	www.icp2016.jp/abstract.html

Keep in Touch!

Alumni: We very much want to hear from you! Please stay tuned for the upcoming semester, when we plan to reach out to many of you to learn about your post-Derner careers, projects, and accomplishments. If you would like to submit an article, essay, or other piece of literature for the next issue of Day Residue, please do not hesitate to contact any of us on the newsletter team. We look forward to hearing from you!

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Know of any alumni who have not received this newsletter but would like to? Let us know the updated e-mail addresses of anyone whose current information may not be in the Derner administration's records.

Contact Us

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:

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(...Faculty Accomplishments, continued from Page 16)

DeRose, L. M., Shiyko, M., Levey, S., Helm, J., & Hastings, P. D. (2014). Early maternal depression and social skills in adolescence: A marginal structural modeling approach. *Social Development, 23*(4), 753-769.

Dinger, U., Barrett, M. S., Zimmermann, J., Schauenburg, H., Wright, A. G., Renner, F., Zilcha-Mano, S., McCarthy, K. S., & **Barber, J. P.** (2015). Interpersonal problems, dependency and self-criticism in major depressive disorder. *Journal of Clinical Psychology, 71*(1), 93-104.

Durham, J. I., & **Conway, F.** (2014). Shame as an accelerator for the cycle of underachievement of African American latency-age boys. *The Psychology of Black Boys and Adolescents* [2 volumes], 241.

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Foxe, J. J., Molholm, S., Del Bene, V. A., Frey, H. P., Russo, N. N., Blanco, D., Saint-Amour, D., & **Ross, L. A.** (2015). Severe multisensory speech integration deficits in high-functioning school-aged children with autism spectrum disorder (ASD) and their resolution during early adolescence. *Cerebral Cortex, 25*(2), 298-312.

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Fuertes, J. N. (2014, November). *Measuring and understanding countertransference in psychotherapy*. Seminar presented at Baruch College Counseling Center, New York, NY.

Fuertes, J. N., Brady-Amoon, P., Thind, N., & Chang, T. (2015). The therapy relationship in multicultural psychotherapy. *Psychotherapy Bulletin of Division 29 of the American Psychological Association*.

Fuertes, J. N., Ganley, J., Depowski, H., Bhatia, A. (2014). *The real relationship in psychotherapy and its association with attachment and therapist self-disclosure*. Presented at the 45th International Annual Meeting of the Society for Psychotherapy Research. Copenhagen, Denmark.

Fuertes, J. N., Gelso, C. J., Owen, J. J., & Cheng, D. (in press). Using the inventory of countertransference behavior as an observer-rated measure. *Psychoanalytic Psychotherapy*.

Gold, J. (2014). Implications of psychotherapy integration for psychodynamic and acceptance-and mindfulness based approaches. In Stewart, J. (Ed.), *Mindfulness, acceptance, and the psychodynamic evolution* (pp. 19-38). Oakland, CA: Context Press.

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Hilsenroth, M. J., Kivlighan, D., & Slavin-Mulford, J. (in press). Structured supervision of graduate clinicians in psychodynamic psychotherapy: Alliance and technique. *Journal of Counseling Psychology*.

Holliday, B., Daniel, J., Rollock, D., Bond, M., Ferdman, B., & **Chin, J. L.** (2015, January). *Issues and strategic practices for promoting diversity in organizations*. Presented at the National Multicultural Conference and Summit, Atlanta, GA.

Huprich, S. K., & **Bornstein, R. F.** (2015). Behind closed doors: Sadomasochistic enactments in psychoanalytic research. *Psychoanalytic Inquiry*, 35, 185-195.

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Lombardi, K. (2014, July). *Passion, desire, perversion: Love and death in psychoanalysis*. Paper presented at the Seventh Joint International Conference, Florence, Italy.

Lombardi, K. (in press). The new ties that bind: Helicopter parenting in the culture of post-modernism. In Voela, A., & Garrett, R. (Eds.), *We need to talk about family: Essays on the family, (popular) culture and neo-liberalism*. London: Rowman and Littlefield.

McCarthy, K. S., Keefe, R. J., & **Barber, J. P.** (2015). Goldilocks on the couch: Moderate levels of psychodynamic and process-experiential technique predict outcome in psychodynamic therapy. *Psychotherapy Research*.

McClure, M. J. (2014, July). *Speed-dating: Questions, methods, and analyses*. Workshop presented at the Nickola Overall Relationship and Interpersonal Processes Lab, School of Psychology, University of Auckland, Auckland, New Zealand.

McClure, M. J., & Lydon, J. E. (2014). Anxiety doesn't become you: How attachment anxiety compromises relational opportunities. *Journal of Personality and Social Psychology, 106*, 89-111.

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McClure, M. J., Xu, J. H., Craw, J. P., Lane, S. P., Bolger, N., & Shrout, P. E. (2014). Understanding the costs of support transactions in daily life. *Journal of Personality, 82*(6), 563-574.

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Muran, J. C. (2014, September). *Research on the impact of alliance-focused training on psychotherapy process and outcome with a personality disordered sample*. Society for Psychotherapy Research, Italian Group, Plenary Presentation, Padua, Italy.

Najavits, L. M., & **Hien, D. A.** (2014). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorders and PTSD. *Journal of Clinical Psychology: In Session, 69*(5).

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Newirth, J. (2015). A Kleinian perspective on dissociation and trauma: Miscarriages in symbolization. In Howell, E., & Itskowitz, S. (Eds.), *The dissociative mind in psychoanalysis*. New York, NY: Taylor and Francis.

Obsuth, I., Hennighausen, K., **Brumariu, L. E.**, & Lyons-Ruth, K. (2014). Disorganized behavior in adolescent-parent interaction: Relations to attachment state of mind, partner abuse, and psychopathology. *Child Development, 85*(1), 370-387.

O'Loughlin, M. (2014, August). *Teachers' pedagogical practices in working with aboriginal communities*. Presented at Caring: Gunawirra Seminar for Preschool Teachers and Workers from Aboriginal Communities, Sydney, Australia.

O'Loughlin, M. (2014, November). *Closing the gap: Narrating the prose of severe psychiatric suffering*. Presented at Serious Mental Illness Concentration, Clinical Psychology Doctoral Program, Long Island University - C.W. Post Campus, Old Brookville, NY.

O'Loughlin, M. (2015, February). *The problem of intergenerational repetition in the reproduction of family conflict across generations*. Presented at the Adelphi University Forum on Building a Culture of Peace, New York, NY.

O'Loughlin, M. (Ed.). (2015). *The ethics of remembering and the consequences of forgetting: Essays on trauma, history, and memory*. Lanham, MD: Rowman & Littlefield.

O'Loughlin, M., & Charles, M. (Eds.). (2015). *Fragments of trauma and the social production of suffering: Trauma, history, and memory*. Lanham, MD: Rowman & Littlefield.

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Rumley, S., & **Springer, C. M.** (2014, September). *Queens: An overview for identifying underserved regions with perinatal service gap needs*. Presented at Advisory Board Meeting, Queens Healthy Babies are Worth the Wait Community Program, Queens, NY.

Safran, J. D., **Muran, J. C.**, & Shaker, A. (2014). Research on therapeutic impasses and ruptures in the therapeutic alliance. *Contemporary Psychoanalysis, 50*(1-2), 211-232.

Sanders, A., **Szymanski, K.**, & **Fiori, K.** (2014). The family roles of siblings of people diagnosed with a mental disorder: Heroes and lost children. *International Journal of Psychology, 49*(4), 257-262.

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Sapountzis, I., & King, J. (2014). Using the weaving thoughts peer method to generate meaning: Putting "bits and pieces" together. In Tracy, N. (Ed.), *Transgenerational trauma and the aboriginal preschool child: Healing through intervention*. Sydney, Australia: Rowman & Littlefield.

Schachter, J., **Gorman, B.**, Pfäfflin, F., & Kächele, H. (2014). A questionnaire/interview comparison of satisfaction with training analysis to satisfaction with analysis by a nontraining analyst: Implications for training analysis. *Psychoanalytic Psychology*, 31(3), 357-374.

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Smith, S. W., **Hilsenroth, M. J.**, **Fiori, K. L.**, & **Bornstein, R. F.** (2014). Relationship between SWAP-200 patient personality characteristics and patient-rated alliance early in treatment. *The Journal of Nervous and Mental Disease*, 202(5), 372-378.

Springer, C. M. (2014, June). The need for caring in North and Central Brooklyn: A community health needs assessment. In *From community research to community action: Utilizing community health needs assessments to inform health planning and policy*. Panel presented at Brooklyn Perinatal Network's 25th Anniversary Symposium, Brooklyn, NY.

Springer, C. M. (2014, October). *Managing change and transitions*. Presented at the Adelphi Psychology Club, Garden City, NY.

Strauss, B. M., **Barber, J. P.**, & Castonguay, L. G. (Eds.). (in press). *Visions in psychotherapy research and practice: Reflections from the presidents of the Society for Psychotherapy Research*. New York, NY: Routledge Press.

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Thompson, J. M., Tuch, R., & **Josephs, L.** (2014). *The stories we tell ourselves: Mentalizing tales of dating and marriage*. New York, NY: Routledge/Taylor & Francis Group.

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Weitkamp, M. D., DelBene, V. A., Molholm, S., **Ross, L. A.**, & Foxe, J. J. (2014). *Volumetric differences of the amygdala, hippocampus, and caudate nucleus in Autism Spectrum Disorder adults*. Presented at the Meeting of the Biomedical Engineering Society, San Antonio, TX.

Woo, Y. J., Wang, T., Guadalupe, T., Zwiers, M. P., **Ross, L. A.**, Fisher, S., Molholm, S., Foxe, J. J., & Abrahams, B. (2014). *A schizophrenia associated risk allele within ACSM1 is associated with altered white matter integrity in the corpus callosum*. Presented at the Tenth International Imaging Genetics Conference, Irvine, CA.

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