

Day Residue 2022

The Derner School PhD Newsletter
Adelphi University

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An Interview with Dr. Jackson

by Alexxa Wolpoff

Alexxa: This one is a bit open ended, but I want to assure I don't miss a beat. I would like for you to reflect on your time at Derner.

Dr. Jackson: Well, in 1987 I left my state hospital job. This job helped me to learn what it was like to work in the hospital system. In the beginning, it was wonderful. The place was expanding, there were new hires, and I learned a ton of stuff. It was a great morale. As time went on, things changed a lot. State funding was cut back, it was not as fun. I met a guy named Bob Mendelsohn who I knew and stayed in touch with, who let me know of a job opening for a clinic director.

Alexxa: No way!

Dr. Jackson: Yes! He let me know there was a job opening as a clinic director at Adelphi University. It was the dream job! I was ready to go, so I took a salary cut of 25% to leave the state job and came to work at Adelphi University. It was the dream job of a lifetime.

Alexxa: Amazing!

Dr. Jackson: It afforded me everything I wanted in terms of development. It was a professional base. Faculty were doing such amazing things. The students were not that much younger than me, and they were so eager for training. It was such a wonderful time.

Alexxa: Wow that is so wild that the students were around your age, and you were their clinic director!

Dr. Jackson: I know! Funny story. It was my first day at Derner, which was also the first day of classes, and one of the clinic faculty scheduled an orientation on "beginning the psychotherapy practicum." So, they wanted me to give the clinic orientation! I got up there and said, "I'm new here, and I don't even know anything, so I will let my colleague take over." So, he took over and gave the orientation.

Alexxa: Too funny!

Dr. Jackson: Yes, and before then, I was going up to Hy Weinberg which was on the 2nd floor back then, and she said "Hi, I'm a new first year, are you also?" This just showed how new and green I was! Since then, I have developed a bit, as you know!

Alexxa: 100% one of the administrative icons of the program!

Dr. Jackson: *Laughs*

Alexxa: So how has it changed since back then?

Dr. Jackson: For a lot of years that job stayed what it was, it did not morph very much but then things started to shift around. The main change was that the person who had the title, "director of clinical training" left, Marty Fisher left, and then Joe Newirth took over and left to run post-grad. Then there was a gap, and I was it. Since then, the job continued to expand and at some point in 2011-2012 (10 years ago) I had the bright idea of having our own affiliated internship. I approached Jacques Barber, the dean, and he said sure! We got a lot of faculty support, and now we have the Derner Consortium!

Alexxa: Thank god for that!

Dr. Jackson: You can attest to that for sure! I said to Jacques, "I can start it, but then you need to hire a director because I have enough to do." Then Jacques goes, "we don't have the budget to do it."

Alexxa: *Laughs*

Dr. Jackson: "I built it and I own it" so I said "sure!" After a while, I arranged to hand it off. So there were really tons of pivotal moments when the job shifted. I acquired new responsibilities. You either grow or stagnate.

Alexxa: How did you keep it growing?

Dr. Jackson: It kept changing, it was never the same job. The field evolved too. The field is much more complex. When I first started, it was the first wave CBT and now we are in the third wave.

Psychoanalysis and psychotherapy have changed a ton, the field keeps changing. It is a great position to keep current. There are new faculty and new students. The students are completely different now. They seek different careers. There are so many different ways to have a career! Students have a range and diversity of interests and talents. The climate and culture has changed. The student body has changed.

Alexxa: Definitely, I could imagine so! On the topic of students, do you recall a touching moment with a student that's memorable?

Dr. Jackson: Hmm, I need a minute to think about that.

Alexxa: Sure, take your time!

Dr. Jackson: I have had touching moments with many students. I would say, the moments that really stick out are the times when students came into the program and didn't know they were talented. They didn't know how talented they were. I would discover the talent, along with the student, talking about a case privately or in case conferences. I would often do supervision on the fly. I would substitute supervision if the supervisor was away. It is really something when a student realizes they are extremely talented, and they picked the right field but didn't know it or didn't see it coming. These are the students that are very shy, self-effacing, full of doubts about themselves. The moments when you see the student come into awareness of the capacity... it's like a chorus. Those were some of the best moments. It's gratifying because it's like, that's why I teach. I can assist in the emergence of something unique that wasn't there before.

Alexxa: I love that! This is kind of on the same topic, but I am wondering what did you personally take from the experience of being the Clinical Director?

Dr. Jackson: One of the things that I took was "no regrets! There are so many ways to have a career in psychology. I was alluding to this earlier. The field is so divergent and burgeoning, and it seems there are new ways to be a psychologist every day. There are new and different challenges every day. You have to keep the training current and adapt to different students' training needs.

Alexxa: Absolutely, it is so much responsibility.

Dr. Jackson: As anybody who takes an administrative position knows, there's kind of a weight that stays on you that never lightens and it's a weight of responsibility because you can make so many decisions that affect students' lives positively and you can make mistakes that affect students' lives negatively. There's also this feeling like, I used to say, "I'd walk into my office in the morning with 2-3 things in my head, and I'd leave with 7." It never seemed like the day would go in any orderly way. There was always a surprise, always something new, and always something that will crop up. It's like putting out fires constantly. It's a difficult responsibility, but it's wonderful. Once you are smitten you don't want to stop, even though it's stressful. There is something about having that privilege and capacity to be able to affect people's lives in demonstrable clear ways. You don't want to give up. If you are half good at something, you are going to get more of it. You know that line, "if you want something done, ask a busy person!"

Alexxa: Of course! The busy people seem to have the capacity for more.

Dr. Jackson: Yes, and administrators are always busy people.

Alexxa: There is no doubt that you had one of the hardest jobs at Derner. At the same time, all the students perceive you as the most "chill person." How do you do it?

Dr. Jackson: Yeah, there were so many hats to wear. It was a job that came with stress and a weight of responsibility. I wish I devoted more time to meditative practice. I found meditation difficult. It was difficult to sit down and allow myself... I am too hyper and jumpy to do anything but sit. But, I would try to find some quiet and calm space. I found I can meditate in the morning, but I was never able to do it.

Alexxa: *Laughs*

Dr. Jackson: I feel less pressure since leaving. My dad being a physician, as you know, he worked with families a lot. He was somebody I learned many interesting facts from. I learned that over 50% of complaints are functional and not organic; they

come from stress. He knew a lot of people had medical concerns, which were direct consequences of the way they lived. I learned a lot from listening to his work. He believed that problems of the mind manifest physically. He brought me to MVSR, which is a standard 8-week course. I registered for the course and it took me 15-20 years to meditate. It was my introduction to meditation. You are taught to quiet the mind and know what it is to be mindful.

Alexxa: He was so ahead of his time. He earned the wing in the hospital!

Dr. Jackson: Yes! Who knows if it's still there, I haven't been in a while.

Alexxa: It better be, but he doesn't need the plaque... he touched a ton of lives with or without it.

Dr. Jackson: Yes.

Alexxa: So, what was the most challenging part of the role of Clinical Director?

Dr. Jackson: The daily responsibility, carrying the responsibility. Also, there are so many people's activities that we have to coordinate. It may be 50 supervisors at a given time, for 50 students at any given time. Students on 35 different externships, students on 25 different internships.

Alexxa: It was a lot!

Dr. Jackson: *Laughs* Yes!

Alexxa: We went into this a little before, but I want to ensure we get as much out of the interview as possible! Were there any other changes that you've observed since you began at Derner?

Dr. Jackson: Yes! So, I wasn't one of the administrators in the beginning. I wasn't in meetings with Chris and Jacques. As a clinic director, it was a fairly small role. All I did was make sure there were patients in the clinic, make sure that papers got filed, and make sure that fees were collected. Also, I had to make sure that all therapy rooms were in decent supply. I don't remember ordering testing equipment and buying inventory. It was a very small role that grew.

Alexxa: The testing supplies are a lot in it of itself!

Dr. Jackson: For sure. Oh, another change, in the past I would walk around in Upper West Side and bump into a Derner Student once a week. Now, they live downtown or in Brooklyn.

Alexxa: That's too funny. On the topic of "outside of school" – what is something about you that Derner students might not know?

Dr. Jackson: I don't know - that I grew up on Long Island? *laughs*

Alexxa: I didn't know that! Where?

Dr. Jackson: Valley stream on the South Shore.

Alexxa: Sure, my grandparents lived near there before they moved to the Upper East Side. Anything other facts?

Dr. Jackson: I have a son and 2 grandkids!

Alexxa: No way! I knew you had a son but I didn't know about grandkids! I hear your son is cool – he's a vet?

Dr. Jackson: Yes he is cool! He is a vet that cares for large animals in Vermont! He is also very physically fit. He does randonneuring.

Alexxa: So cool! What is randonneuring?

Dr. Jackson: It is a French long-distance biking sport. He can bike for a hundred miles.

Alexxa: This sounds like Olympic level!

Dr. Jackson: You would think, but he tells me he's not on the Olympic level. It goes to show just how fit the Olympians are.

Alexxa: Crazy!! Okay, let's go back to the grandkids!

Dr. Jackson: Yes, so two grandsons. They are 7 and 2 years old. The same age as Bob's granddaughters. My oldest has been on skis since he was 4 years old. He is active and fast. He has tons of charisma, he's good looking, and has a lot of drive. My younger one is sweet, he wakes up with a smile – every time he wakes up he has a smile. He giggles, he laughs. They grew up near Jay Mountain in Northern Vermont.

Alexxa: They sound amazing! It makes sense you have a skier! I have attempted to learn, it's not easy.

Dr. Jackson: Not at all, he skis downhill too!

Alexxa: He'd run circles around me.

Dr. Jackson: *Laughs*

Alexxa: Okay, so I don't want to keep you too much longer so I will leave off with this question: what is your hope for Derner students going forward?

Dr. Jackson: I don't have to hope. It's an incredibly rich program in terms of faculty. It's situated in one of the best places to be in training in the world. The resources are huge! The most gratifying thing is the

number of Derner students who now have group practices in and around the New York area. I have a list of at least 10 that are thriving. The green clinic, the center for motivation and change, Madison Park Psychological Services, several group practices. Derner people have administrative positions all over the place. I don't have to hope. I know that every student that comes through the program is going to have a wonderful career.

Alexxa: I know the same. Thank you for everything!

Celebrating 50 Years: The Class of 1972

by Dr. Carolida Steiner, PhD '77

My classmates and I started the doctoral program 50 years ago, in September, 1972. I still remember us on the third floor of the Business Building, barely knowing one another, and listening to George Stricker's orientation lecture. Things changed a lot over our time together. We didn't all become fast friends, but we did get to know one another pretty well.

Back then, Gordon Derner was still alive and "Derner" was known as "The Institute for Advanced Psychological Studies". There were "only" three years of classes. I remember our farewell party. We created and performed a skit for faculty and guests: It was terrific! The Institute treated us to special events: There was a group session with Lou Ormont; a trip to Doylestown, Pennsylvania; and a support group to help with the emotionally challenging separation we were facing. I could say more, but what happened in our class should stay in our class.

In the 1970s, the Internet, and other resources of the Digital Age were not yet part of our lives. This meant there was no easy way for us as a group to stay in touch. Realizing this

makes the lasting friendships with classmates—something not unique to my class—all the more remarkable. It is also a tribute to the magic of the Institute—beginning under Dr. Derner's leadership and continuing today under the leadership of Dr. Barber and Dr. Muran.

Last year, some of us were able to reconnect online. It was great to catch up and learn where life had taken us. Given the passage of time, we could not locate everyone and we also learned that some of our classmates had passed away. There was comfort in sharing our losses with others who knew our classmates "back when". As of this writing, we're planning to celebrate our 50th anniversary with a party on Zoom.

I am writing this article for two reasons. First, relationships that remain meaningful after 50 years deserve to be celebrated. For an article celebrating us 45 years after coming to Adelphi, go to [Day-Residue-2018.pdf \(adelphi.edu\)](#). Second, I hope today's doctoral students will find ways to stay in touch with one another. Anyone up for a 10th year party?

The Question Article

by Brian Delgado

We get asked a lot of questions when we apply to externships and then internships. At Derner, we learn how to ask questions of our future and current patients. We also answered a lot of questions to gain admission to Derner. In my own interviews there were questions that stuck out to me. I was curious to see what others in the program got asked and if anything stuck with them as well.

There were questions that came to mind quickly for some students. Also, there were Derner students who couldn't really think of a "weird or interesting" question they got asked. I also received, and very grateful for, lists of commonly asked questions during internship interviews. These lists came from generous Derner students who had just finished their internship interviews. The list below is mix of questions that came to mind when I directly asked someone and the questions that stuck out to me when reviewing the lists of common questions.

My dad used to say "Preguntando se llega a Roma." You get to Rome by asking. We all have our own versions of Roma, somewhere we want to be or somebody we want to become. It was with questions that we were all able to be where we are now. The pandemic has made question asking harder. It has been hard on us as students and hard on our clients to get care. Our clients will look to us as an answer. Never stop asking questions and try to be an answer for someone.

If you were deserted on an island what psychological test would you bring?

Please share a thorn, a bud, and a rose?

Describe your relationship with your mother?

Talk about a past trauma?

I don't really have much questions, what do you want to talk about?

If you had to fill an ambulance with tennis balls, how would you do it?

Can you handle the weather we have here?

How many sites are you interviewing?

Where did you grow up?

What makes you uncomfortable?

Is psychotherapy magic?

How would you statistically test for a model of mediation?

Tell us about a book you've read lately and how it relates to who you are?

Tell us about a time you were transformed.

If you were a symbol, what would it be and why?

What is your favorite cartoon and why?

If someone could tell a story about you, who would they be and what would they say?

There are three degrees of separation in our line of work- geography, salary, and job- in what order of importance do you place these for internship?

Do you know DSM lingo?

What is the one question you would not want me to ask you?

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.

Featuring: The Institute for the Development of Human Arts (IDHA)

by Ashley Dhillon

For the past year, as a part of Dr. Gonzales' lab, lab mates and I collaborated with the Institute for the Development of Human Arts (IDHA). The IDHA is a non-profit organization team of mental health workers, psychiatrists, clinicians, artists, advocates, current and previous users of mental health services, and survivors of adversity and trauma. All are involved in exploring the connections between personal and societal transformation (IDHA, n.d.). The organization was founded in April 2016 as an alliance between educator, activist, trauma survivor, and peer specialist Jazmine Russell, and a psychiatrist with a commitment to the peer-movement, Dr. Peter Stastny. Jessie Roth is the current director of IDHA. She is a writer and activist with a focus on the intersections of mental health and social justice.

IDHA is based on the belief that change occurs through a dynamic collaboration between clinicians in the field and advocacy on the forefront dedicated to adjusting policy and practice. Developing and uplifting safe alternatives is also a priority of IDHA. The organization's work is remarkable in challenging the current paradigm in mental health and accounting for the complexities of social, personal, and collective traumas. IDHA looks to broaden up current standards for "normal," allowing for a full range of human experiences. Looking beyond current psychiatric and disease-centered beliefs IDHA hopes to develop holistic, regenerative, and transformative practices.

Currently, IDHA is in the process of fostering Transformative Mental Health, focusing on personal and collective healing. Such values are rooted in systemic change, experiential knowledge, and holistic care. Transformative Mental Health understands human suffering, mental difference, and the full range of emotion, as a catalyst for generative change, rather than a pathology. Transformative Mental Health is understood as an evolving process, not a destination.

What led to the collaboration between our lab and IDHA was the development of extensive and iterative mental health trainings that

proliferates rights-based, peer-centered, and holistic approaches. It attempts to shift dominant biomedical narratives toward a paradigm of humanity, care, and support. Such trainings would focus on mental health service providers, healers, and social justice movement leaders (with the intention to be adapted to other audiences). They target the impact of structural oppression on our well-being, centering the voices of lived experience, and providing definite tools and alternative methods for dealing with issues that often conclude with inappropriate medicalization.

This project entailed of IDHA interviewing a group of individuals who have directly been impacted by mental health, both in and outside of the "system." These individuals include those who are coerced into/mandated to engage in the mental health system, family members, caregivers, psychiatric survivors, currently and formerly incarcerated individuals, and other advocates. These in-depth interviews not only provided much insight and reflections upon lived experiences, but they are aimed to be included as a part of IDHA's training materials to empower and recognize such important voices.

Our responsibility in this collaboration were to conduct transcriptions for each interview video to ensure accessibility and readability. Such transcriptions helped assist cooperating collaborators with analysis of interview content and support them with identifying compelling quotes to be used in the training itself.

As I began transcribing these IDHA interviews, the experience became less focused on the actual transcription, but on listening and reflecting on what I was hearing. This experience was like no other. It captured me in a way that doesn't always happen in our academic lectures. While classes are enriching and valuable, these videos were actual lived experiences and actual voices of those who are often disempowered and oppressed in the mental health system.

I would find myself often rewinding the interview clips to reflect on what was being voiced. Watching such interviews further reinforced the fact that there is a need to work on bridging the gap between the field of psychology and social justice activism. As a clinician in training, I work from a social justice and holistic approach. Watching these videos has motivated me to keep learning how to empower such marginalized individuals that are often failed by our very own system.

What horrified me the most was the constant reflections of being pathologized and medicalized for experiences of trauma. Pathologizing trauma and providing inappropriate care to those who have experienced adversity has a dehumanizing effect. Labeling a human being and their experience, limiting them to only a diagnosis is common in the mental health system. There is intense stigma the individual faces because of such labels and completely disregarding the intersectionality of the individual. The act of pathologizing not only strips away someone's autonomy, but also creates an unsafe space for them in treatment services.

Despite the powerful and valuable experience of transcribing IDHA interviews, such voices have fortified the need for change in the current mental health systems. Our own history with the medical model reinforces the treatment of trauma by targeting the elimination of intrusive thoughts and behaviors. We are more likely to view these presentations as deficits. However, such conceptualizations have disregarded the structures or interpersonal traumas that have contributed to one's suffering. Pathologizing trauma survivors has serious implications for Transformative Mental Health and how we aim to navigate such complexities that are real for those with lived experience.

Our experiences leave unprecedented and considerable scars. Trauma impacts not only our minds, but our bodies and spirits. Such scars do not necessarily signify a disorder, rather they are natural reactions to loss, betrayal, or a violation. When mental health service providers only focus on deficits in the individual rather than exploring the wrongdoings of societal infrastructures, trauma survivors end up shouldering the burdens and are diminished to the unique experience that they've suffered from. It is my hope that we see trauma

survivors as human beings who have experienced adverse life events. That we come together to heal in a holistic and collective sense to offer compassion and kindness. We are all just human beings after all.

From my fellow lab members on their experiences with IDHA:

Watching the IDA participants share their lived experiences really reinforced the fact that there needs to be more active advocacy in the mental health field, particularly by the psychologist themselves. There needs to be more collaborations between different mental health providers, peers, social workers and the clients themselves etc. It reminded me that there is still a lot of stigma that is associated with mental illness and these negative preconceived notions contribute to a patient's complete loss of autonomy. The current mental health field has continued to further traumatize patients in the places/spaces they are supposed to feel the most safe to be themselves and begin their journey to heal. Overall, I was disappointed, shocked and disheartened by the horrifying stories they were sharing. However, I believe this was a very enriching experience for me as a clinician in training.

-Anxela Kanani - 2nd Year Student

Transcribing IDHA interviews was a very rewarding and humbling experience. Listening to someone share their lived experience with mental illness and not only the barriers they faced to receiving proper care, but also how some systems have caused more harm than help, illuminated the important work that needs to be done in reforming the mental health field. I'm so grateful to have been involved with IDHA in helping develop more client-based, transformative mental health care training.

-Andrea Pereyra - 2nd Year Student

As a result of their candor, their message was clear cut and direct, without any of the ambiguousness or hesitation that we usually see in regard to individual's experience with this system. I was blown away by their ability to be honest in light of such difficulties and it made me hopeful that in

the future others will have this opportunity to be honest about their experience so that revolutionary changes can occur. Listening to these interviews reinforced the idea that our mental health care system needs a complete overhaul and hopefully with survivors feeling safe to share their lived experiences, we will garner the motivation and resources to honor them by addressing the flaws in the extant system.

-Rachel Corwin – Undergraduate Student

I appreciated intimately listening to the individuals and their experiences in the mental health care system. It was paradoxical-- while they spoke from a place of vulnerability and such honesty, they also came from a place of strength. Their ability to reflect on their personal struggles and those imposed by institutions is a testament to the virtues and pitfalls of therapy. We must allow

clients to find their voice in an institutional culture that can create a 'holding space' for them rather than one that stigmatizes. My hope is that their experiences that they conveyed translate to best practices in creating a more person-centered approach to mental health care.

Francis J. Mandracchia – Graduate Student

We would like to give a special thank you to Jessie Roth, the director of IDHA-NYC!

**If anyone is interested in IDHA, please contact:
Lauren Gonzales, PhD at
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<https://www.idha-nyc.org/>

Whose hair is it?

by Raynell Sangster

Within the Black community, there exists a hidden caste system of “good” and “bad” hair, just like skin color hierarchies. “Good” hair is considered to be closer to straighter, wavier, Eurocentric hair, and “bad” hair is kinkier, coiled, thicker hair. Although these hair valuations are seen as being on a gradient, there is almost always a natural splitting that takes place when seeing and being seen. This dichotomy contributes to the double consciousness in the upbringing of Black girls in America. This twoness originally described by W.E.B. Du Bois is between the “American and the Negro, two warring ideals in one dark body, whose dogged strength alone keeps it from being torn asunder.”

I surmise that this internal war starts very young; when a young Black girl is told their hair is too difficult to manage or when they are given dirty looks for wearing their natural hair in public. This pushes many Black girls to hide their hair, hide themselves, in order to avoid those feelings of shame, questionable looks and judgments, and while learning to be accepted if they apply Eurocentric norms. So, is it really our hair when we go to salons to perm (to get semipermanent straighter hair), often causing damage and burns to our scalp? Is it our hair when we install straight hair weaves that pull out our hair, causing bald spots? The validation in these compromised states and being seen so positively is enough to teach us that who we are naturally is unacceptable and we must find a way to fit in and erase a part of ourselves.

School is sometimes the first experience where Black children learn survival skills when it comes to their hair. To quote Ayana Byrd’s *Hair Story*, “they are forced to defend it, explain it, and often make excuses for it as white students and teachers remain unaware of their inner turmoil.”

Before I dive into what that turmoil may look like and its effects on the psyche, I want to first discuss a familiar story for many Black girls growing up in this society. Many accounts of hair while growing up is one of pain and suffering. The straightening comb was either seen as a rite of passage or the beginning of a painful relationship with oneself. To straighten one’s hair involves using grease and extreme high heat to force the texture of the hair to be pulled straight and to resolve all kink. The sound alone of heated grease reminds me of bacon sizzling on a stove. Now think of this sound paired with the sometimes-painful experience of the hot comb burning the back of your neck or making you flinch when it got too close to your ears. This was not something to look forward to but was done to tame the hair to make it more manageable. It was a necessity to look presentable and be more tolerable to others.

The kiddie relaxer often marketed as the pain-free option to the hot comb came into fashion because it permanently (with the exception of chopping off all your hair) changed the texture of your hair to be straighter hair, unaffected by moisture. The perm would happen whenever there was “new growth.” That is, whenever your natural hair started to grow out again and show, it was time for the perm to cover it back up. The pains of relaxing one’s hair is very known and has its own set of messages. Sometimes it is seen by parents as a convenience because of a busy work schedule, which sometimes says, *I don’t have time for you*. There are also physical consequences of the perm: bald spots, burns, severe hair damage, especially when not treated properly. There is a constant need to tame herself to be accepted by America’s visual norms without causing a disturbance. What a trauma to recognize the Black self.

As a child, I was acutely aware of how my hair appeared to others. When doing something as innocuous as going into the pool, I would feel the sense of relief because I knew having a perm would “protect” me from being seen in my natural state. There is a process of knowing and trying to unknow. How can Black girls maintain the ability to think about their true self in the face of whiteness? Black girls and women live many truths. The painful truth of existing in this world and of knowing what it takes to live in this world. We are in a world where laws must be passed to not discriminate against Black hair.

The Crown Act was created in 2019 to protect against discrimination based on race-based hairstyles such as braids, locs, twists, and knots. Its purpose is to create a safe and open environment for people to wear their natural hair. To think, we as a society need laws in place to safeguard those whose hair is not like the “majority.” Although this addresses a larger issue of discrimination in

schools and the workplace, it doesn’t do justice to the psychological impairments that are experienced as a Black person growing up in America. The implications they absorb include: I am too difficult; people will like me more if I make drastic, painful changes to myself; people don’t have space for me; I must assimilate more than others to be valued; my feelings are lesser than yours; I have to change myself to fit in or I have to change myself to not be noticed; and why am I on display, must I always be conscious of my appearance and how it makes others feel?

I will end with another quote from Ayana Byrd’s *Hair Story* which says, “I hate the way our hair can speak so many words for us before we open our mouths.”

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<https://analytic-room.com/essays/whose-hair-is-it-by-raynell-sangster/>

George Stricker Fellow Awards

by Ashley Dhillon

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

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

Congratulations to **Lylliam Cain** and **Laura Lopez-Aybar (2021-2022 Recipients)**

We asked our fellows some questions!

1. Please provide a brief bio on yourself and research/clinical interests. What did your second-year project/dissertation focus on?

Lylliam Cain: The primary focus of my scholarship has been to understand relationship processes in a manner that is imminently relevant to applied clinical work. The purpose of my second-year project was to better understand how individuals' past and present relational experiences have shaped their interpretation of their current interpersonal problems. It also served to bolster convergent validity of the Social Cognition and Object Relations Scale-Global Ratings (SCORS-G); a clinician-rated measure used to code narrative

material. I have since become involved in other projects that aim to extend convergent and criterion validity of this measure. In fact, my dissertation is a meta-analytic review of the SCORS. I have identified eight criterion variable sources to be analyzed (i.e., clinical vs. nonclinical group differences, diagnostic clinical or developmental group differences, behavioral criteria, treatment process and outcome data, overall psychopathology, ratings of intrapsychic functioning, ratings of interpersonal functioning, and intelligence measures).

Laura Lopez-Aybar: Laura López-Aybar is a Clinical Psychology candidate at Adelphi University. She is currently studying mental health providers stigma and discrimination toward consumers and individuals with lived experiences of mental illness. Her work is propelled by a critical, decolonial and feminist perspective on psychology. Moreover, she is currently participating in various projects examining stigma, mental health discourse and leadership. She is highly invested in conducting cultural and critical research that informs policy and fosters social justice. Her second-year project at Adelphi evaluated gender-based violence survivors experiences of discrimination while in mental health treatment settings. Her dissertation is seeking to evaluate clinical psychologists with lived experiences of mental illness (consumers) experiences of witnessing discrimination towards individuals with lived experiences of mental illness within the field of clinical psychology. She served her third year as a senior intern in the SPSS United Nations team.

2. The amount you were awarded.

Both were awarded \$10k

3. What would you recommend for prospective applicants of the Stricker Fellowship?

Lylliam Cain: Work smarter, not harder. Seek opportunities to become involved in research within your lab. Collect data that can be used to support multiple projects.

Laura Lopez-Aybar: Collaborate as much as you can with people in the program and outside of the program.

4. Any words of wisdom for students in the PhD program?

Lylliam Cain: Self-care can look deceptively like procrastination, and vice versa. Be aware of the fine line. Find ways of conserving energy and revitalizing yourself throughout the program; this is imperative to your longevity as a scholar.

Laura Lopez-Aybar: Time management is always my go to advice and to try tackling things little by little. Reach out for help to your upper-class peeps if you need it.

5. Anything you like to do for fun outside of academic responsibilities?

Lylliam Cain: I love hiking and rock climbing, acting in theatrical productions, and spending time with family and friends.

Laura Lopez-Aybar: Backpacking, gardening, playing video games, reading, watching tv and movies, spending time with my chosen family.

2nd Annual Transgender Research Panel

by *Brian Delgado*

The 2nd Annual Transgender Research panel took place Tuesday March 29th from 6pm to 7pm. The panel consisted of three professors from Adelphi University. Dr. Chana Etengoff (she/her/hers) and Dr. Johanna deLeyer (she/her/hers) from the Derner School of Psychology, and Dr. Beth Counselman-Carpenter (she/her/hers) from Adelphi's School of Social Work. The panel and attendees met together remotely on Zoom.

The research panel was part of Adelphi's Transgender Visibility Month. The panel was co-sponsored by the Adelphi Pride Committee, Adelphi School of Social Work, Derner School of Psychology, Gender and Sexuality Alliance, Office of Diversity, Equity and Inclusion; and the Center for Student and Community Engagement.

Sarah Dottor, LMSW (they/them/theirs) returned as moderator for the panel. Dr. Etengoff starting things off with sharing the importance of transgender research from a strength-based focus. Etengoff's research focuses on identifying those strengths that are currently present in the transgender community. Intersectionality is another branch of Etengoff's research.

Etengoff's study, coauthored with Dr. Eric Rodriguez, had the largest number of participants who identified as both trans and Muslim to date. The total number of participants was 15. 14 of the 15 transgender participants expressed a challenging coming out experience to their family. However, depression scores were only in the moderate levels and self-esteem were in the normative range. This supports the existence of resiliency in the face of oppression. The participants reported that their faith in Islam was a source of resiliency. A participant expressed that "at

its core Islam is about standing with the oppressed".

Dr. Johana DeLeyer was the next researcher. Her research focuses on gender-affirming voice training. The purpose of her work is to investigate a safe and accessible training that will allow transgender women to achieve their voice goals. The goal of the study is to provide support acquiring desired voice patterns, speaking patterns, and quality of life. Video self-modeling (VSM) is the intervention that DeLeyer utilizes. It takes only 3 to 5 minutes to complete. The video shows the participant attempting to achieve their desired voice. VSM has already been helpful in other communities such as individuals with Autism Spectrum Disorder, Selective mutism, and public speaking phobia. The study hopes to fill the gap that exists in the literature and improve accessibility. VSM can be accessed through an app which gives it an advantage over current interventions that are costly and invasive such as surgery or hormone treatment. A crystallizing description from Dr. DeLeyer on her work was that "Voice is an embodiment of gender".

Dr. Beth Counselman-Carpenter was the final researcher. Post-traumatic growth and its factors within the trans community was the focus of her study. Her study analyzed the 2015 U.S. Transgender Survey (James et al., 2016). The National Center for Transgender Equality's (NCTE) granted the access to Counselman-Carpenter due to their shared goals in filling the gap in strength-based research in the trans population. A finding from the study was that individuals who identified as non-binary and genderqueer experienced higher psychological distress and lower family supports, however they reported lower suicide attempts than individuals who solely identified as transgender. Respondents in the

survey were higher in spirituality compared to the general population. Also, there was no decline in spirituality levels through their transition period. A future project of Counselman- Carpenter is to develop a research instrument that captures multifaceted, intersectional identities through matrix thinking.

During the Q and A, students asked “how to get involved in research?” Etengoff mentioned the Emerging Scholars program. Counselman-Carpenter also mentioned opportunities with the NCTE in collecting data within the trans community. A student asked Dr. DeLeyer if her research on VSM will focus on the trans masculine population. She responded that is a future goal of the project. “What previous researchers were an inspiration for the members of the panel?” The work on gender fluidity by Lisa Diamond was one. Last question related to any available research on the murder of black trans individuals that have been on the rise. DeLeyer responded with what she noticed in sociology and

political science journals that there is an intersection of stigma. Stigma towards the race of the individual and also their gender and how they intersect with each other. A challenge is that data is gathered after the violence is committed and often the family members of the individual will not disclose their gender identity which increases the likelihood of misnaming and misgendering.

There is an immense amount of structural oppression and bias against transgender people. This has come in the form of discrimination in the workforce and also in outward violence. Bringing to light the different forms of strengths can help the mental health field better understand how they can provide effective support. The science that has been presented can provide potential tools for mental healthcare providers in amplifying the strengths that are already present in the trans community. The 3rd Annual Transgender Research Panel will be an opportunity to see the science goes from here.

Feeling like a Fraud

by Ashley Dhillon

I remember the summer before starting at Derner and how excited I was about being on the road to all my hopes and dreams coming true. This is exactly what I wanted right? For years, I had prepared for this goal, and I finally felt rewarded for all my hard work. From the interview day, I knew Derner was the place for me. Something about the culture and the people in the program felt so warm and welcoming that I knew I would be able to fit in here. When I received my acceptance email from admissions, I remember being in shock, I couldn't believe it! While my family members and close friends expressed their uttermost happiness for me and were in awe of me for getting thus far, I couldn't shake this strange feeling off. Feeling like maybe this is some sort of joke or I'm being real life punk'd right now? Despite of that, I remember feeling very excited for this new chapter of my life. I spent some of the summer connecting with fellow Derner students and faculty to explore their experiences and to mentally prepare for this 5-year commitment I was getting myself into.

I knew I wanted to be a clinical psychologist specializing in forensics for a long time. Years of true crime and lived experience had prepared me for this day. The very first day as a PhD student in Clinical Psychology. Prior to this program, I didn't have friends at all in the field of psychology and I was very excited to meet like-minded people who are deeply passionate about the same things as I am. I remember entering the Hy Weinberg building and meeting all my classmates who have now become my friends and inspiration. I was in awe of such amazing human beings being all together in the same room and it was quite admirable getting to know many of them. From learning about penis envy in Dr. Mendelsohn's class to conducting child intakes in Dr. Daisy's class, we all became sort of like a family. Our cohort has become protective of one another, and I feel that I wouldn't have fit in any other cohort than this. However, despite these euphoric feelings, I remember often feeling the same type of experience that I felt before when I received my acceptance. I often felt like I didn't

belong or that I was still being pranked and I knew I wasn't the only one feeling this strange emotion.

This experience has a name. It's called Imposter Syndrome. Coined by clinical psychologists Pauline Clance and Suzanne Imes in the 1970's, imposter syndrome is described as this pervasive feeling of insecurity, self-doubt, and incompetence despite many indications that you are skilled and successful (Clance & Imes, 1978). Throughout my first year, I had experienced feelings of inadequacy and self-doubt even though deep down I knew I deserved to be here as much as everyone else did. But why was I experiencing this? I remember a discussion with one of my cohort members, discussing our past experiences and how we mutually couldn't believe that we got thus far in this program. Even though we both found each other highly qualified to be in this program, our conversations about ourselves revolved around this feeling of constant self-doubt and negativity. I brought up feeling like an imposter and my cohort member had agreed, feeling the same experience. I remember this rush of relief that I was not the only one brooding. Imposter syndrome in this program is a collective experience.

I learned that imposter syndrome is a normal experience. Yes, we are not pathologizing human feelings. It is quite normal to feel the burden and distress of transitioning into a doctoral program. This is a big deal! Not only are we facing external stressors from faculty members, mentors, and classes but also, we are experiencing internal stressors, such as the pressures to achieve and meet expectations that are set for us in the doctoral program. I remember at times, throughout class discussions feeling inadequate that I did not have anything meaningful to contribute and I started to compare myself to fellow classmates. I became quite fixated on why I didn't understand anything about the Rorschach and started to have some serious self-doubt about my abilities in the program. Even though I was really proud of my fellow cohort members' accomplishments and experiences, I felt

a bit intimidated by those who either had more clinical or research experience than me.

As an Indian American female and first-generation college student, I always had felt the need to achieve in life and such imposter syndrome feelings reminded me of why I had experienced these feelings in the first place. From the beginning of my academic career, I had always felt the need to work harder or to achieve more because of the constant pressures of being a woman of color and being the first in the family to pursue higher education. So, I carried the burdens from my childhood into my adulthood, and now I am carrying the same burdens from academic figures who are keeping a close look on what you achieve in the program and how you carry yourself. I remember having brunch with a fellow classmate and dear friend and realizing how we're not the only smart ones anymore in our classes. Before entering Derner, one can infer that all students in this program have previously been all high achievers, who have worked hard and have usually been at the top of their classes. Once we enter Derner, we are now equally as highly educated and bright like-minded individuals. It can be quite unsettling to realize that you are not the only perfectionist in the room.

What's helped me deal with imposter syndrome is to learn and reflect on such experiences rather than sulking. I've learned to be comfortable with rejections and failures as they are a part of life and lessons to be learned. It is normal to face rejection in this program, and it needs to be normalized. It's been extremely helpful to know that fellow cohort members have felt the same way I have been feeling and it's been satisfying to listen and reflect on shared experiences. A fellow lab member once said, "*you never stop feeling like an imposter,*" was fairly reassuring! Often, I've learned to fake it. I've learned to use the DBT skill of opposite action when I was feeling inadequate but put up a half-smile and imitated a confident, yet optimistic mindset. Sometimes you must fake it till you make it and that's okay! As long as you reflect and process on such stressors because we would hate to repress them. Finally, I've learned to be humble and be okay with experiencing imposter syndrome. Feeling like a fraud keeps me motivated to pursue higher education and learn from such experiences. I've learned to celebrate my own success as well as others and remember that I

have earned and worked hard for such opportunities as much as everyone else has.

Seven Statements of Wisdom to Manage & Reflect on Imposter Syndrome

1. You're not the only one experiencing this! It can feel quite isolating and intimidating but recognize that you are not alone or the first in feeling like an imposter. Don't feel bad for experiencing such normal feelings.

2. Use or build your support systems! Having people who authentically support you and your path makes a great difference in managing imposter syndrome. Such support systems can be your mentor, cohort members, friends, faculty members, social media figures, and parents!

3. Reflect on the root of why you are experiencing this. Ask yourself: Why do I feel like I am not good enough or I do not belong? Are you comparing yourself to other classmates? Do you feel disadvantaged in some way? Are you in need of support or guidance to process such experiences?

4. Everyone's journey is individualized and unique. Every student's path looks different from one another, don't feel the need to compete! Regardless of how "small" an accomplishment is, CELEBRATE yourself and your hard work because you earned it. Learn to celebrate every step of the way because your wins are yours and not anyone else's.

5. Build confidence in yourself as academia can be brutal enough with minimal positive reinforcement. Reflect what works for you best and work from there. Be proud of yourself for how far you've gotten! Positive self-talk or mindfulness can be helpful here.

6. Learn to capitalize on your strengths. Believe it or not, we all have strengths as much as we focus on our weaknesses. Acknowledge and use them to your advantage.

7. Remember that thoughts are just thoughts, they are NOT facts. Just because you had a thought that you are inadequate, does not mean you are. Be kind to yourself

A few words from fellow first-year cohort members:

"I think since there are so many reasons why individuals are chosen for the program it's so easy to compare your experience or expertise to others and question why you are there? How did I end up in the same program as someone with X amount of years of clinical or research experience? It plays with your mind and definitely makes you second guess your own abilities"

-Anonymous

I find myself constantly wondering if I'm competent enough or if I really deserve to be here, given that I'm surrounded by so many brilliant people. I grew up in poverty, so such a prestigious setting like a private institution's graduate school program already kind of makes me feel like I don't belong, even though I know that I do, and I recognize that I worked arduously to get here. But I think the main

reason for the imposter syndrome I've been facing is that I only just graduated from undergrad last year and came directly here. Like I previously stated, not only am I surrounded by brilliant people, but so many of the brilliant people around me have much more experience and education than I do, and that contributes to my feelings of incompetency. The funny thing about imposter syndrome, though, is that your mind will manipulate any information possible to ensure that you remain feeling unworthy or less than; I find every way possible to even justify why the people who are at the same stage of their education as I am, are more competent: they speak more in class, they have more research experience and etc. It never ends, and it's exhausting to constantly be doubting yourself and your abilities. One thing that has helped me, however, has been speaking to my amazing cohort members about how I feel regarding imposter syndrome. They are so forthcoming and have been able to assure me that they often feel the same way, regardless of their experience and education. Imposter syndrome can be very lonely but having a cohort that is so genuinely supportive makes it that much easier to get through it. -Meili Leung, 1st Year

Therapy Podcast Suggestions

by the Fourth Years

- Psychology in Seattle
- Hidden Brain
- American Life
- Huberman Lab
- Ivisabilia
- Radiolab
- Your Anxiety Toolkit
- Feeling Good Podcast
- Shrink Rap Radio
- The Happiness Lab
- Psychiatry and Psychotherapy Podcast
- Last Day
- Mentally Yours
- Therapy Chat
- Therapist Uncensored
- Happier
- The Mental Illness Happy Hour
- NavNeuro

Significant Others

by Brian Delgado

Significant other (SO) was coined by psychoanalyst Harry Stack Sullivan (Sullivan, 1940). Sullivan placed parents and SO on equal footing. We know ourselves through our SOs. Our well-being is achieved in part from SOs. The term "SO" allows us to protect our identity and the identity of that important person in our life. It permits us to maintain a boundary between our different selves. How we are at Hy Weinberg and how we are at home. "SO" provides that breathing room to decide on our own time, if ever, when to merge those borders.

I wanted to learn more about how my SO experienced me since I began at Derner. We don't get through the program alone. My SO, like many SOs, are also going through the program. I'd imagine they are curious about who or what is a "cohort". Some SOs knew us before joining Derner. Others became SOs when we were first learning about Sullivan. She shares a piece of herself here. It comes from a kindness that has helped me get to where I am now.

What is like living with someone who is at Derner?

Its ok, it can be tricky, since the pandemic you don't what to get close when they are on zoom, with confidentiality, it's nice to know someone who is going to be an expert on psychology.

What has been the worst part?

When you get stressed out, not seeing you as much

How does that make you feel?

I don't know, we have conflicting schedules, sometimes we don't have time to spend with each other when we are not tired, it'd be nice to have a set date night every week

What other things have been hard?

Takes up a lot of your time, coming home late

What has been the best part?

Doesn't really affect me that much, knowing that you are learning to be an expert, a resource in the community, don't know what to say (giggles... *she giggles alot*)

One day I wasn't giving therapy and the next I'm doing it here at the house through zoom, what was that like for you?

There were times you were doing it in the bedroom and I couldn't get in. Sometimes I can hear you, I wonder if I should turn on the tv or whatever.

What were some of the ways I had to rely on you throughout these three years?

I was a source of practice for testing, you stressed me out , you can be grouchy

In the beginning you were very stressed out, you seemed really concerned about time management, you were tired a lot, seems now you are ok with that now

Is there things that I helped out with because of what Ive been learning?

Helping me with my anxieties or whatever, feel like you've given me stress, helped you become more patient, tell me to try out therapy

Have you noticed a difference in me since I started at Derner?

Not anything significant, maybe calmer, I think you deal with things better, you haven't gone to those moods as much, I think I only remember one or two times as much, more empathetic since you've been working with your patients

How do you think it has affected our relationship?

It's been a good challenge, like we have our arguments with the timing, with the pandemic we survived a lot together, I feel like im not in the

profession so I don't really talk about it much and you don't tell me much, I kind of want to know more about it , that would be cool, I think that would help keep each other interested in a sense, I feel like maybe our priorities have been different , like the people we see, especially with the pandemic and trying to compromise through that.

What do you hope the next year looks like with us at Derner?

Still find time for each other, that your happy with your work, that you graduate and finally finish, and have your career, that we stay happy together.

(My SO asked me a question) What did you think about our relationship when you were in school?

There were lots of times I felt guilty that I had to focus on a presentation or a testing report and not do something that we planned together. I was thankful that had somebody constant in my life who I can tell about times that were difficult, frustrating, or when things went well. It was nice to have someone to share that with. Thank you for that and I hope I can be that for you in everything you do.

Student/Faculty Accomplishments

by Alexxa Wolpoff

Dissertations Defended:

Ardalan, Firouz

Cersosimo, Bianca

Florio, Katrina

Ippolito, Barbara

McMillen, Kate

Naa-Adjeley (Ama)

Parmenter, Megan

Poon, Michael

Swistel, Lily

Ward, Natalie (Essosinam)

Weiss, Marina

Accomplishments:

Aafjes -van Doorn, K., Zilcha-Mano, S., Graham, K., Caldari, A., Barber, J.P., Chambless, D.L., & Milrod, B. (2019). The Role of Safety Behaviors in Panic Disorder Treatment: Self-Regulation or Self-Defeat. *Journal of Contemporary Psychotherapy*, 49(4), 203-212. <https://doi.org/10.1007/s10879-019-09432-9>

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Kelleher, J., & Josephs, L. (August, 2022) *Relationship Between Internalized Heterosexism, Attachment, and Identity on Self-Disclosure*. Poster will be presented at the annual meeting of Division 44 of American Psychological Association, Minneapolis, MN.

Kim, H. S.† & Moore, M. T. (2019). Symptoms of depression and the discrepancy between implicit and explicit self-esteem. *Journal of Behavior Therapy and Experimental Psychiatry*, 63, 1-5.

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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.

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Krause, F. C., & Moore, M. T. (2020, November). *The factor structure of the Mood and Anxiety Symptom Questionnaire (MASQ): Associations with symptoms of depression, pessimism, 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.

Krause, F. C., Linardatos, E., & Moore, M. T. (2020, August). *Facial emotion recognition in major depressive disorder: A meta-analytic review*. Poster presented online at the annual meeting of the American Psychological Association (APA), Washington, DC.

Krause, F. C.†, Linardatos, E., Moore, M. T., & Fresco, D. M. (2021). Facial emotion recognition in major depressive disorder: A meta-analytic review. *Journal of Affective Disorders*, 293, 320-328.

Kulsa, M. K. C. (In press). Book review of *Memory and autobiography: Explorations at the limits*, by L. Arfuch (Polity Press, 2020). *Psychoanalysis, Culture & Society*.

Kulsa, M. K. C. (Under review, 2022). Meditations on an expanded, narrative inquiry methodology combining clinical dynamic understanding and autobiography. *Qualitative Inquiry*.

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Kulsa, M. K. C. (2022, September). *Revealing a narrative of survival: An ongoing biographical study of the intersection between creativity and so-called "madness"* [Individual paper presentation, Panel session]. 22nd International Conference of The International Society for Psychological and Social Approaches to Psychosis (ISPS), University of Perugia, Perugia, Italy.

Kulsa, M. K. C. (2022, April 10). *Exploring narrative healing: Examining the relationship between creativity and so-called "madness" through a biographical portrait* [Individual paper presentation, Individual session]. 41st Annual Spring Meeting for the Society for Psychoanalysis & Psychoanalytic Psychology (SPPP) Division 39 of the American Psychological Association (APA), Chicago, IL, United States.

Kulsa, M. K. C. (2021, October 23). *Adapting to the ongoing changes of graduate school, clinical training, and research work* [Individual paper presentation, Symposium]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C. (2021, October 16). *'What could have been': Mourning broken dreams and leading restored lives* [Individual paper presentation, Panel session]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C. (2021, July 10*). *The abject body of the psychiatric sufferer: Case explorations* [Individual paper presentation, Panel session]. Association of Psychosocial Studies (APS) Conference, University of Essex, Colchester, United Kingdom.

Kulsa, M. K. C. (2021, March 20*). *"Who can bear to feel themselves forgotten?": A psychoanalytic reframing of psychiatric care for psychosis* [Individual paper presentation, Individual session]. 40th Annual Spring Meeting for the Society for Psychoanalysis & Psychoanalytic Psychology (SPPP) Division 39 of the American Psychological Association (APA), New York, NY, United States.

Kulsa, M. K. C. (2020, October 25). *Revealing the authentic self of the psychiatric sufferer: Case exploration* [Individual paper presentation, Panel session]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C. (2020, October 24). *The subjectivity of psychiatric sufferers* [Individual paper presentation, Symposium]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C. (2020, October 16). *Integrating career interests: Perspectives of a 2nd-year Ph.D. student* [Individual paper presentation, Symposium]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C., & Saks, P. S. (2019, November 9). *Critical review of current psychiatric care and solutions to preventing the relapse of psychosis* [Poster presentation]. 18th Annual Meeting of The International Society for Psychological and Social Approaches to Psychosis – United States Chapter (ISPS-US), New Haven, CT, United States.

Kulsa, M. K. C. (2019, October 25). *"Who can bear to feel themselves forgotten?": Systemic dehumanization in the current psychiatric care for psychosis* [Individual paper presentation, Panel session]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Kulsa, M. K. C. (2019, October 25). *"Arguments knocked down with logic or with luck": The recurring problems with utilizing artificial insight as discharge criteria* [Individual paper presentation, Symposium]. Association for the Psychoanalysis of Culture & Society (APCS) Annual Conference, Rutgers University, New Brunswick, NJ, United States.

Lokai, Andrew, Chen, Liquiaonan, Terry, Kendra. (2021). Transitioning to Teletherapy and its Impact on the Therapeutic Alliance. Paper submitted to the Society for Psychotherapy Research, Heidelberg, Germany.

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]. Categoría 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)

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McCarthy, K.S., Zilcha-Mano, S. & Barber, J. P. (2019) Process research in psychodynamic psychotherapy: Interventions and the therapeutic relationship. In Kealy, D. and Ogradniczuk, J.S., (Eds.), *Contemporary Psychodynamic Psychotherapy: Evolving Clinical Practice* (pp 75-88). Academic Press

McMillen, K. & Hilsenroth, M. J. (2020, March). *Interpersonal clusters in a depressed outpatient sample* [Poster session]. Society for Personality Assessment Conference, San Diego, CA, United States. <https://www.personality.org/annual-convention/general-information/> (Conference canceled)

McMillen, K. & Hilsenroth, M. J. (2020, June). *How do interpersonal clusters affect psychotherapy outcomes in a depressed outpatient sample?* [Poster session]. Society for Psychotherapy Research Conference, Amherst, MA, United States. <https://www.psychotherapyresearch.org/events/EventDetails.aspx?id=1106668> (Conference canceled)

McMillen, K.†, Hilsenroth, M., Moore, M. T., & Gold, J. R. (In press). Interpersonal clusters in a depressed outpatient sample. *Journal of Affective Disorders Reports*.

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Moore, M. T., Haigh, E. A. P., Lau, M. A., Willett, B. R., Yu, A. R., & Fresco, D. M. (In press). Association between decentering and reductions in relapse/recurrence in Mindfulness-Based Cognitive Therapy for depression in adults: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*.

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O’Loughlin, M., & Kulsa, M. K. C. (In press). Essay review of Healing, rebirth, and the work of Michael Eigen: Collected essays on a pioneer of psychoanalysis, edited by K. Fuchsman & K. S. Cohen (Routledge, 2021). *Journal for the Advancement of Scientific Psychoanalytic Empirical Research (JASPER)*.

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.

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Parmenter, M. E., & Fiori, K. L. (2021). The positive side of negative interactions: anxious and avoidant attachment as moderators. *Journal of Social, Behavioral, and Health Sciences, 15*(1), 1-30.

Prashad, N., Melara, R. D., Root, J. C., & Ahles, T. A. (2022). Pre-Treatment Breast Cancer Patients Show Neural Differences in Frontal Alpha Asymmetry. *Clinical EEG and Neuroscience, 15*500594221074860.

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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=3F28EB86AE4CA3BB2EE025BE0093BF04C65724AA0701DE76B827AC24554FC3A48A419D9A5BFC2C3737450814D3839CB6>(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.

Reyes, M.†, Fuertes, J. N., Moore, M. T., Punnakudiyil, G. J., Calvo, L., & Rubinstein, S (2021). Psychological and relational factors in ESRD hemodialysis treatment in an underserved community. *Patient Education and Counseling*, 104, 149-154.

Richer, A., Walsh, K., Cole, H.E., Weiss, M.R. (October, 2019). *Breaking the Cycle: Translating Research into Clinical Interventions for Survivors and Perpetrators of Gender-Based Violence*. Presentation to the Yale Women's Mental Health Conference, New Haven, CT.

Romain, A. (April 2022) *Shhh: Protecting Participant PHI in a Digital Age*. Rapid Fire talk presented at the annual meeting of the Association of Clinical Research Professionals (ACRP).

Romain, A., Perrin, A. & Pahlevan-Ibrekic, C. (April 2022) *Tools for Delivering Large, Complex, or Longitudinal Trials Virtually*. Speaker presentation at the annual meeting of the Association of Clinical Research Professionals (ACRP).

Romain, A., Vincent, B., Spinelli, A., Pan, C....& Brondolo, E. (March 2021; virtual event) *Physician Caseload and Training-Year as Predictors of Burnout among Residents during COVID-19*. Poster presented at the annual meeting of the Eastern Psychological Association.

Romain, A. & Chaplin, W. F. (June 2020; in-person canceled, virtual event) *Quality of Life as a Moderator for Interpersonal Relations and Social Role within Psychotherapy*. Poster presented at the annual meeting of the Eastern Psychological Association in Boston, MA.

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Schwartz, R. A., Chambless, D. L., Barber, J. P., & Milrod, B. (2021). Testing clinical intuitions about barriers to improvement in cognitive-behavioral therapy for panic disorder. *Behavior Therapy, 52*(4), 956-969. <https://doi.org/10.1016/j.beth.2020.12.004>

Schwartz, R. A., Chambless, D. L., Milrod, B., & Barber, J. P. (2021). Patient, therapist, and relational antecedents of hostile resistance in cognitive-behavioral therapy for panic disorder: A qualitative investigation. *Psychotherapy, 58*(2), 230–241. <https://doi.org/10.1037/pst0000308>

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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>

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So, C., & Fiori, K. L., (2022). Attachment anxiety and loneliness during the first-year of college: self-esteem and social support as mediators. *Personality and Individual Differences, 187*, 111405.

So, C., Fiori, K. L., Marini, C. M., Murphy, B. A., & Stein, J. B. (in press). Relationship talk with partners and friends during emerging adulthood: The role of relationship satisfaction. *Journal of Social, Behavioral, and Health Sciences*.

Sofio, F. (2020). A ficção filosófica de Benjamin Ogden [Benjamin Ogden's philosophical fiction] *Revista Brasileira de Psicanálise, 54* (2), 275-278.

Sofio, F. (2020). Pandemia: de Londres em 1665 a Americas em 2020. [Pandemics: from London in 1665 to the Americas in 2020]. *Percuso: Revista de Psicanálise, 64*: 133-138.

Sofio, F. (2019). Artistic processes and psychoanalytic processes: Morgan, Warhol, Hermann, and Freud. *Psicologia USP*, 30, 1-12.

Solomonov, N., Aafjes van Doorn, K., Lipner, L.M., Gorman, S.B., Milrod, B., Chambless, D.L., & Barber, J.P. (2019). Panic-focused reflective functioning and comorbid borderline traits as predictors of change in quality of object relations in panic disorder treatments. *Journal of Contemporary Psychotherapy*, 49(4), 255-264. <https://doi.org/10.1007/s10879-019-09434-7>

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Stefan G. Hoffman, Jacques P. Barber, Paul Salkovskis, Bruce E. Wampold Winfried Rief, Anne Chatherine Isabelle Ewen and Leonora Nina Shafter What is the common ground for modern psychotherapy? A discussion paper based on EACLIP's 1st Webinar" , *Clinical Psychology in Europe*.

Suarez-Jimenez, B., Zhu, X., Lazarov, A., Mann, J., Schneier, F., Gerber, A., Barber, J.P., Chambless, D.L., Neria, Y., Milrod, B., & Markowitz, J. (2020). Anterior hippocampal volume predicts affect-focused psychotherapy outcome. *Psychological Medicine*, 50(3), 396-401. doi:10.1017/S0033291719000187

Swistel, L. Ward, N.E., Weiss, M.R., Kalmutz, A., Tanner, J.G. (October, 2020). *The Shared Imaginary: Lacanian Perspectives on Contemporary Culture*. Roundtable presented to the Annual Meeting of the Association for the Psychoanalysis of Culture & Society, New York, NY/online.

Terry, Kendra, Shanahan F., Conor, Eubanks F., Catherine, Muran, J. Christopher. (2021). Language in the Therapeutic Alliance: A Computational Text Analysis Study of Rupture and Non-Rupture Therapy Sessions. Paper submitted to the Society for Psychotherapy Research, Heidelberg, Germany.

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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.

Viswanath, P, Szymanski, K & Springer, C (2022, May 26-29). The Impact of Childhood Trauma and Insecure Attachments on Emotional Regulation in Indian Immigrant Mothers. Poster presented at the annual meeting of the Association of Psychological Science, Chicago, IL, United States.

Viswanath, P, Szymanski, K & Springer, C (2022, August 4-6). Impact of Childhood Trauma and Insecure Attachments on Reflective Functioning in Indian Mothers. Poster presented at the annual meeting of the Association of Psychological Science, Chicago, IL, United States.

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.

Vizlakh, B. (2021, March). *Addressing intergenerational trauma: psychological sequelae of first-generation Russian-speaking Jewish Americans* [Conference session]. Association for Women in Psychology Annual Conference. Chicago, IL, United States.

Vizlakh, B. (2021, March). *Implications of considering sexual harassment to be diagnosable trauma* [Conference session]. Association for Women in Psychology Annual Conference. Chicago, IL, United States.

Vizlakh, B. (2020, October). *Unveiling the truth: identity formation of first-generation Soviet Jewish Americans* [Conference session]. Association for the Psychoanalysis of Culture & Society Annual Conference. Rutgers University, New Brunswick, NJ, United States.

Vizlakh, B. (2020, October). *Implications of considering sexual harassment to be diagnosable Trauma* [Conference session]. Association for the Psychoanalysis of Culture & Society Annual Conference. Rutgers University, New Brunswick, NJ, United States.

Waslin, S. M., Kochendorfer, L. B., Blier, B., Brumariu, L. E., & Kerns, K. A. (2022). Parental Emotion Socialization: Relations with Adjustment, Security, and Maternal Depression in Early Adolescence. *Emotion*. Advance online publication. <https://doi.org/10.1037/emo0001099>

Weiss, M.R., McCormack, C., Berry, O.J.O, Monk, C. (July, 2020). *Si La Rumba Está Buena: Exploratory Analyses of Acculturation, Self-Compassion and Substance Use in Survivors of Intimate Partner Violence*. Presented to the Annual Scientific Meeting of the College of Problems on Drug Dependence, Hollywood, FL.

Weiss, M.R., McCormack, C., Berry, O.J.O, Katzander, N. (March, 2020; postponed to March, 2021). *Towards Trauma-Informed Treatment of Intimate Partner Violence Survivors: A Benjaminian Analysis of Interpersonal Trauma Sequelae in Case Examples from Participatory Action Research*. Presented to the 40th Annual Spring meeting of Division 39 of the American Psychiatric Association, New York, NY* postponed due to COVID-19

Weiss, M.R., López-Castro, T., Saraiya, T., Papini, S., Stanley, D., Hien, D.A. (2019). *A Network Approach to Examining the Links Between Adverse Childhood Experiences and Post-Traumatic Stress Symptomatology in Emerging Adulthood*. Poster presented at the 35th Annual Meeting of the International Society for Traumatic Stress Studies, Boston, MA.**Student Poster Award Finalist*

Zilcha-Mano, S., Goldstein, P., Dolev-Amit, T., Ben David-Sela, T., & Barber, J. P. (2021). A randomized controlled trial for identifying the most suitable treatment for depression based on patients' attachment orientation. *Journal of Consulting and Clinical Psychology*, 89(12), 985–994. <https://doi.org/10.1037/ccp0000696>

