DAY RESIDUE
THE DERNER SCHOOL

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Day Residue 2021

The Derner School PhD Newsletter
Adelphi University

Issue Editors: Alexxa Wolpoff & Lily Swistel

A Message from the Associate Dean

by J. Christopher Muran, PhD

Dear all:

As you know, I will be transferring directorship of the PhD program to Laura Brumariu, PhD, beginning this fall semester '22. It has been 12 years for me with this responsibility, and I feel good about all that we have accomplished since 2009. There have been so many positive changes with regard to curriculum revisions, faculty additions, practicum affiliations, student diversity, tuition reduction and financial aid –not to mention two re-accreditations by APA (to the maximum years). The state of the program is good, and its future looks bright. I will remain as Associate Dean and increase my support of all programming at Derner (in addition to the PhD program). I'm excited by Laura taking the baton and of course will be there to support her in this transition. I'm confident everyone will do the same. Again I want to thank all who supported me over the years– across administration, faculty and students (not to mention family and friends :). We accomplished a lot, and I am truly grateful.

Appreciatively, Chris

Externship Choices and Internship: How does it all pan out?

by Lily Swistel

This winter while applying to Doctoral Internship, I talked on the phone to a few 2nd and 3rd year doctoral students who were in the process of applying to externships for next year. These conversations centered around what to keep in mind about how their externship choices would affect their Internship applications. Making these choices is stressful and there is no absolute right answer as to what to prioritize as there are many factors at play! But, I thought I'd take this opportunity to frame some questions you can think about as you navigate your training journey. I also talked to two of my fellow 4th year cohort-mates, and one 5th year from another PhD program, and they are quoted below. Keep in mind that this article represents a limited perspective, and that you should go to Dr. Jonathon Jackson, the Director of Clinical Training, for more guidelines and advice.

2nd and 3rd year students very much wanted to know how much to prioritize getting inpatient experience on externship. My sense from my own Internship-related outcomes and my sense from talking to others who went through the process, is that getting experience on an inpatient unit and/or treating patients with SMI was important. Megan Parmenter (4th Year) wrote to me, "I found that regardless of site, I ended up talking about my experience providing groups and individual psychotherapy on an inpatient unit. Even if you are applying to college counseling centers, having experience with SMI is relevant." She clarified: "I actually only applied to hospitals. So my comment about SMI being relevant at college counseling centers is purely anecdotal."

She continued, "In my opinion, the biggest advantage of training on an inpatient unit is 1) learning to work with a multidisciplinary team and 2) learning to assess risk. Although not all sites are multidisciplinary, I think that teamwork is a highly valued and transferable skill. As someone working in an outpatient setting, it is also important to know when a patient requires more intensive care. I feel like I have a better sense of where that threshold is based on my inpatient experience. In other words, I have a better sense of what my level of comfort is in treating a patient who is suicidal."

Many internship programs that are APA-accredited and that provide stipends are at large urban hospitals where you would be expected to work on an inpatient unit, so it's very pragmatic to prioritize getting relevant experiences before or while applying to Internship. However, there still are some doctoral internships that will overlook a lack of inpatient experience if you are a strong candidate in other ways. Speaking from my own experience, I worked at a long-term residential treatment site as one of my externships (and never worked on an inpatient unit), and I think it was strategic to frame that experience as akin to or similar to inpatient work, on internship applications and at interviews.

Marina Weiss (4th year) agreed that having inpatient experience was beneficial for the Internship process. She wrote to me, "my understanding is that inpatient experience (or other things like ACT where there were opportunities to work with folks with SMI) are really key to getting internships, as most internships (even ones which are not working with patients with SMI) want to know that you'd be able to handle a severely decompensating client, and be familiar enough with SMI to know how to differentially diagnose and respond sensitively and knowledgeably. I know that not everyone is comfortable with inpatient work, so it would be ideal to identify additional programs, like

ACT, which might allow trainees to gain practice with patients who have SMI."

One question I was personally still wondering about after finishing the process, was whether or not it's helpful to have college counseling experience in order to be accepted at a college counseling center internship program. I think it is. If you're interested in this route, it would be important to talk to supervisors, your DCT, and other doctoral students and grads about their point of view on the matter. Marina Weiss said, "It seemed like there were very few spots at child sites, relatively speaking, so these and college counseling spots were more competitive, so folks who are specializing in child work might want to apply to more sites or also apply to some adult sites as backups."

A piece of advice I received from a friend from another clinical psychology PhD program, who also applied to internship this past year, is that it may be strategic to diversify in terms of geography and the size of sites. He applied to smaller sites in New Jersey and Long Island, and he believed he received interviews at those places because they were less well-known and less competitive. He knew that commuting would be difficult for him next year from where he lives in Brooklyn, but he is happy now that he had been flexible about geography while applying.

Overall, choosing externship sites in advance of the internship process is a balancing act. You want to train at externship sites you're excited about, because that will give you momentum and content to talk about in your internship essays and interviews. Following your own interests will significantly benefit you. Many students who match for internship report that they matched at a site that they felt was a good fit for their clinical identity. For instance, Megan Parmenter reported, "I ended up matching at a Veteran's Affairs Hospital and think that my previous experience working with veterans gave me an advantage."

Make sure to continue talking to past Derner grads, supervisors, advisors, your DCT, your cohort-mates, and your non-PhD friends about this process! The night before an internship interview I had, I did a mock interview with a close friend who is not a psychologist, who just happened to be available. I told her about one of my patients (without revealing any identifying material) in depth, about what I had learned from working with different supervisors on the same case, about what I had learned about my own contribution to the therapeutic relationship, my strengths and blind spots. My friend brought in ideas about the cultural context to help enrich my narrative about my patient's abilities and difficulties.

It's impossible to cover everything in this article, but I hope some of this advice is helpful. Make sure to get support, and choose/borrow/purchase a couple of interview outfits in advance!

Learning Therapy: Remotely

by Alexxa Wolpoff

As Derner Institute clinical doctoral students, we are privileged to attain clinical experience in our second year of training. As a second year student, I delved into the world of clinical practice through co-running groups at a hospital, where I accrued invaluable experience in group work. I explored different therapeutic styles and interventions, received formal supervision for the first time, and learned how to develop a therapeutic frame, all while ensuring that each group member participated. It was a wonderful experience that was unfortunately cut short by COVID-19. As a developing therapist, I learned that therapy's ending can be abrupt, and terminations may look different depending on circumstance. In this very unique experience, me and my patients didn't have termination sessions and we never had an opportunity to say goodbye. "The pandemic" resulted in an abrupt termination with my patients, and it also resulted in my termination of in-person clinical experience for the year to come.

During the outbreak of the pandemic, therapists and patients simultaneously experienced the implications of collective trauma. This circumstance in itself, created a daunting task for novel and experienced therapists alike. The task was to navigate the emotional experiences of our patients, while coping with and managing our own. Supervisors were confronted with an even more challenging task, which was advising novel therapists on how to conduct and navigate therapy, all while addressing these obstacles in their own practice. Further, therapists performed a unique type of therapy, which was largely an uncharted territory. Therapy was to be conducted outside of the therapeutic setting, and instead on a computer through a screen. Suddenly, therapists across the globe shared a common office, which we have now come to know as "zoom."

As a novel therapist, I was intrigued by the concept of conducting therapy through zoom, and I ventured to garner the most from the experience. My supervisors were integral in assisting me with this venture. I utilized the screen with my face as a tool, by which I could monitor my facial expressions. This assisted me with adequately mirroring my patient's affect. I also leaned into my patient's experiences with therapy on zoom, and used this as a learning opportunity to better understand the patient. In many instances, patients expressed that they rather enjoyed appearing on zoom, as it enhanced time flexibility due to the lack of commuting. Patients also expressed that they appreciated that there was no formal waiting room, where they would have seen other patients. This feedback was useful for both my own future planning, and for cultivating an awareness of my patients and the ways in which they approached and benefited from therapy.

Undoubtedly, remote therapy was an unexpected facet of my training. However, it seems that our field may be changed forever, as many patients have expressed preference for this novel medium for engaging in therapy. As the world returns to a sense of normalcy, it will be interesting to note the ways in which the field of psychotherapy evolves, and the role that the pandemic has played in its evolution.

Transitioning to Virtual Space:
Teletherapy in the Time of COVID-19

by Kendra Terry, Andrew Lokai, Minna Chen

Wuhan, China, December 2019 marked the beginning of what became a worldwide whirlwind of confusion, heartbreak, political strife, and solidarity. The global pandemic demanded a wide range of changes, shifts, and adaptations in many areas of people's lives, one of them being the way psychotherapy is conducted. As trainee psychologists in a research lab focused on rupture, repair, and the therapeutic alliance, we began to wonder what this all meant for the therapist-patient dyad. More specifically, we wondered, what happens when millions of patients are asked to move their in-person therapy sessions to an online setting? And, where do these endless days on Zoom leave us?

In March of 2020, due to the COVID-19 pandemic, the mental health services at the Brief Psychotherapy Research Program at Mount Sinai Beth Israel were abruptly altered to be delivered exclusively via teletherapy. Many patient-therapist dyads who had begun working together in an on-site setting were asked to transition to remote work. We wondered whether entering a new space - namely a virtual space, with new surroundings, a difference in what had previously been a shared space - called for a new beginning. One question in particular sparked what would become the research study we describe here: did the abrupt switch to teletherapy result in a sort of "restart" of the therapeutic relationship?

The aim of our study is twofold: 1) to understand the experience of switching from in-person therapy to teletherapy, for patients and therapists alike; and 2) to determine whether teletherapy affected the therapeutic alliance specifically. We define the therapeutic alliance as it was operationalized in a 1979 paper by Edward Bordin as the agreed upon tasks and goals, as well as the bond between patient and therapist. Using interpretive phenomenological analysis (IPA), the research team has interviewed five therapists and five patients about their experiences, and are currently conducting a thematic coding analysis of the interview transcripts. Eight out of ten of the participants form dyads, yielding a total of four patient-therapy dyads plus one "unmatched" patient and one "unmatched" therapist.

Initial findings are varied, and we will report themes as they emerge from the IPA methodology in the following way: highly common (found in 4-5 participants), moderately common (found in 2-3 participants) and unique (found in only 1 participant). Some of the most common emerging themes include the following:

Theme	Frequency
Something ineffable is lost in teletherapy	Highly common (6)
Lack of visual cues makes teletherapy more difficult	Moderately common (5)
Teletherapy altered the ritual, process, and frame of therapy	Highly common (6)
Switching to teletherapy caused a resetting of the therapeutic alliance	Moderately common (3)

Select themes from findings on the experience of transitioning from in-person therapy to teletherapy. Including both therapist and patient reports.

One piece of this research that has become curious is that, when asked directly about changes in the tasks, goals, and bond, both patients and therapists not uncommonly deny that any of these metrics have shifted. However, when they described the

ways in which they communicated, the information available through body language and subtler visual cues, the feeling in the room, simultaneous feelings of distance and intimacy, seeing a therapist in pajamas bottoms, and so on, the switch to teletherapy seemed to make for a very different experience than what they initially reported. In short, participants' conscious selves denied changes in the therapeutic alliance, but their interviews indicated they had experienced changes that were partly outside their conscious awareness.

Our final results pending, we are beginning to uncover some interesting ideas about shifts in the therapeutic alliance in a virtual setting. We are also unearthing some more comprehensive differences between sharing space face-to-face in a consulting room, and patients and therapists being - sometimes - at great distances from one another, all the while having a close up shot of each other's faces on their laptops in the comfort of their own homes. Some ideas we are thinking about include, what it means to lose the ritual of therapy, the psychical preparation that takes place during the commute, for instance, or the experience of sitting in the waiting room as a space where patients may turn over in their minds fantasies of therapy and of the therapist, and if this experience takes place in a sort of Winnicottian transitional space. Another idea that comes to mind for us is whether teletherapy with a video component is reminiscent of the way infants and caretakers become attuned to the minute changes in each other's facial expressions, and how it is in these moments an alliance is formed for the very first time. With analysis underway, we hope this research will help to pull into focus some of the strangeness that has taken over our lives as of late, when every single person on the planet has experienced, in one way or another, a strange year when the world as we knew it seemed to disappear

When I heard

by Fiz Ardalan

<u>*Trigger Warning*</u>*: this article discusses patient suicide from the perspective of a therapist.*

Nine days before my first internship application was due, I learned that an ex-patient of mine, Theodore (name changed for confidentiality), died by suicide. I know receiving this kind of news can never come at a good time, but this was a particularly vulnerable time for me. I was feeling insecure, questioning myself, scared about the future, and had never felt 'imposter syndrome' more. I remember feeling perpetually overwhelmed and exhausted. I also had a six-month-old who was not sleeping well and a two-and-a-half-year-old who was struggling with the restrictive nature of the pandemic. I am saying this all because this is how these things happen. There is no time that is right, or wrong, better or worse. You are wherever you are in your life when you hear something like this. There is no warning. There is no preparation. This is where I was in my life when I heard a patient I cared a great deal about, who had a profound impact on me, took his life. It is important to note because it likely makes a difference in how we process, make meaning of, and or internalize an event like this.

Theodore and I only worked together for a short amount of time, but he left a deep impression on me. In fact, I had mentioned our work together in my application. I had been reflecting on our work for the last month or so as I wrote and rewrote my applications. I remember wondering about him and how he was doing. He was very much present in the internship process for me.

Working at a university counseling center, I was accustomed to getting mass emails communicating important information. Sadly, one such kind of email is when a student takes their life or dies unexpectedly. This practice of email announcements is done so the therapists are aware of the circumstance should students seek treatment or support around that particular tragedy. However, this time around the name of the student was also posted. As I read the email, I remember pausing for a minute because I was sure that this was my ex-patient.

My first reaction was, this is a mistake. I immediately logged on to my portal and checked the name (I knew it was my patient). I think this process allowed me to create a little bit of space before really accepting the fact this individual was no longer with us. I had just been writing about Theodore in my application, the lessons I had learned from them, and the gifts they unknowingly offered me as a clinician in training. I was shocked and my heart sunk. My second reaction was also one of anger and isolation. I was in my office, and I felt deeply alone. I kept thinking about how much Theodore had to offer. Without question he had a terrible childhood, to put it mildly, and lived with all the complications and pain around being a trans man in this world. Yet, he had such a light inside of him. It wasn't just me who felt this. His death was felt far and wide by the community.

Another reaction I had was, did the clinic really just blast this information out without evening considering the treatment team? Did they know I had worked with him? Didn't they know I was a trainee? Who else worked with him? Did they feel shocked like me? I sort of walked around my office in circles. I thought about this individual right before they decided to take their life. What was his last moment like? What happened? Was there no one he could turn to? What pushed him to this point. I thought about his smile, his voice, his unique style and I just cried.

I eventually wrote an email to the administration of the clinic. I expressed my sadness over the loss of

the patient and my disappointment in how they handled disseminating the information. Ultimately, it was clear that it was an accident and that it was not their intention for his name to be part of the email chain. I know the people who run the center are warm, thoughtful, and caring, so it highlighted even more so how easy it is for innocent but consequential mistakes to happen at such critical moments. In the moment, I felt, how could they not have reached out to me first? Why would they think this was ok? Just because Theodore was not currently my patient doesn't mean there isn't a meaningful relationship there. Furthermore, if I had not felt comfortable saying something, the clinic administration would have never known how hurt I was by this. I wonder how often this happens to other trainees.

What also struck me was had this mistake not happened would I have ever known about Theodore's death? Was reality better? What does knowing this information do for the clinician? Is a fantasy better to hold? It made me think about the fantasies we carry once we terminate with patients and the purposes they serve. How do they live on in our minds? And how little we can ever know about what unfolds on their path once they are gone.

Quite quickly, I did get the support I felt I needed. I had a conversation with my mentor, who also worked at the clinic. I wanted to share this with someone -- just because we stop working with a patient, doesn't mean we stop caring. If you've stopped working with someone last week, month, or year, that doesn't mean hearing something like this, that it isn't painful. That it isn't important to reach out for the support you need. I also contacted my director of training during this time, who offered more support. In addition, a close friend of mine in my cohort was critical support as well. I believe it is crucial for training clinics and programs to keep tabs on these kinds of moments. Trainees are vulnerable.

An unusual opportunity presented itself a few months later when a few close friends of the deceased individual asked to put together a group to help process the loss. I was asked if I wanted to lead this group. I said yes, however, it was not an easy choice. What would it be like? How did I feel about this? Would this be healing or painful? Did I feel up for the task? Could I hold the space these individuals needed to heal?

Additionally, it was decided that it made more sense not to disclose that I had previously worked with this student. It was discussed at great length with my supervisors. There was a case to be made for both disclosure and to refrain from doing so. But ultimately, it was felt that confidentiality was still necessary and important to maintain, and if disclosure were to happen, it would need to have a very clear clinical value for the group.

In addition, we knew the group would only run for a short amount of time under my leadership. This further complicated the issue because perhaps if it were to be a long-term group, disclosure would have been more appropriate. For one thing there would be time to work through any issues that arose around my relationship. In addition, it may have been more important in terms of allowing myself to be fully present with the members and not feel a secret of sorts was being held.

As a group leader, having to hold this at times felt unnatural but in the end I feel it was the right thing to do. And even if we were to do away with the confidentiality component, it was difficult to find a way to insert my experience without taking away from those of the group members' or tasking them with caring for me in the time we had. There is no easy way around this, I fear. But it is something I will continue to think about.

Listening and hearing how loved, and brilliant this particular student was, made it hard but crucial to navigate my own emotional responses throughout the sessions. I learned about Theodore's last moments. In fact, I would suggest that I learned

more about his ending than perhaps most or any clinicians do about client suicides. It was both healing and quite distressing. I felt my own sense of sadness, and anger towards this individual rise and fall in ways I did not expect.

From my perspective, I think ultimately running the group was a healing process for me. It felt good that I was able to contribute in some small way to honor the importance of Theodore's life and help in the healing process for those who loved and miss him. I was grateful I could hold space for his friends to work through their complicated feelings and thoughts. In addition, I also found it interesting how healing it was to hear others (unknowingly of course) express ideas and thoughts I might have wanted to say as someone who was not the leader.

Suicide is on the rise in U.S. and as clinicians we will be working with suicidality more regularly than we could ever have imagined. There will be those of us who experience a completed suicide while working with a patient. There will be those of us who experience an attempt while working with a patient. There will be those of us who experience working with suicidal patients. There will be those of us who find out a patient died by suicide years later. These are all painful and emotional experiences that need to be treated as such. I strongly encourage anyone who has any similar experience whether it be a completed suicide or an attempt with a current or prior patient to seek the support you need.

I will make myself available for anyone who needs a safe, nonjudgmental, and confidential space to talk should anyone need to process the suicide or attempt of a patient.
My email is: Firouzardalan@mail.adelphi.edu.

Multiple Identity Discombobulation

by Anonymous

Meeting.

Start a Meeting. Leave Meeting. Join a Meeting.

I've become vastly familiar with the clicks of these buttons and as swiftly as I click, click, and click, my typical day during pandemic life unfolds...

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 7:00 - 8:00: I take part in a virtual Pilates class
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I quickly change from a yoga top to something a bit more presentable because from the waist down, it doesn't really matter
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 8:15 - 9:00: I am a therapist
 9:00 - 11:30: I am a student
11:30 - 12:30: I am a cat-owner
12:30 - 3:00: I am a student
 3:00 - 4:30: I am a therapist again
 4:30 - 6:15: I am whatever is needed at the time
 6:15 - 7:00: I am a patient
 7:15 - 8:00: I am a therapist
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My roles and identities have become an amalgam of a blurry fusion where chairs, backgrounds, and positions remain the same. I do not walk or drive to new locations, I do not greet new people, I do not settle into different offices, nor do I see different birds or trees. In this new world we live in, the only thing that changes are the invisible hats that I wear and the screen in front of me that reflects my new role.

At first, this loss of transitions felt jarring as I became acutely aware of the various parts of me that I harness differently with each hat I wear. How different is my academic side, to my feminine side, to my nurturing side, to my care-taking side, to the many other sides that come together to create that which is me?

It makes me ponder, with the shift to zoom culture, we have gained lots of time but lost transitions. Transitions are built into the natural world; nature doesn't just change abruptly. There is dawn and dusk, spring and fall, nine months of pregnancy, adolescents before adulthood, and usually sickness before death. In fact, how does it feel when death happens suddenly? Too many of us have come to know that this past year. Naturally, we give time for our brain and bodies to shift to new circumstances and environments. However, in the COVID era, as we straddle multiple worlds within the span of a few hours, how do our inner worlds keep up? What does this mean to each of us individually? What does it mean in regard to our role as students? What does it mean to the patients we work with?

I don't have crystalized answers to these questions yet, although this new reality has ignited these musings within me.

Group Therapy En Plein Air:
Promoting Agile Resilience Through Ecotherapy

Abbreviated from the Spring Resilience Issue of the NJ Psychologist
by Gail Schrimmer, PhD

Introduction: The Consultation Room

Psychologists are increasingly aware of the importance of numbers: Symptom Ratings. Diagnostic codes. Virtual treatment code modifiers. For psychotherapists moving their practice outside, another number was added to the mix: temperature, with or without wind-chill. For a minority of psychotherapists, the spring of 2020 offered new ground - literally and figuratively.

Psychologists wrestled with the conceptualization of the "office" as Covid-19 lockdown played havoc with lost income coupled with pricey yet empty indoor rental space. Increasingly, for both financial and safety reasons, psychotherapists joined other professionals in domestic lockdown. They demonstrated resilience in the face of internet vulnerabilities, video/audio glitches, insurance snafus, and household interruptions as they began to practice full-scale telehealth. Many psychotherapists were surprised at how effective (and cheaper) this initially unwelcome treatment setting was. A few cracks started surfacing. Many individuals and groups found telehealth wanting (Shklarski, Abrams, & Bakst, 2021). The difficulties of telehealth were quite apparent for psychologists working with children, performing personality and neuropsychological evaluations for complex disorders, treating those already challenged with social anxieties or social skills disorders, and working with patients whose careers already contributed to daylong "Zoom fatigue."

A complex dilemma emerged quickly in the spring of 2020: How can psychotherapists most ethically serve those clearly not benefiting from telehealth, while retaining the necessary quarantine recommendations outlined by the CDC? For those practitioners having access (and a preference) to an outdoor or "en plein air" experience, a solution was discovered.

Ecotherapy

"Ecotherapy," is not new; as a concept traced back to the early twentieth century, it refers to the healing and psychotherapeutic effects of natural settings, horticultural experiences, and "green" exercise (Buzzell & Chalquist, 2009). During the U.S. outbreak of tuberculosis during the late 1800s, sanatoriums believed that fresh air expedited cure. One such institution housed the doubly stricken: those with tuberculosis and psychiatric disorders. When psychiatric patients were housed in tents, researchers observed a mental health improvement. Following a return to their indoor facility, an uptick in psychiatric symptoms was observed (Caplan, 1967). Medical and assisted care institutions took some notice of the research detailing how the quality and content of a view from a hospital window quickens post-surgical recovery (Clinebell, 2016). Those who work with urban minority populations understand how the urban poor, and particularly African Americans, are especially vulnerable to climate changes, environmental hazards, health risks, and the difficulties accessing healthy and safe outdoor options (Meraji, 2015).

Those who subjectively experience the curative benefits of the natural world may offer a nod to the "biophilia hypothesis." Theorized by Edward Wilson, biophilia is the innate tendency to seek kinship with more than our human world (1994). Researchers accessing social media posts to assess photographed daily routines, weddings, vacations, and other celebrations demonstrated a

clear connection with nature, humans, positive memories, and life satisfaction (Chang et al., 2020). Buzzell and Chalquist have outlined many forms of ecotherapy, including horticultural therapy, "green" exercise, animal-assisted therapy, and wilderness therapy (2009).

Is ecotherapy grounded in efficacy? One meta-synthesis of ecotherapy research amassed from the past 25 years determined key components attesting to its success; ecotherapy effectively connects patients to the natural world, enriches the therapeutic encounter, provides novel ways to incorporate more orthodox or conventional therapy orientations, is effective with a wide range of diagnoses, and enhances both the patient's and the practitioner's sense of well-being (Cooley et al., 2020). Given this information, it is noteworthy that a 2021 list produced by the American Psychological Association of probable future psychology trends includes the impact of social media, mental health apps, distance learning, and virtual therapy - and no mention of the state of the environment or the merits of ecotherapy (APA, 2021).

If biophilia is also a component of mental and physical health, could holding group psychotherapy sessions outside be effective? In 2020 groups were encouraged to socially distance, while paradoxically encouraged to connect. There was little surprise that group psychotherapy during quarantine would effectively reduce depression, anxiety, and complicated grief (Marmarosh et al., 2020). Concurrently, for most practitioners running long term psychotherapy groups, telehealth became a relatively new modality. Prior to publication, no substantial research has either evaluated the effectiveness nor provided clear guidelines of online group therapy (Weinberg, 2020). The same is true for those running groups outside.

Ecotherapy Groups

Following a two month period of telehealth sessions, all of Gail Schrimmer's 5 interpersonal psychoanalytic groups (with 38 total patients) met outside her Morris County office from May of 2020 until February of 2021, unless weather necessitated a replacement telehealth session. Close to the group were three entities playing a strong role in the groups: a funeral home, an assisted care center, and elevated train tracks.

Outdoor Gifts

Dogs, bunnies, foxes, and numerous birds made an appearance. The splash of autumn leaves offered a brilliant backdrop. Slight rain was tolerated. During colder days, a burst of sunshine could render all parents mute with pleasure. The "group tree" was decorated for the winter holidays. During "talent day" group members took turns unicycling around the parking lot, giving members a hip hop dance class, exhibiting artwork, singing a Beatles song, and reciting slam poetry. Patients showed off their new clothes, tattoos, baked goods, hairstyles, and warm boots. New teen drivers enjoyed displaying parking skills. One patient, who had cloistered himself for several months and has a history of agoraphobia, unexpectedly walked 1.5 miles to the group. Sweating and rosy-cheeked, he was greeted with a cheer.

Outdoor Glitches

Ecotherapy in a suburb has its novel idiosyncrasies and annoyances. The noisy trains provided a moment of forced silent staring. The nearby assisted care facility introduced an outdoor one-man-band playing Vegas-style hits. The nearby funeral home provided a somber recognition of the temporality of life: this was most obvious during the height of the county's Covid-19 deaths, when an additional casket trailer was temporarily parked at the end of the shared parking lot. Given that members' dogs were invited to attend therapy, some passing dog walkers (understandably) misinterpreted the group setting as an ad-hoc get-together. When the February temperatures plunged to a steady sub-freeze, blankets and propane heaters could not compete with telehealth.

Anecdotal Observations

Group members, with two clear exceptions out of the total of 38, voiced approval of ecotherapy. One group member refused to meet outdoors, reporting that the act of leaving his home or driving risked the health of his retired parents. No encouragement regarding the successful outside precautions would shift this patient's stance. Another group member, with auto-immune disorders and agoraphobia, would not attend outdoor sessions. A highly isolated patient reported feeling increased anxiety about attending outside group sessions, after sheltering completely alone for several weeks; this proved to be an initial reaction, and one that dissipated by the third session.

For the rest, the outdoor sessions offered a welcome respite from virtual engagement. One young woman observed that "with my office job, it was nice to get some fresh air…and meeting outside was a way to not miss the conversational details and facial expressions we don't see on Zoom." Another patient stated that outdoor group therapy was superior to Zoom sessions; in addition to his general enjoyment of nature, outdoor sessions offered "a better read of a person's posture and body language." When asked to directly compare the virtual and outdoor group sessions, one high school senior replied that "I love it outdoors. I can feel other people's energy…brings you closer…a better connection."

Biophilia played a strong role in patient preferences. One female patient described initial "worry about being able to communicate about private thoughts" in this new setting, and later commented that "I was so surprised at how lovely it was: the smell of the earth, being in nature…there was something about being under the tree, and feeling inter-connected with its root system…and it was probably more private than 'Zooming' at home." The introduction of various canines was an additive factor. One group member reported that "I loved the fresh air and being one with nature…meeting the other members' dogs was another form of therapy, with their unconditional love." Another woman "liked being outside because it was less stuffy and more relaxing. I like sitting in a lawn chair, with the dogs…having them there took the edge off a difficult and overwhelming time." One male patient reported that outdoor sessions were more helpful than virtual sessions, as being "out in nature was a more lively connection, and live interaction replicates the relationships destroyed by Covid-19."

Future Considerations

Outside psychotherapy during a pandemic requires safety precautions, with adherence to masking or distancing. Obvious obstacles when practicing outdoors include unpredictable weather and limited access to a defined and safe space. Classic roles and hierarchical boundaries can shift radically, such as when a stranger intrudes on the therapeutic space or when the psychotherapist is nipped by an untrained puppy. Confidentiality concerns as well as changes to the patient's shifting experience of the therapy and the therapist can be an ongoing discussion (Jordan & Marshall, 2010).

Telehealth proved to be a lifesaver for a swath of psychiatric and medical disorders. For those working with children, those performing personality and neuropsychological evaluations for complex disorders, those treating patients already challenged with social anxieties, social isolation, or social skills disorders, and for practitioners working with patients whose careers already contributed to daylong "Zoom fatigue," other solutions will be necessary. Ecotherapy, stemming from our innate biophilia, can be a vital addition to a psychotherapist's toolbox. Additionally, practicing outdoors is an antidote to the practitioner's own digital boredom and separation from nature.

The Little Listserv That Could

by Carolida Steiner, PhD

More than 15 years ago, Jennie Sharf created a listserv so she and other doctoral students could stay in touch. With each entering class, more student names were entered. As they got their PhDs, "Derner04-05" morphed into an alumni listserv. For years, it was known as "the secret listserv".

Fast forward to 2020: Adelphi gave "Derner04-05" its official seal of approval! Derner is hoping to have hundreds of alumni join. It's a big job, made more difficult by the fact that many alumni graduated before the computer revolution and are hard to find. Nonetheless, as of this writing, there are already close to 400 alumni on the listserv.

Now renamed to
"derner_phd_alumni@listserv.adelphi.edu",
it's already become a livelier place.

If you or someone you know wants to join but has not been contacted, the sign-up is easy. Simply give Francis Mandracchia your name, date of graduation, and your email address: "Frankie" is the Executive Assistant to Dean Barber. You can reach Frankie at fmandracchia@adelphi.edu.

Asked about her thoughts for the listserv, Jennie Sharf said, "The listserv is a great way for alumni to be in touch with each other about referrals, job opportunities, and research. It's gratifying to see the Derner administration also starting to use it for announcements, updates, events, and continuing education opportunities. I'm so pleased that the listserv is helping alumni to stay connected with each other and with Derner."

SPSSI UN Committee Issues Statement on the Psychological Effects of Water Stress

by Laura Lopez-Aybar, MA & MS, and Priyadharshany Sandanapitchai, MA

The lack of access to clean and sufficient water can significantly impact people's mental health and well-being. To highlight the psychological evidence on the effects of water stress, SPSSI's United Nations NGO team submitted a statement for the 54th session of the Commission on Population and Development, entitled "Alleviating the Psychological Effects of Water Stress on Children, Families, and Communities." Principal authors were SPSSI UN Representatives Deborah Fish Ragin, Rachel Ravich and Corann Okorodudu along with SPSSI UN/NGO interns Priyadharshany Sandanapitchai and Laura López-Aybar. The statement was co-sponsored by several other NGOs in consultative status with the UN Economic and Social Council (ECOSOC).

In July 2010, the United Nations General Assembly recognized the human right to water and sanitation as essential to the realization of all human rights. They called upon all Member States to support and provide safe, clean, accessible, and affordable drinking water and sanitation for all of the world's people (Resolution A/RES/64/292). In the SPSSI statement, we shared psychological and medical evidence that water stress, caused by pollution, forced migration, and agricultural production, contribute directly and indirectly to poor physical and mental health beginning in childhood (Landrigan et al., 2019; Wasserman et al., 2007).

To illustrate, children's immature metabolic pathways limit their ability to excrete toxic pollutants (National Research Council, 1993). Findings suggest that pollutants such as arsenic, lead, and other toxic chemicals depress children's growth and cognitive functioning, leading to long-term negative impacts on their cognitive abilities and increased risk of developing mental illnesses such as bipolar and post-traumatic stress disorders as adults (Aschengrau et al., 2012; Cuthbertson et al., 2016). These findings highlight the need to develop better health indicators and identify appropriate culturally relevant interventions to address these challenges.

Furthermore, inadequate access to clean water due to pollution, droughts, or floods may force families to migrate, leading to higher susceptibility to illnesses and diseases. Psychological evidence shows that almost all children who are forced to migrate will develop intrusive psychological symptoms, including trauma, anxiety and depression (Fazer et al., 2005). Further, adverse weather due to climate change and associated food insecurity from the breakdown of agricultural systems may also result in forced migration. Weather related reduction of crop yields directly contribute to increased food insecurity raising the risk of concerns of under-nourished populations, especially undernourished children.

The statement offered 12 recommendations related to three major recommendations to address water stress:
- Establish sustainable water management practices to enhance health outcomes
- Ensure protections for environmental migrants & migrant children's mental health
- Foster intergovernmental and civil society cooperation on sustainable water practices

The statement has been co-sponsored by several other NGOs/ NGO committees accredited at the UN including the Institute for Multicultural Counseling and Education Services, the International Association of Applied Psychology, the International Council of Psychologists, the International Union of Psychological Science, the NGO Committee on Mental Health, the NGO Health Committee, and Trust for Youth Child Leadership.

SPSSI maintains an NGO team that has been accredited at the United Nations since the 1990s. SPSSI members interested in getting involved with United Nations activities can contact the SPSSI UN/NGO team's Main Representative, David Livert at Livert@psu.edu.

Therapy Podcast Suggestions

by the Third Years

- Psychology in Seattle

- Hidden Brain

- American Life

- Ivisabilia

- Radiolab

- Your Anxiety Toolkit

- Feeling Good Podcast

- Psychiatry and Psychotherapy Podcast

- Last Day

- Mentally Yours

- Therapy Chat

- Therapist Uncensored

- Happier

- The Mental Illness Happy Hour

Stricker 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 until his retirement more than a decade ago. Dr. Stricker is one of the most distinguished clinical psychologists in the country. He has authored over 20 books and has received two prestigious APA Awards, one for Distinguished Contributions to Applied Psychology, the other for his Career Contribution to Education and Training in Psychology. He has served on countless APA organizations and committees, has served as President of Division 12 (Clinical Psychology), and was President for three years of the Society for Personality Assessment. Equally importantly, he was one of the most loved members of our community; he worked with countless of our students and chaired numerous dissertations. After retiring from Adelphi, 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 toward the fund.

The recipients of this 2020/2021 George Stricker Fellowship award are Adelya Urmanche, Bianca Cersosimo, Lylli Cain, and Laura Lopez-Aybar. Both candidates were impressively productive in their research and should be lauded for their accomplishments.

The Stricker Award Recipients have shared their advice for aspiring "Strickers."

Adelya Urmanche:

"Stay connected: Whether it's sharing ideas with faculty members and other students, or risking getting a million emails from a listserv, the more networks you're "plugged into," the more likely you'll bump into the right collaborators at the right time. Get on ResearchGate. Attend conferences. Join organizations and groups that have similar interests to yours (e.g., NYSPA, etc.).

Don't underestimate small grants: There's no such thing at the doctoral level. Not too many people actually apply to student grants and fellowships, but someone's gotta get them, and it could be you. Small exploratory studies / surveys are your friend.

Recycle your work: Wrote a paper you're proud of for a class? Talk to the professor and see if you can submit it for publication. You already wrote it, so what's the worst that can happen?

Read, a lot: Not only is this just good practice, it also helps in identifying any gaps in the literature. Gaps YOU could fill.

Look for calls: Calls for abstracts / papers can be low-hanging fruit, so if your interests align with the proposed topic, go for it. Added motivator of strict deadlines if you, like me, love to procrastinate.

Self-care: How could I not add this. Academia is often thankless and can be brutal. Try not to get discouraged by rejections, and celebrate every "revise and resubmit." Do not look at other CVs and try to figure out how many publications you need to / should have. This PhD program is not the end goal, it's just a step on your journey, so use your experiences and the wisdom of your mentors / colleagues to propel you forward."

Accomplishments:

Konova, A., Lopez-Guzman, S., Urmanche, A., Ross, S., Louie, K., Rotrosen, J., & Glimcher, P. (2019). Computational Markers of Risky Decision-Making Identify Temporal Windows of Vulnerability to Use Opioids: A Longitudinal Study in a Real-World Clinical Setting. JAMA Psychiatry. Advance online publication. 10.1001/jamapsychiatry.2019.4013

Urmanche, A.A., Oliveira, J.T., Gonçalves, M., Eubanks, C.F., & Muran, J.C. (2019). Ambivalence, resistance, and alliance ruptures in psychotherapy: It's complicated. Psychoanalytic Psychology, 36(2), 139-147. 10.1037/pap0000237

Konova, A., Lopez-Guzman, S., Urmanche, A., Ross, S., Louie, K., Rotrosen, J., & Glimcher, P. (2018, May). Dynamic Changes in Risky Decision-Making Predict Imminent Heroin Use in Opioid Users Studied Longitudinally Through the First Months of Treatment. Paper presented at the 73rd Annual Scientific Convention of the Society of Biological Psychiatry, New York, NY.

Konova, A., Lopez-Guzman, S., Urmanche, A., Ross, S., Louie, K., Rotrosen, J., & Glimcher, P. (2017, December). Neural Correlates of Discounted Subjective Value Track Heroin Use in Treatment-Seeking Opioid Users. Poster presented at the 56th Annual Meeting of the American College of Neuropsychopharmacology, Palm Springs, CA.

Konova, A., Lopez-Guzman, S., Urmanche, A., Ross, S., Louie, K., Rotrosen, J., & Glimcher, P. (2017, December). Changes in Computational Markers of Decision-Making are Proximally Tied to Heroin Use in Opioid Users Followed Longitudinally Through the First Months of Treatment. Paper presented at the 56th Annual Meeting of the American College of Neuropsychopharmacology, Palm Springs, CA.

Pardo, J. S., Urmanche, A., Gash, H., Wiener, J., Mason, N., Wilman, S., Francis, K., & Decker, A. (2018) The Montclair Map Task: Balance, efficacy, and efficiency in conversational interaction. Language and Speech, 62(2), 378-398. 10.1177/0023830918775435

Pardo, J. S., Urmanche, A., Wilman, S., Wiener, J., Mason, N., Francis, K., & Ward, M. (2018). A comparison of phonetic convergence in conversational interaction and speech shadowing. Journal of Phonetics, 69, 1-11. 10.1016/j.wocn.2018.04.001

Pardo, J. S., Urmanche, A., Gash, H., Wiener, J., Mason, N., Wilman, S., Francis, K., & Decker, A. (2018). The Montclair Map Task Corpus of Conversations in English. Linguistic data corpus available at http://digitalcommons.montclair.edu/mmt_corpus.

Pardo, J. S., Urmanche, A., Wilman, S., & Wiener, J. (2017). Phonetic convergence across multiple measures and model talkers. Attention, Perception, & Psychophysics, 79(2), 637-659. 10.3758/s13414-016-1226-0

Urmanche, A.A., & Muran, J. C. (2020). Abstract minimal impressionism: Thoughts on

evidence, intervention, and training. Clinical Psychology: Science and Practice. 10.1111/cpsp.12338

Urmanche, A.A. (2020). Bearing witness to the epidemic: Supporting clinicians after a client overdose death. Practice Innovations. Advance online publication. 10.1037/pri0000115

Urmanche, A., Oliveira, J.T., Cassell, S., Gonçalves, M., Eubanks, C.F., & Muran, J.C. (2019, June). Ambivalence and alliance ruptures in the treatment for substance use disorders: A case study. Conference paper presented at the 35th Annual Meeting of the Society for the Exploration of Psychotherapy Integration, Lisbon, Portugal.

Urmanche, A., Oliveira, J.T., Gonçalves, M., Eubanks, C.F., & Muran, J.C. (2018, June). The Relationship between Ambivalence and Alliance Ruptures in the Therapeutic Process. Poster presented at the 49th Annual Meeting of the Society for Psychotherapy Research, Amsterdam, Netherlands.

Bianca Cersosimo

"It was such an honor to receive the Stricker Award last year. It really allowed me to focus on my research throughout the year in a way I hadn't been able to before. Like many things in this field, I believe there is no linear or direct path to receiving an award like this. However, there are some things you can do that may help make you a more competitive applicant. First, if you have any unfinished projects you are currently working on, especially ones that you have data for, I would prioritize trying to publish those projects. At the very least, try getting them as close to manuscript format as possible, so you can plan to submit them to a journal before applying for the Stricker Award. That way, you will have a publication that is "under review" which is probably viewed more favorably than having a potentially awesome paper that you did not submit anywhere. Second, think back about work you have done previously. It could be from a master's, a previous job, or even an earlier time at Derner. Do you have any papers that you are proud of, or that you have received positive feedback on? It may be worthwhile to bring up to your advisor if you have an interest in developing one of these works further in order to publish. Your advisor or a trusted faculty member may be able to provide you with resources and direction on how to approach this. I would also recommend thinking about the ways in which your research contributes to the Stricker Award's mission – integrative psychotherapy research. How is your work contributing to that topic? How can you extend integrative psychotherapy research and its implications to different demographic and clinical populations? Lastly, and this is more general advice: preparing things for publication is a very meticulous and emotionally draining process. Try to shift your focus to these activities when you have peak energy or are not feeling too pressured to approach the task. Be mindful of your mental and physical energy state and how you are feeling emotionally. If you're having a really stressful day already, it might not be worth it to cram in hours of statistical analyses into that day as well to push along a publication. Meet yourself where you are at! Ironically, this will get the task done more efficiently even though it doesn't always feel like that in the moment. I also want to give a special shout out to my lab group and my advisor Dr. Hilsenroth. It has been so helpful to have unwavering support and guidance when pursuing these types of research awards and in general through the trial and tribulations of this program. I hope this advice is helpful for some of you and best of luck applying for the Stricker Award!"

Accomplishments:

Cersosimo, B. H., & Hilsenroth, M. J. (2020) Personality pathology severity, cluster type and specific therapeutic interventions in outpatient psychotherapy. Counselling and Psychotherapy Research, 00:1-10. doi: https://doi.org/10.1002/capr.12305

Cersosimo, B. & Hilsenroth, M. (2020, June 17–20). Axis-II Cluster Type and Specific Therapeutic Interventions in Outpatient Psychotherapy [Poster session]. SPR Conference, Amherst, MA, United States.

Cersosimo, B. & Hilsenroth, M. (2020, March 25–29). PAI Clinical Scales in Relation to Patient and Therapist Rated Alliance [Poster session]. SPA Conference, San Diego, CA, United States. (Conference canceled)

Goldman, R. E., Hilsenroth, M. J., Gold, J. R., Cersosimo, B. H., Levy, S. R., & Owen, J. J. (2018). Psychotherapy integration and borderline personality pathology: An examination of treatment outcomes. Journal of Psychotherapy Integration, 28(4), 444-461. doi: http://dx.doi.org/10.1037/int0000124

Cersosimo B. & Hilsenroth, M.J. (2018, May 31-June 2). How does personality pathology relate to specific therapeutic interventions? [Symposium Panel session]. SEPI Conference, New York, NY, United States.

Lylli Cain:

"I think the key to being a prolific researcher is identifying your professional network and staying active within that. So for instance if you've done research in undergrad or in a master's program, stay connected with your colleagues and seek opportunities to continue working with them. Building a cumulative science is by nature a team effort."

Accomplishments:

Cain, L. A., & Hilsenroth, M. (2020). Examining the relationship between object relations and interpersonal distress in a clinical sample. Clinical Psychology & Psychotherapy, 27(5), 760-769. https://doi.org/10.1002/cpp.2460

Cain, L. A., Perkey, H., Widner, S., Johnson, J., Hoffman, Z., & Slavin-Mulford, J. (2018). You really are too kind: Implications regarding friendly submissiveness in trainee therapists. Research in Psychotherapy: Psychopathology, Process and Outcome, 21(2). https://doi.org/10.4081/ripppo.2018.312

Cain, L. A., & Hilsenroth, M. (2020, March). Examining the relationship between object relations and interpersonal distress in a clinical sample. Paper accepted to the annual convention of the Society for Personality Assessment (SPA). San Diego, CA (Conference Canceled).

Cain, L. A., Hoffman, Z., Widner, S., Johnson, A., Perkey, H., & Slavin-Mulford, J. (2018, March). Trainee therapist friendly submissiveness and the psychotherapy process. Poster presented at the 34th annual Graduate Research Day at Augusta University, Augusta, GA.

Cain, L. A., Hoffman, Z., Widner, S., Perkey, H., Slavin-Mulford, J. (2018, January). Trainee therapist interpersonal style and the psychotherapy process. Paper presented at the 25th annual meeting of the Georgia College Counseling Association, St. Simons Island, GA.

Cain, L. A., Triola, B., Hamilton, T., Jowers, C., Hoffman, Z., Perkey, H., Widner, S., Stein, M., & Slavin-Mulford, J. (2017, October). Trainee therapist personality and the use of immediacy and self-disclosure. Paper presented at the Center for Undergraduate Research and Scholarship Brown Bag Series, Augusta, GA.

Cain, L. A., Gaffney, J., Triola, B., & Sinclair, S. (2017, September). The importance of undergraduate research. Symposium conducted at annual Psychology Day at Augusta University, Augusta, GA.

Cain, L. A., Jowers, C., Perkey, H., Widner, S., Stein, M., Hamilton, T., Triola, B., & Slavin-Mulford, J. (2017, March). Trainee therapists' personality characteristics and the use of immediacy. Paper presented at the 63rd annual meeting of the Southeastern Psychological Association, Atlanta, GA.

Capps Umphlet, K. L., Fiori, K. L., Mullin, A., Cain, L. A., & Hilsenroth, M. J. (2021). Patient crying during psychotherapy intake sessions: Relationship to patient characteristics and early treatment process. Clinical Psychology & Psychotherapy, 10.1002/cpp.2584. Advance online publication. https://doi.org/10.1002/cpp.2584

Groth, T., Hilsenroth, M., McMillen, K., Cersosimo, B., Bindon, N., Cain, L. A., & Katz, M. (2021). How are expert therapists similar, different, and integrative in the treatment of borderline personality disorder? Psychotherapy (Chicago, Ill.), 10.1037/pst0000352. Advance online publication. https://doi.org/10.1037/pst0000352

Hanley, E., Vizlakh, B., & Cain, L. A. (2019, November). Factors related to stress in parents of college students with ASD. Poster presented at Next Steps into Adulthood Resource Fair at Children's Hospital of Philadelphia, Philadelphia, PA.

Jowers, C. E., Cain, L. A., Hoffman, Z. T., Perkey, H., Stein, M. B., Widner, S. C., & Slavin-Mulford, J. (2019). The relationship between trainee therapist traits with the use of self-disclosure and immediacy in psychotherapy. Psychotherapy, 56(2), 157–169. https://doi.org/10.1037/pst0000225

Slavin-Mulford, J. M., Amerson, L. R., Cain, L. A., Hilsenroth, M. J., Wilcox, M. M., & Stein, M. B. (2021). How narrative source impacts convergence of ratings from the Social Cognition and Object Relations Scale-Global Rating Method with psychotherapy process measures. Clinical psychology & psychotherapy, 10.1002/cpp.2595. Advance online publication. https://doi.org/10.1002/cpp.2595

Slavin-Mulford, J. M., Amerson, L. R., Hilsenroth, M. J., Zodan, J., Charnas, J. W., Cain, L. A., & Stein, M. B. (2020). Are all narratives the same: Convergent and discriminant validity of the Social Cognition and Object Relations Scale-Global Rating Method across two narrative types. Clinical Psychology & Psychotherapy, 10.1002/cpp.2525. Advance online publication. https://doi.org/10.1002/cpp.2525

Laura Lopez-Aybar:

"I think there has to be an ability to communicate and collaborate effectively with others, while simultaneously being teachable. Also I think it's important to be accountable to both yourself and those around you. All of these include discipline, tenacity, resourcefulness and good organization skills, plus assertive communication. Being new to research, I can't tell you how many times I have had to reach out to experts or teach myself things. I also think reaching out and actively seeking out collaboration in and outside your institution is important. Getting involved with the people in your lab and others who have similar research interests. One of my collaborations this year was with an urban planner and environmental policy expert in California. I also have set up collaborations with activists, community organizations and NGO's doing work in areas that I'm interested in. I've reached out directly, and set up meetings. Additionally I try to take care of my colleagues by sharing opportunities, resources, etc., solidifying relationships. I try to stay away from colleagues that are competitive and individualistic in their approaches to research and work with people who support a "community" type of approach to research. Lastly, I think it is important to know your limits and establish boundaries."

Accomplishments:

Dehrone, T., López-Aybar., L., & Sandanapitchai, P. (2021). Reducing Systemic Oppression by Addressing Police Bias in Excessive Force: Lessons from Psychological Science. Commission on Crime Prevention and Policing.

Gonzales, L., López-Aybar, L. & McCullough, B. (2020). Variation in provider attitudes and treatment recommendations for individuals with schizophrenia and additional marginalized identities: A mixed-method study. Psychiatric Rehabilitation Journal. https://psycnet.apa.org/doi/10.1037/prj0000461

López-Aybar, L. & Peterson, L. (2021) Eliminating the Intergenerational Transmission of Gender-Based Violence: A Concept Paper. United Nations Commission on the Status of Women.

Lopez-Aybar, L. & Perez-Figueroa, O. (2021). Más Allá de la Falta de Acceso al Agua: Impactos Psicológicos de la Inseguridad Hídrica [Further than Water Stress: Psychological Impacts of Water Insecurity]. Categoria Cinco. (In Press)

Lopez-Aybar, L. & Gonzales, L. (2020) Intimate Partner Violence: Provider Stigma and Discrimination [Poster Session Cancelled]. American Psychological Association 2020 Convention, Washington D.C., United States. https://irp-cdn.multiscreensite.com/a5ea5d51/files/uploaded/2020-APA-Convention_OnDemandIndex_Poster.pdf

Lopez-Aybar, L. & Gonzales, L. (2020) Intimate Partner Violence: Provider Stigma and Discrimination. Society for the Psychological Study of Social Issues 2020 Conference, Denver, Colorado, United States. https://www.spssi.org/index.cfm?fuseaction=document.viewdocument&ID=3F28EB86AE4CA3BB2EE025BE0093BF04C65724AA0701DE76B827AC24554FC3A48A419D9A5BFC2C3737450814D3839CB6(Canceled Conference)

López-Aybar, L. & Pérez-Figueroa, O. (2020). Water Insecurity Through a Psychological Lens. United Nations' Special Rapporteur's on Water and Sanitation Thematic Report March 2021.
https://www.ohchr.org/Documents/Issues/Environment/EnvironmentWater/Academics/Laura.docx

Okorodudu, C., Livert, D., Peterson, L., Ragin, D., Ravich, R., Dehrone, T., Lopez-Aybar, L., Sandanapitchai, P., & Tiv, M. (2020). Beyond the Human Rights Rhetoric on "Leaving No One Behind:" Integrating the Elimination of Systemic Racism, and Racial and Ethnic Discrimination, into the Implementation of the SDGs. Statement in Commemoration of the 75th Anniversary of the United Nations.
https://www.spssi.org/index.cfm?fuseaction=Page.ViewPage&PageID=2609

Ragin, D., Sandanapitchai, P., Lopez-Aybar, L., Ravich, R., Okorodudu, C., & SPSSI (2020). Alleviating the Psychological Effects Of Water Stress On Children, Families, And Communities. Statement for the United Nations Commission on Population and Development.
https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/011/72/PDF/N2101172.pdf?OpenElement

Ragin, D., Lopez-Aybar, L. & Shinn, M. B. (2020) Society for the Psychological Study of Social Issues 2020 Conference, Denver, Colorado, United States.
https://www.spssi.org/index.cfm?fuseaction=document.viewdocument&ID=3F28EB86AE4CA3BB2EE025BE00 93BF04C65724AA0701DE76B827AC24554FC3A48A419D9A5BFC2C3737450814D3839CB6(Canceled Conference)

Ragin, D., Okorodudu, C., López-Aybar, L., Sandanapitchai, P., Paterson, L., & Dehrone, T. (2019). Psychological Contributions To Affordable Housing and Social Protection Systems For Migrant/Refugee Populations. United Nations Commission on Social Development.

Student Accomplishments

Ackerman, S.L., Krause, F.C., Degtyarev, Z., & Moore, M. T. (2020, November). *Depressive realism, attributional style, and response to a negative mood induction*. Poster presented online at the annual meeting of the Association for Behavioral and Cognitive Therapies (ABCT), Philadelphia, PA.

Blake E, Sauermilch, D. (2021). Reconsidering Internet Gaming Disorder During the COVID-19 Pandemic. *Journal of Technology in Behavior Science*.1-4.

Cain, L. A., & Hilsenroth, M. (2020). Examining the relationship between object relations and interpersonal distress in a clinical sample. Clinical Psychology & Psychotherapy, 27(5), 760-769. https://doi.org/10.1002/cpp.2460

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Cersosimo, B. H., & Hilsenroth, M. J. (2020) Personality pathology severity, cluster type and specific therapeutic interventions in outpatient psychotherapy. Counselling and Psychotherapy Research, 00:1-10. doi: https://doi.org/10.1002/capr.12305

Cersosimo, B. & Hilsenroth, M. (2020, June 17–20). Axis-II Cluster Type and Specific Therapeutic Interventions in Outpatient Psychotherapy [Poster session]. SPR Conference, Amherst, MA, United States.

Cersosimo, B. & Hilsenroth, M. (2020, March 25–29). PAI Clinical Scales in Relation to Patient and Therapist Rated Alliance [Poster session]. SPA Conference, San Diego, CA, United States. (Conference canceled)

Cersosimo B. & Hilsenroth, M.J. (2018, May 31-June 2). How does personality pathology relate to specific therapeutic interventions? [Symposium Panel session]. SEPI Conference, New York, NY, United States.

Dehrone, T., López-Aybar., L., & Sandanapitchai, P. (2021). Reducing Systemic Oppression by Addressing Police Bias in Excessive Force: Lessons from Psychological Science. Commission on Crime Prevention and Policing.

Goldman, R. E., Hilsenroth, M. J., Gold, J. R., Cersosimo, B. H., Levy, S. R., & Owen, J. J. (2018). Psychotherapy integration and borderline personality pathology: An examination of treatment outcomes. Journal of Psychotherapy Integration, 28(4), 444-461. doi: http://dx.doi.org/10.1037/int0000124

Gonzales, L., López-Aybar, L. & McCullough, B. (2020). Variation in provider attitudes and treatment recommendations for individuals with schizophrenia and additional marginalized identities: A mixed-method study. Psychiatric Rehabilitation Journal. https://psycnet.apa.org/doi/10.1037/prj0000461

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Hanley, E., Vizlakh, B**.**, & Cain, L. (2019, November). *Factors related to stress in parents of college students with ASD* [Poster presentation]. Next Steps into Adulthood Resource Fair at Children's Hospital of Philadelphia (CHOP), Philadelphia, PA, United States.

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Vizlakh, B. (2021, July). *The long-term psychosocial impact of nuclear disasters.* [Accepted for conference session]. Association for Psychosocial Studies Annual Conference. University of Essex, Colchester, United Kingdom.

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Membership Committees:

Firouz Ardalan is a student member for Division 29's membership committee: division 29 is the society for the advancement of psychotherapy.