A Dose of Neuroscience at Derner: Interview with Dr. Lars Ross

By Seth Pitman, M.A.

Dr. Lars Ross received his Ph.D. from City College in 2008 and came to Derner in Fall, 2013. He teaches Psychological Statistics to Undergraduates and Biological Bases of Behavior in the Doctoral program. Seth Pitman spoke to Dr. Ross about his research and his new role here.

SP: Tell us a bit about how you ended up here at Derner.

LR: After graduating from the Cognitive Neuroscience program at CCNY, I worked for two years as a postdoctoral fellow at Temple University and the University of Pennsylvania in Philadelphia with Ingrid Olson. Under her fantastic supervision, I learned neuroimaging to do research in social neuroscience, which was a new field of research for me. After two great years in Philly, I moved back to NYC to build up the neuroimaging operation of my former supervisor and mentor John Foxe, who had just moved his lab to the Albert Einstein College of Medicine. After almost four years as a postdoc it felt right for me to move into a teaching position. I am sometimes asked by colleagues and friends if I had any concerns about fitting in at a place with such a strong orientation toward psychodynamic practice. I usually answer that, although my specialization is in the field of cognitive neuroscience, I still identify as a psychologist and think like one (or so I think).

SP: Some of your research has focused on multisensory integration (MSI) deficits in Autism Spectrum Disorders (ASD). Have you been impressed by any findings, either in your own work or from that of others?

LR: Well, maybe I should give you a little bit of background on multisensory integration since I cannot assume that everybody knows what is meant by that. I will tell you why I think that it is important to take a look at this mechanism in ASD from a scientific and clinical perspective. The way we think is very much dependent on the way we perceive the outside world and vice versa. Our senses are tuned to different forms of energy such as light and sound, pressure, or substances that we breathe in through the air. In our experience, each of these sensations is unique and there appears to be little commonality between them. There are regions in the brain that are specialized to deal with information from each sensory modality. Yet, we constantly integrate information from different senses without any conscious effort and mostly without awareness. This means that the information from different sensory channels must converge somehow, somewhere, in the brain – a process that we refer to as multisensory integration. Integrating information from different senses provides us with information above and beyond what would be available if the different senses were treated in isolation. Many individuals with ASD are easily overwhelmed by complex stimulation, and actively try to shut them out. This led to the idea that one of the mechanisms that might be broken is

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Dr. Otto F. Kernberg was born in Vienna, Austria and received an M.D. from the University of Chile Medical School, completing his analytic training in Chile. Among his many positions and accomplishments, he has received two honoris causa and has been president of the International Psychoanalytic Association.

On January 22, 2014, despite delays on the LIRR and NYC subway due to inclement weather, students and faculty of the Derner Institute flocked to Alumni House on the Garden City campus to hear Dr. Otto F. Kernberg deliver the 2014 Lindemann Lecture and workshop. Dr. Kernberg first discussed the spectrum of psychodynamic psychotherapies employed in the field, followed by a workshop reviewing transference-focused psychotherapy (TFP) for borderline personality disorder (BPD).

Widely known for his psychoanalytic theories on borderline personality organization and narcissistic symptomology, Dr. Kernberg delivered a remarkably in-depth and insightful lecture that re-energized faculty and student minds in preparation for the start of the spring semester. He presented a comprehensive overview and synthesis of modern psychodynamic therapies, which provided a helpful context for understanding the principles of TFP. His instructions and outline of the process of TFP were brought to life with vivid examples from his clinical practice. Several members of the audience remarked upon Dr. Kernberg’s impressive stamina during the all-day lecture. “His energy and enthusiasm were inspiring,” said doctoral student Racheli Miller.

As part of the lecture, Dr. Kernberg showed a mock structural interview he had conducted with an actor, whose performance as a reticent and somewhat disorganized new patient was remarkably true to life. The structural interview introduced by Dr. Kernberg is designed to assess various aspects of the patient’s functioning, including attention, concentration, memory, intelligence, and mental status. At the more in-depth level, the interview assesses character traits and sense of identity, which are key to the assessment of the borderline patient. Dr. Kernberg successfully applied the structural interview to a BPD case that assisted students’ understanding of the technique.

The experience was one that created a lasting impression on students. Doctoral student Nadia Kuprian summed up the experience: “The interview demonstrated how a psychodynamic treatment can be straightforward and action-oriented, while staying true to its fundamental [psychoanalytic] principles.”

Thoughts on Private Practice: Interview with Katie Dove, Ph.D.

By Jerry Gardner, M.A.

JG: I’d like to start by asking you to think back on your time at Derner; was there any training that you considered particularly helpful in your career in private practice?

KD: I knew that I wanted to deepen my clinical training, and I knew that Derner was a very clinical program. I believed that I wanted something relational and object-relations based, so that part was appealing to me. I had worked in hospitals in the past, and I think that the hospital experience was so important. Supervision was also huge, and being open to different perspectives.

One of the things I think is so hard as a student, is that we can all feel insecure all of the time, especially when you don’t know, you want to know, and you believe...
there’s something to know, and to the extent that you can not know, this is the time to really not know. There’s something so nice about letting yourself not know, which I think is really key to clinical work – just being open. Otherwise we’re on our path and it’s our agenda and we’re imposing it, rather than letting something unfold.

JG: Have there been any surprising aspects of private practice that you didn’t anticipate?

KD: I think people talk about this, but I was surprised by how lonely it was, and how isolated I felt, because you have such intimate connections with people all day, and it’s something so personal and intimate. And after a while, I remember feeling isolated and thinking that nobody was saying, ‘Hey, do you want to have lunch?’ It took me a while to get used to that, and I think that’s a real reason to stay connected, whether it’s with an institute or a hospital, there’s something so nice about that – there’s something nice about staying connected, otherwise it can be very lonely.

JG: Did you notice any changes in your practice over the years, certain things that were maybe once difficult that are now easier, or vice versa?

KD: I think in the early days I would accommodate everyone. When you’re starting out, it’s hard to believe you can fill the hours of your day, and I think that’s something that comes with time and you realize you can get people in during the day. I also think practices ebb and flow, and that can be really anxiety-provoking; I think over time that’s something that gets easier and you realize there’s a natural rhythm and it’s not all falling apart.

I think my practice has changed, and I wouldn’t necessarily categorize it as easy or difficult, but it has changed over time. For example, I now prefer to work with patients more frequently. As my experiences after Derner have continued with analytic training and supervision, I think I’ve got a better sense of myself over time. From my past work connections, I started working clinically with a lot of business people and lawyers, and I think it was much harder to maintain my own mind and be separate from that. I think there’s a fit and you want to accommodate your patient and find your way, but there’s something to be said for reaching a point where you feel like yourself, and that’s something that took a long time for me. It’s not that my “self” is fixed, it changes, but that’s something I noticed changing over time, getting to a point where I felt more like myself in the room, and getting more comfortable with that.

JG: Do you have any advice for Derner students in the middle of their clinical training?

KD: I think it’s great to try different things and try different approaches and be open to different supervisors. Find yourself before you can find the patient. I think the openness and not knowing, to me, along with your own therapy or analysis, are huge in terms of getting there. In terms of finding your own style, so much of that starts in your own analysis and your own treatment, it’s tremendously helpful.

And I think the practical stuff is important too when you’re first getting started, such as charging low fees and sharing office space. You can take the patients that other therapists aren’t taking, and that’s great for getting started. And of course the hospitals and staying connected to your referral base are important throughout your practice.

A Sit-Down with President-Elect of the Society for Personality Assessment, Dr. Bob Bornstein
By Jett Stone, M.A.

This spring Robert Bornstein will officially become the 54th President of the Society for Personality Assessment (SPA). Past presidents have included our very own Gordon F. Derner (1959) and George Stricker (1982-1984), along with other familiar names including John Exner (1974), Sidney Blatt (1984-1986) and Irving Weiner (2005-2007). SPA began back in 1938, and now at over 75 years strong, the society maintains over 1,500 international members. I spoke with Bob about his upcoming role at SPA.

JS: What is your current position at SPA?

BB: Program Chair of SPA. Essentially what that involves is evaluating the proposals and setting up the panels and placing people into time slots. It’s an amazingly complicated process.

JS: Does SPA revolve around the big conference in March? What else goes on at SPA?

BB: The centerpieces of the association are two things: the conference and the journal. The Journal Personality Assessment is actually, I think, a terrific journal although I have nothing to do with it except being on the editorial board (which a lot of people are). It is the probably the last bastion of Rorschach.
research in the world. Not that other journals don’t accept the periodic Rorschach paper, but it is part of the journal’s commitment and the society’s commitment. In fact the initial name of the society was the “Society for Projective Techniques.”

JS: What sort of day-to-day work are you doing now as Program Chair/President-Elect and how will that change when you are actually President of SPA?

BB: I am a member of the Board of Trustees, and we make all the decisions about the society – everything from how to spend the money and where to have meetings to deciding who gets research rewards and what sorts of initiatives the society wants to have. So, for example, one of the things that we are very active in is in interfacing with APA to promote psychological assessment at the national level. One of the negatives of managed care is that in trying to save money, as you can imagine, assessment is one of the things that they feel they can pull back from. You know, it is easier to cut assessment than to cut treatment. So SPA lobbies with managed care organizations, primarily to try and promote assessment and also to get funding and support at the federal level.

JS: It seems like you have to learn a whole new skill set of promoting psychological assessment often to people who may not know much about it. It is like a translation process.

BB: Yeah. Much of the world, including much of psychiatry, doesn’t get what psychological assessment does. So there is an educational component to it, but we are lucky that there are some people in APA who do get it. I think that the upcoming president of APA – Nadine Kaslow – is sympathetic to this. We got lucky because one of the leading women at APA, Katherine Nordal, has long been an ally of psychological assessment.

JS: Being in a position where you see so many submissions I suppose you are able to stay abreast of what the personality world is thinking about well outside of Derner

BB: There are two things that are really great about it: One is that we get a lot of student research. SPA is very student-friendly society. In a typical year we might have 20-plus Derner students at the meeting in D.C. The future lies in the students. In fact, what I ran on was engaging students and putting more resources into the student portion of the society, because that is where it is going to stand or fall – based on whether people in their 20s and 30s decide to devote their time to assessment. The other nice thing about the submissions is that we have a large international presence and that is partly because Rorschach is more accepted in Northern Europe, Italy, and in Japan than it is in America.

JS: With all of the submissions that you’ve seen as Program Chair (and that you will see as President) where is personality assessment heading?

BB: I would say that there are two things. One is an increase in, and interest in, multi-method assessment and test score integration. Which is to say that people of course do their research studying individual tests – MMPI, Rorschach, PAI – but increasingly a lot of the most interesting work is on how best to integrate test results to make decisions about pathology and personality and treatment. And that’s become a real focus lately. And the other is more practical: there is a lot of energy around bringing personality assessment to bear on the diagnostic manuals – the DSM, PDM, ICD – and essentially trying to demonstrate how assessment data can contribute to refining diagnostic categories and making diagnostic decisions.

JS: I am sure there are different schools of thought within SPA. As President it will probably be a challenge to bring together opposing views. How will you, with your own research history and opinions, make decisions?

BB: Well, I think that is one of the reasons I ended up getting elected. Although people are aware of my bias – I am not a trait person – I think that I am seen as someone who can interact congenially with people who have different viewpoints. For example, Tom Widiger and I could not be more different in our attitudes about personality assessment, and yet over the years he has been a great mentor to me, given me lots of opportunities, and invited me to do chapters and journal articles for things he has edited. So one can disagree but do so respectfully and we do that.

The other thing I had forgotten is that a big initiative these days is to try and help inform people who teach assessment classes about the virtues of integrative and multi-method assessment. They have surveyed people who teach doctoral level assessment classes as to what they are doing these days, and what the shifts have been in the last ten years and SPA is trying to provide them with material. Some of it is on the website that an assessment teacher can use in class to give students.

JS: Has there been any movement integrating
technology into assessment?

BB: I think so. I think that is probably truer in research settings versus clinical settings at this point. For example, when we are trying to assess personality in primary care settings, which is one of the things I am doing now, you need to be able to bring the material to the patient in the waiting room. That is where iPads can become particularly useful. The other area where tech is becoming very active is with smart phones, because they are great tools for sampling behavior in-vivo. There are actually smart phone apps at this point that will prompt people to do a couple of quick responses at random times during the day, and some of the researchers at University of Michigan and Penn State are making huge strides with that.

JS: Is there a Student President of SPA?

BB: SPA has always been very student-oriented organization and there is an arm of the society called the SPA Graduate Student Association, and they elect a president as well, and as it happens, this year it is Christy Denckla, M.A, a fifth year Derner student who is starting her internship at Mass General in Boston. She has been my student here and so that was just fortuitous. It was not a concerted thing, we just both happened to be elected. There are endless opportunities for Derner students to become involved in the graduate student association at SPA. They are looking for people with energy and leadership skills and it is a great place to commit some effort.

For more information about the Society for Personality Assessment, visit http://www.personality.org

Reflections on the First-Year Experience

By Afshan Ladha, M.A.

Sitting at orientation on the first day of my first year, I remember panicking, “Oh dear, what did I get myself into?” My fellow classmates, who have now become my friends and role models, seemed way more prepared. I felt my stories and experiences were mundane, and that I might not be able to contribute meaningfully to our cohort. So what did I do? The next day, as a show of camaraderie, I brought my power splitter to class, anticipating the need to fuel our power-hungry laptops. After a few jokes on splitting personality types, I was much more at ease.

I’ve always had the mindset that expectations are, more often than not, inaccurate and low expectations make for great experiences. When I began at Derner, I anticipated spending time adjusting to the culture by experiencing emotions simultaneously with my new cohort, and learning what I would need to know to be a great psychologist.

So were these expectations met? Well, I learned that you can never depend on finding a plastic fork in the lounge and that advanced doctoral students with their hard earned wisdom can, indeed, be extremely helpful. Over time, I mastered a mix of emotions – the combination of anxiety, excitement, and fatigue. I’ll admit, I was expecting to finally learn the secret. Not the Oprah-endorsed one, but the secret formula for becoming a great clinician. I noticed fellow classmates inquiring about this elusive secret, often in discrete ways: “How do you know what to say?” There are no clear answers. The most common reply was: “It depends on the type of therapist you will be.”

A cop-out answer? Maybe. But it’s true, right? There will never be one correct answer, and I can take comfort in not having to memorize a therapy script. I can just be aware of my own feelings in a therapeutic setting and stay curious.

But there is more to Derner than clinical work. My first year was intense and offered a balance of class work, research, and clinical experience. That’s exactly what I was looking for when applying. Additionally, I’m most excited about starting the Teaching Fellowship this year. Knowledge without distribution can be isolating. Current professors at Derner and previous professors in my academic career have been positively impactful, most likely without knowing it. Continuing their legacy is my dream.

I often tell people that I’ve had my sights set on becoming a psychologist since fourth grade, when I walked around the playground in my sister’s blazer offering a sympathetic ear to my classmates. For this reason, getting accepted to my top choice doctoral program was more than an accomplishment; it was a goal that I was compelled to achieve. While my career goals have definitely changed since elementary school, completing my first year has motivated me more than ever to make it...
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in a relative short period of time? It certainly
underscores the plasticity of MSI, which we had
previously shown to develop over an extended period
of time into the teenage years. Integrative abilities are
likely to be shaped by changes in the social
From this perspective, it could mean that
in ASD these basic mechanisms underlying brain
connectivity are not broken, just delayed, which is a
good reason to be hopeful for the success of targeted
appropriate intervention. This is also where our
research leaves the "basic" realm and becomes
relevant for clinical applications, which is why we think
the term “translational” is appropriate to describe our
approach.
SP: Which of your research projects are you currently
most excited about?
LR: Since I have been talking about multisensory
integration, I might as well continue with this topic. One
problem that investigators struggle with is the
heterogeneity of the disorder in regard to the
presentation of symptoms, and some question whether
they are an expression of the same underlying disorder
or represent different disorders altogether. Our data is
absolutely preliminary, but it seems like there is
something very interesting that we overlooked.
When we looked at typically developing children, we
found that girls appear to be better at integrating visual
and auditory speech information. This does not seem
entirely surprising given that differences in social
communication abilities between males and females
do not seem to be just a cliché, but are supported by
empirical evidence. They emerge early, some suggest,
due to a biological origin and might be shaped by
socialization. Next, we compared ASD boys and girls
(note that there is a 4:1 sex ratio in ASD) and found
girls to be better here too. This is unusual, because
girls that wind up getting diagnosed with ASD are
usually lower functioning in many regards than ASD
boys.
We finally tested a number of "unaffected" siblings of
individuals with ASD and found the same pattern
again: Boys' performance was pretty much right in
between that of typical and ASD males whereas
female unaffected siblings were not distinguishable
from female controls. While these findings don't
resolve the nature-nurture debate in ASD or whether
there are different autisms for boys and girls, it adds a
level of complexity in showing that some ASD
symptoms and traits might be gender specific. It could
be an important piece of the puzzle in regard to the
heterogeneity of the disorder and underscores the
importance of considering gender differences when
investigating ASD.
SP: Do you have any thoughts on what appears to be the
growing field of neuropsychoanalysis?
LR: Before I arrived at Derner, I had not heard about
neuropsychoanalysis. To be fair, since my arrival at
Derner I have had too little exposure to this field to be
comfortable making general judgments. However,
frankly, what I have seen has raised some concerns
for me. One possible reason for my lack of exposure to
this topic might be that, to my knowledge,
neuropsychoanalysis has not contributed in any
significant fashion to the field of neuroscience or to
what we know about the brain. From what I've heard
about neuropsychoanalysis it appears to be an
approach that merely takes more or less established
evidence and concepts from the field of neuroscience
and uses this to draw analogies to psychoanalysis.
Drawing analogies between our current understanding
about reward circuits or networks involved in affective
processing in the brain and psychoanalytic concepts,
such as libido and attachment, unfortunately is not
more than conjecture. Having spent some time doing
research in social neuroscience, I found myself
surprised during a recent presentation to hear that
some cortical regions that have been associated with
general social processing were labeled "attachment
centers" or part of an "attachment network". This
strikes me as premature given how little we still know

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about the specific roles of brain regions associated with social cognition and affect. In short, I do very much welcome that “neuro-pyschoanalysts” are acknowledging that the psychological mechanisms in their theory must have a biological foundation and that the intention is to open up to the neuroscientific community. However, there has to be more to the approach than cherry picking neuronal systems that appear to be compatible with psychoanalytic theory and considering them its biological foundation. Perhaps I am overly critical and there are good things underway and I remain curious to see how this new field evolves.

SP: What would you hope Derner students might take away from your class, Biological Bases of Behavior?

LR: The most obvious would be that I want to give students a working knowledge base about what we know about how the brain “works” and a basic understanding of the methodologies that are used to investigate brain function. I would like to give them the ability to approach neuroscientific topics, make informed judgments, and be able to distinguish what might be a scientific advancement relevant to their practice from the hype of which there is so much of these days. I hope my students will develop open-minded attitudes around neuroscience and prevent the development of all the usual justifications for why it might be unnecessary, counterproductive or even wrong altogether to consider biological mechanisms in clinical practice.

I also hope to prevent the dualistic thinking that draws a line between “organic” and “psychological” phenomena as if there was a clear distinction between them. While in many cases dualistic concepts might be upheld merely for the sake of convenience, I think it is counter-productive in many regards. It can promote insular thinking, and hinder collaboration and advancement in our understanding of psychological processes, apart from the obvious danger of misleading clients and future generations of students.

Faculty Spotlight: Interview with Dr. Laura Brumariu

By Lauren Knopf, M.A.

Dr. Brumariu joined the Derner community as an assistant professor in the fall of 2013. A graduate of Kent State University, Dr. Brumariu completed clinical and research postdoctoral fellowships at Harvard Medical School from 2012-2013. She brings to Derner a wealth of clinical experience with children, families, and couples, as well as extensive research in developmental psychopathology.

LK: What appealed to you about teaching and working at Derner?

LB: When I visited, I got a sense of Derner’s strong commitment to training, and I was impressed by the quality of students’ work and the variety of clinical and research interests represented by students and faculty. I find mentoring students very rewarding, so the opportunity to work with students at various levels – undergraduate, Master’s, and PhD – was very appealing to me. Also, it seemed like a fun department. And I was right about that. I enjoy it here.

LK: Your enthusiasm for working with children and families, as well as for developmental research, is evident. How do you strike a balance between clinical work and research?

LB: I do not conceptualize them as competing interests, but rather as naturally integrated and complementary. My formal training is in clinical child psychology, and my mentors from graduate school and postdoctoral studies are psychologists with developmental training. If someone asks me how I define myself, I say that I’m a developmental psychopathologist. That’s how I put all the pieces together.

LK: How did you start your career path in psychology?
LB: In Romania, where I grew up, you choose a career track in high school and attend a school with a specialized curriculum. My high school prepared graduates to be elementary school teachers, up to grade five, and students who decided to pursue a college education were well prepared for college entrance examinations in pedagogy and psychology, or law. I trained in high school to be an elementary school teacher, then I decided to apply for college with a specialization in psychology. In my first year of college, I had two experiences that led me into child psychology. I met a clinical psychologist who gave me a unique introduction to the field by allowing me to shadow her, then later to see cases under supervision. Then I met a group of students who were in the process of developing schools within hospitals for hospitalized children – the first school system of its kind in Romania. This gave me the opportunity to be involved in developing a hospital school, primarily for children with chronic renal illnesses or cancer diagnoses. After college, I continued to work in the hospital as a psychologist, while also working as a school psychologist. So, really, I never thought about doing anything else.

LK: Much developmental research and associated interventions are focused on infancy or adolescence, while your research has examined the often neglected “middle childhood” years. What is unique about this developmental period and why is it important to investigate?

LB: What I find appealing about developmental research is its relevance and applicability to every aspect of psychology. It covers the lifespan, from attachment in infancy, to development of peer relationships and romantic relationships; it informs our understanding of normative development and psychopathology. Each developmental period is unique in its own way. I am particularly interested in middle childhood, roughly ages 7 to 12, because the significant changes that take place during this period create unique demands and opportunities for growth. The child’s social world expands, peers become more important, schooling makes greater demands – children are more independent from parents, but not completely independent. From an attachment perspective, this is a very neglected period of time. There are many conceptual pieces not yet fully explored. How does attachment look at this age, behaviorally? We have a clear picture of attachment behavior in infancy and adulthood, but there is no gold standard for measuring attachment in middle childhood.

Another direction is testing comprehensive models including additional factors that may mediate or explain the links between attachment and clinical symptoms or adaptation. Further, there are also findings in neuroscience, which elaborate and expand on the neural components of attachment related systems such as the caregiving system. I predict this will be an area that will be developed significantly in the next ten years.

LK: You’ve already made an impact on the Derner curriculum by helping to propose a new Child and Family concentration in the doctoral program. What is your vision for this training?

LB: I am excited about this new concentration, which was the result of collaboration among all faculty members. Our hope is that by providing doctoral level training in child and family psychology, Derner students will be prepared to deliver clinical services to children and families in a variety of settings, from hospitals to community clinics, and that these experiences will enhance their competitiveness for internship and on the job market.

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2014-2015 Internship Placements and Derner Internship Consortium Update

Congratulations to our Fifth-Year Class! They have begun internships at the following training sites:

- North Bronx Healthcare Network
- Columbia University Medical Center
- Nassau University Medical Center
- LIJ Medical Center
- House of Ruth (Falls Church, VA)
- Mass General/Harvard Medical School
- New York City Children’s Center – Queens
- Lenox Hill Hospital
- Derner Institute Internship Consortium
- Pennsylvania Hospital (Philadelphia, PA)
- NYU/Bellevue Hospital Center
- Manhattan Psychiatric Center
- NY Harbor VA Medical Center
- Beth Israel Medical Center

The Derner Internship Consortium has continued to grow in its second year, doubling in size from three students to six. In addition to two Derner students, this year’s class includes four students from other programs. They studied at the Wright Institute, Antioch in Santa Barbara, LIU-CW Post, and Fairleigh Dickinson.

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Student Accomplishments

Publications and Presentations:

- **Bender, P.** (2014, April). *The effect of subliminal psychodynamic activation on implicit racial bias.* Poster presented at the 2014 Annual Spring Meeting of Division 39 of the APA.
- **Borovikova, M.** (2014, April). *When a man loves a beer: Gender differences in attitudes toward substance use.* Poster presented at the 2014 Annual Spring Meeting of Division 39 of the APA.


● Scholom, E., Marion, J., Rice, B., Lombardi, K., & Newirth, J. (2014). Love is (not) enough: The subjective experience of adolescents in residential treatment at the orthogenic school. Poster presented at the 2014 Annual Spring Meeting of Division 39 of the APA.


Honors and Awards:

Rachel Goldman received the George Stricker Research Fellowship.

Nadia Kuprian received a Kenneth Howard Student Travel Award in June, 2014. She used this award to travel to Copenhagen, Denmark for the Annual Meeting of the Society for Psychotherapy Research.

Olivia Medvedow was awarded the $500 student prize for the best poster presentation on a psychoanalytic research topic or a psychoanalytic clinical topic presented at the New York State Psychological Association's Annual Convention in May, 2014.

Martina Robotham was awarded $500 for the poster she presented at the New York State Psychological Association's Annual Convention in May, 2014.

Jackson Taylor was selected as an APA Division 39 Scholar and recipient of a Graduate Student/Early Career Professional Travel Award sponsored by the Sexualities and Gender Identities Committee to attend the Division 39 conference in Spring, 2014.

Jackson Taylor won the 2014 APA Division 29 Psychotherapy Diversity Student Paper Award for his paper, From the Match Equation to the Intersubjective Sphere: Negotiating Identities of the Sexual Kind.

Faculty Accomplishments


Honors and Awards:
- Dr. Jacques Barber: Awarded the Distinguished Research Career Award from the Society for Psychotherapy Research (SPR). Dr. Barber was recognized at SPR’s 45th annual meeting held in June 2014 in Copenhagen, Denmark.
- Dr. Jean Lau Chin: Committee on Women in Psychology of the American Psychological Association Award as a Distinguished Leader in Psychology, August 2014
- Dr. Jean Lau Chin: President-Elect, Division 52 (International Psychology) of the American Psychological Association (2015-2017)
- Dr. Francine Conway: Selected as a member of the 2014-2015 American Psychological Association (APA) Leadership Institute for Women In Psychology (LIWP)
- Dr. Kate Fiori: Nominated to Fellow Status in the Behavioral and Social Sciences Section of the Gerontological Society of America (June 2014)
- Dr. Mark Hilsenroth: Received an American Psychological Association Division 29 (Psychotherapy) Award for Distinguished Contributions to Teaching and Mentoring

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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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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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Spread the word!
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.

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