Ph.D. Program in Clinical Psychology
Department of Psychology
Accredited 1984 by the American Psychological Association

American Psychological Association
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• Dr. Elissa Brown
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• Dr. Tamara Del Vecchio
• Dr. Raymond DiGiuseppe
• Dr. Beverly Greene
• Dr. Rafael Javier
• Dr. Wilson McDermut
• Dr. Jeffrey Nevid (Clinical Director)
Ph.D. Program in Clinical Psychology

The doctoral program in clinical psychology offers two tracks of study:

• General course of study in clinical psychology
• Subspecialty track in clinical child psychology
Doctoral Training in Clinical Psychology

• Anchored in Scientist/Practitioner Model

• Emphasis on evidence-based assessment and treatment

• Primary practicum training site: St. John’s University Center for Psychological Services

• Network with a wide range of clinical externship sites throughout metropolitan New York area

• Highly favorable clinical internship placement rate

• Core faculty: renowned scholars with active roles in clinical training
Preparing Tomorrow’s Leaders in Clinical Psychology

Dr. Schnur is currently an Assistant Professor in the Department of Oncological Sciences at Mount Sinai Medical Center and Co-Director of the Integrative Behavioral Medicine Program. She believes that the education she received from St. John’s College of Liberal Arts and Sciences gave her the skills necessary for her current position of improving the quality of life for individuals suffering from cancer and its treatment: “My favorite thing about being a student at St. John’s was the top-notch, in-depth clinical supervision I received. I currently conduct research on psychotherapeutic interventions for cancer patients. My clinical training has given me the skills I need to help women cope with the stressful and often frightening experience of cancer,” says Dr. Schnur.
Dr. Philip Szeszko
North Shore – LIJ Medical Center
Ph.D., Clinical Psychology, St. John’s University

• Associate Investigator, Department of Psychiatry Research, Zucker Hillside Hospital and Associate Investigator, Center for Psychiatric Neuroscience, The Feinstein Institute for Medical Research

• Associate Professor, Molecular Medicine & Psychiatry, Hofstra North Shore-LIJ School of Medicine

• Dr. Szeszko’s research focuses on the use of magnetic resonance imaging and diffusion tensor imaging to characterize brain structural abnormalities including schizophrenia and obsessive-compulsive disorder and how these abnormalities are associated with functional indices

Reversed Cerebellar Asymmetry in Men with First-Episode Schizophrenia

Philip R. Szeszko, Faith Gunnula-Dixon, Mousse A. Ashari, Peter J. Snyder, Jeffrey A. Lieberman, and Robert M. Bilder

Background: Abnormalities in cerebellar structure and function have been implicated in the pathophysiology of schizophrenia. In this study, we investigated whether patients experiencing first-episode schizophrenia differed from healthy comparison subjects in regional cerebellar volumes or cerebellar asymmetry.

Methods: Volumetric of four cerebellar regions (right, left, anterior, posterior) were measured from contiguous coronal magnetic resonance (MR) images in 49 (17 men, 32 women) patients experiencing first-episode schizophrenia and in 49 (27 men, 22 women) healthy comparison subjects. Patients were rated on the Scale for the Assessment of Negative Symptoms and the Schedule for Affective Disorders and Schizophrenia—Psychosis Diagnostication before the initiation of antipsychotic medication and at the time of the MRI imaging scan.

Results: Patients and healthy comparison subjects did not differ in regional cerebellar volumes, but male patients demonstrated significantly reversed anterior and posterior asymmetry compared with healthy male subjects. Among male patients, greater reversals in a composite measure of cerebellar asymmetry (a 'temporally' correlated coefficient with increased negative symptoms) before the initiation of antipsychotic medication.

Conclusions: These findings implicate an aberrant neurodevelopment process involving the maturation of the cerebellum in the pathophysiology of schizophrenia and are consistent with prior studies implicating aberrant development in schizophrenia at the neuroanatomical level. J Biol Psychiatry 2005;58:450–459. © 2005 Society of Biological Psychiatry

Key Words: Magnetic resonance imaging, cerebellum, asymmetry, first-episode schizophrenia, negative symptoms

From the Departments of Psychiatry Research (PS) and Department of Psychology (PS, JS). The Zucker Hillside Hospital, North Shore-Long Island Jewish Health System, Manhasset, NY; the Department of Psychiatry, Albert Einstein College of Medicine and Montefiore Medical Center, Bronx, NY; the Cognitive Neuroscience Laboratory, Division of Neurology, Department of Neurology, Beth-Israel-Deaconess Medical Center, Boston, MA; the Department of Psychology, University of Alabama in Birmingham, Birmingham, AL; the Department of Psychology, University of California, San Diego, CA; the Department of Psychology, University of California, Los Angeles, CA; the Department of Psychology, Vanderbilt University, Nashville, TN; and the Department of Psychology, University of Hawaii, Honolulu, HI. Address reprint requests to Dr. Szeszko, Mousse Ashari, Department of Psychiatry Research, 75-20 43rd Road, New York, NY 11373. E-mail: Philip.Szeszko@NorthShoreHealth.org

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doi:10.1080/00213540500029390
“What I like most about St. John's University is the positive and helpful attitude among its students and faculty,” says Alison Tebbett, Ph.D. expected 2014. Alison chose to pursue her graduate degree at St. John's because of the esteemed faculty and small class sizes that facilitate professor-student interactions.

Currently completing fellowship in Child and Adolescent Psychology at North Shore-LIJ.

As a doctoral candidate in clinical psychology specializing in child psychology, Alison gained experience working in the PARTNERS Program. This program offers evidence-based mental health services to children and adolescents who have experienced stressful or traumatic events, “We offer children alternative ways to cope with the thoughts and feelings related to traumatic events and give caregivers different methods of increasing their ability to gain their children’s cooperation.”
Entrance Requirements

• Possess a baccalaureate degree

• Satisfy the department that his or her undergraduate preparation indicates a high potential for successful advanced study in psychology

• Submit transcripts of undergraduate and any prior graduate work

• Have completed a minimum of 24 undergraduate credits in psychology, including courses in Introductory Psychology, Statistics, and a laboratory course

• Submit three to five letters of recommendation, one of which must be from an individual who will address the matter of the applicant's research potential

• Submit two papers from psychology courses: one a laboratory paper and one a term paper

• Provide a clearly written statement of educational and professional goals

• Submit acceptable scores from the Graduate Record Examinations (general and subject)

• Complete an interview process with the departmental admissions committee
General Requirements

• Four years of coursework, including continuous clinical practica at our psychological services center

• A one-year internship in an approved setting

• Successful completion of master’s thesis and doctoral dissertation
General Goal

To prepare broadly trained, competent, psychological professionals proficient in a variety of evidence-based psychodiagnostic, intervention, and research competencies.
Specific Objectives

• To prepare students to function in the diverse professional, academic, and research roles performed by clinical psychologists.

• To assist students in developing their ability to understand and interpret the research of others as well as to design and execute relevant research of their own.
St. John’s University Center for Psychological Services

• Primary training site for Clinical Psychology and School Psychology programs

• Comprehensive psychological services center serving the general community
Services Provided

Psychological services are provided to children, adolescents, adults, couples, and families experiencing emotional, behavioral, or adjustment difficulties. Services include:

- Consultation
- Assessment
- Individual therapy
- Group therapy
- Family and marital therapy

Cost for Services:
For those interested in any of the above services, fees are arranged on a sliding scale basis, which is determined according to one’s income level. As part of a Vincentian University, the Center for Psychological Services is committed to making these services available to those most in need.

Specialized Services:
- The Child HELP Partnership, directed by Dr. Elissa Brown, is located at the Center and offers free services for children and families experiencing trauma and abuse. This clinical research program uses state-of-the-art, empirically-based CBT approaches.
- The Center’s Military Services Initiative offers free services to military personnel and their families and includes the use of virtual reality technology to enhance the exposure-based treatment of PTSD.
Sampling of Recent Clinical Psychology Externship Sites

• Albert Einstein College of Medicine
• Albert Ellis Institute
• Bellevue Medical Center
• Bronx Children’s Psychiatric Center
• Child Mind Institute
• Coler-Goldwater Specialty Hospital
• Columbia University Medical Center
• Creedmoor Psychiatric Center
• Department of Veterans Affairs
• Elmhurst Hospital Mental Health Services
• Hackensack University Medical Center
• Jamaica Hospital Medical Center
• Kings County Hospital Center
• Long Island Jewish Medical Center, Zucker Hillside
• Long Island Jewish Medical Center, Cohen Children’s Hospital
• Lutheran Health Care
• Manhattan Psychiatric Center
• MercyFirst
• Montefiore Medical Center
• Mount Sinai Medical Center
• Nassau University Medical Center
• National Institute for the Psychotherapies
• New York Presbyterian Hospital/Weill Cornell
• NYU Child Study Center
• NYU Counseling Center
• NYU Trauma and Resilience Center
• Queens Children’s Psychiatric Center
• Queens Hospital Center
• Roberto Clemente Center
• Sagamore Children’s Psychiatric Center
• South Beach Psychiatric Center
• St. Barnabas Hospital
• St. Luke’s-Roosevelt Hospitals
• St. Mary’s Hospital for Children
• SUNY Downstate Medical Center
Clinical Psychology Internship Sites 2010-2016

- Albert Ellis Institute
- Association for the help of Retarded Children, Department of Family & Clinical Services
- Astor Services for Children & Families
- Bellevue Hospital Center
- Beth Israel Medical Center
- Clifford Beers Consortium
- Dartmouth Medical School
- Devereux Foundation
- Devereux Massachusetts
- Friend's Hospital
- Geisinger Medical Center
- Green Chimneys Children's Services
- Greystone Park Psychiatric Hospital
- Interfaith Medical Center
- Jewish Board of Family & Child Services
- La Rabida Children's Hospital
- LIJ Medical Center Zucker Hillside Hospital
- Madigan Army Medical Center
- Maimonides Medical Center
- Mercy First
- Middlesex Hospital
- Milton Hershey School
- Mount Sinai - Roosevelt
- Mount Sinai Services, Elmhurst Hospital Center
- Nassau University Medical Center
- North Bronx Healthcare Network
- NYU Bellevue Hospital Center
- Queens Children's Psychiatric Center
- Rutgers University Behavioral Health Care
- South Shore Medical
- St. Luke's Roosevelt Hospital Center
- SUNY Upstate Medical Center
- Trinitas Regional Medical Center
- U California - San Diego Consort/VA Medical
- University of Rochester - Psychiatry
- VA Medical Center
- VA Northern California Health Services
- Village for Family & Children, Inc.
- Yale University Psychiatry
- YCS Institute for Infant & Preschool
Core Faculty
Andrea Bergman
Associate Professor of Psychology

• Ph.D., 1989, Emory University
• Research interests:
  • Application of empirically validated treatments for underserved populations, such as emerging adults who have dropped out of high school and are experiencing multiple problems
  • Phenomenology
  • Comorbidity
  • Currently, she is involved in the development of a treatment program for emerging adults who have experienced problems such as academic failure, exposure to trauma, and substance abuse.
• Courses taught:
  • Psychopathology Across the Lifespan
  • Assessment and Intervention Practicum
A motivational model of alcohol misuse in emerging adulthood

Grace Kong, Andrea Bergman

*Department of Psychology, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439, United States
bDepartment of Psychiatry, Yale University School of Medicine, 34 Park Street, Room 5-201, New Haven CT 06519, United States

Many emerging adults who have dropped out of high school are known to misuse alcohol. Expectancies and motives for drinking are pivotal in shaping the drinking behavior of emerging adults, especially those related to social influences. We tested a motivational model of problematic alcohol use using drinking motives (enhancement, social, conformity, coping) as multiple mediators to explain the association between social alcohol expectancies and alcohol misuse. A community sample of 104 individuals between ages 16 and 21 attending a General Educational Development (GED) program completed self-report measures of alcohol expectancies, drinking motives, quantity and frequency of drinking, and a structured interview that assessed the symptoms of alcohol use disorders. Results of multiple regression analysis testing multiple mediators indicated that social alcohol expectancies were associated with alcohol misuse through the mediated pathways of enhancement drinking motives.
Alcohol Use and Antisocial Behavior in Late Adolescence: Characteristics of a Sample Attending a GED Program

MEREDITH REESMAN OWENS and ANDREA BERGMAN
St. John’s University, Jamaica, NY, USA

This study examined peer deviance, disinhibition, and ADHD symptoms as differential predictors of alcohol use, alcohol use disorder symptoms, and antisocial behavior. It was hypothesized that peer deviance would most strongly predict alcohol use while disinhibition and ADHD would predict alcohol use disorder symptoms and antisocial behavior. Participants were 104 (60% male) GED students between 16 and 21 years old who completed questionnaires and clinical interviews. Hierarchical regression models confirmed that peer deviance was the primary predictor of alcohol use, whereas disinhibition and ADHD were stronger predictors of alcohol use disorder symptoms and antisocial behavior. Results suggest that association with deviant peers increased the likelihood that these students would consume alcohol but, beyond that, individual factors such as disinhibition and ADHD contributed to symptoms of alcohol use disorder and antisocial behavior. Implications for treatment are discussed.

KEYWORDS ADHD, adolescence, alcohol use, antisocial behavior, peer influence

General Education Development (GED®) Credential Attainment, Externalizing Disorders, and Substance Use Disorders in Disconnected Emerging Adults

Dr. Andrea Bergman
St. John’s University

Dr. Grace Kong
Harvard University

Dr. Alice Pope
St. John’s University

ABSTRACT

There are many benefits for emerging adults, both financial and personal, in obtaining a General Education Development (GED®) credential (Ou, 2008). However, little is known about the correlates of GED® credential attainment in “disconnected” emerging adults attending GED® programs. Our goal was to examine whether externalizing disorders, including attention-deficit hyperactivity disorder,

INTRODUCTION

One of the greatest educational and economic barriers to success for emerging adults is failure to complete high school. Emerging adulthood, a unique developmental period occurring between ages 18 and 29, differs from adolescence and young adulthood in terms of demographics, subjective experience, and identity exploration (Arnett, 2000).
Elissa Brown
Professor of Psychology

• Ph.D., 1996, University at Albany, SUNY, Clinical Psychology
• Research interests:
  • Developing, testing, and disseminating therapies for children who have experienced traumatic events, such as 9/11 and child abuse
• Courses taught:
  • Behavior Therapy
  • Trauma-Specific Assessment and Intervention Practicum
School Entry After a Community-Wide Trauma: Challenges and Lessons Learned from September 11th, 2001

Elissa J. Brown1,2,3 and Amy L. Bobrow1

The purpose of this paper is to describe the implementation of a school-based trauma-specific mental health program in New York City following the terrorist attacks on September 11, 2001. This program aimed to serve children most at risk for developing mental health problems as a result of physical proximity (e.g., evacuation from schools surrounding the World Trade Center) to the trauma. As we present the components of the program, we will review the literature that guided our decision making. The ongoing struggle between searching for answers from established science and immediate needs in a crisis is highlighted. Lastly, a discussion of the lessons learned and recommended next steps is presented.

KEY WORDS: trauma; terrorism; intervention; school-based; September 11; mental health.

UNDERSTANDING THE TRAUMA

The attack on the World Trade Center (WTC) on September 11th, 2001 was a traumatic event of unprecedented magnitude. The event killed thousands of individuals, destroyed numerous New York City structures, displaced downtown businesses, and caused a climate of fear and uncertainty in the New York City area during the ensuing weeks. Many children were in close proximity to the WTC at the time of the attacks. An estimated 8,500 students were evacuated from New York City schools, experiencing displacement, traveling to unknown destinations, and delaying reunion with their families. Some of the children were unable to return to their schools for weeks; other students continued to attend school at alternative locations for several months due to air quality concerns. Some of these children witnessed the horrifying events of planes flying into buildings, bodies falling, and buildings collapsing. Many children were exposed to intense media coverage of these attacks and the ensuing terrorist threats including Anthrax. Given the large number of New York City children exposed to these traumatic events and the research indicating that traumatized children are at a heightened risk for developing psychiatric disorders, the child survivors of September 11th presented a public mental health concern, if not an outright crisis.

SCHOOL-BASED MENTAL HEALTH PROGRAMS

Literature Support for School-Based Mental Health Programs

Only a small portion of the many youth with emotional and behavioral problems is treated in traditional mental health settings (Zahn-Cueller & Daskalakis, 1997). There are many barriers to implementation in these traditional settings, including transportation concerns (Evans, Altendorfer, Minuchin, & Az Zur, 1996), lengthy wait lists, and high no-show and drop out rates. In contrast, nontraditional settings, including schools, are more easily accessible and associated with high rates of utilization, perhaps due to reduced stigma, increased opportunity for prevention, and reduced cost (Weist, 1999). In a review of studies, multicultural, inner-city youth are more likely to be exposed to traumatic events, but less likely to receive mental health services (Brown, James, Brauneisen, & Gonzalez, 2005). The World Trade Center attack on September 11th increased the public’s awareness

EDUCATION AND TREATMENT OF CHILDREN Vol. 29, No. 2, 2006

Matching Interventions to Children’s Mental Health Needs: Feasibility and Acceptability of a Pilot School-Based Trauma Intervention Program

Elissa J. Brown
St. John’s University
Jennifer McQuaid
St. Luke’s Children and Family Institute
Lana Farina
Jewish Board of Family and Children’s Services
Rehana Ali and Amy Winnick-Gelles
Boys’ and Girls’ Harbor

Abstract

The primary goal was to develop and implement a school-based, trauma-specific intervention program for inner-city children exposed to the World Trade Center attacks on September 11th, 2001. The feasibility and acceptability of the program, and its research component, were examined. The efficacy of the program was evaluated in a pilot study. Sixty-three children were assessed using measures of posttraumatic stress disorder (PTSD), generalized anxiety, depression, and externalizing symptoms, and provided a 10-session, skill-based classroom intervention. Following the classroom intervention, children were reassessed and those who continued to meet criteria for PTSD were offered an individualized intervention. The assessment was repeated following the individualized intervention. The differential influence of the classroom and individual interventions suggests that each intervention may target a separate group of symptoms. Study limitations are discussed and future directions are proposed.

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Correspondence to: Dr. Elissa J. Brown, Associate Professor of Psychology, Marillac Hall, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439; e-mail: brown@stjohns.edu. For Acknowledgments, see p. 36.

Pages 257-286
Elissa Brown
Professor of Psychology

• Awarded grant from the Substance Abuse and Mental Health Services Administration to become a member of the National Child Traumatic Stress Network

• Elected to the board of the American Professional Society on the Abuse of Children
Elissa Brown
Professor of Psychology

• Founder and Executive Director of Child HELP Partnership (formerly PARTNERS): a clinical research program providing evidence-based mental health services for traumatized children and their families
Elizabeth Brondolo
Professor of Psychology

• Ph.D., 1989, Rutgers University
• Research interests:
  • Psychophysiology of interpersonal conflict
  • These studies were funded by several grants from NIH, as well as the American Heart Association and the Communication Workers of America.
  • Since 2000, Dr. Brondolo and her students have been actively researching racism or ethnic discrimination, specifically examining interpersonal racism (i.e., racism that is directly perceived and occurs in an interpersonal context).
• Courses taught:
  • Doctoral Research
Perceived Racism and Blood Pressure: A Review of the Literature and Conceptual and Methodological Critique

Elizabeth Bronodolo, Ph.D., Ricardo Rieppi, M.A., and Kim P. Kelly, M.A.
St. John’s University.

ABSTRACT

Racial disparities in health, including elevated rates of hypertension (HT) among Blacks, are widely recognized and a source of continuing concern. Researchers have hypothesized that social stress, and in particular exposure to racism, may account for some of the between-group differences in the prevalence of HT and a portion of the within-group variations is risk for HT. However, there have been surprisingly few empirical studies of the relationship between perceived racism and blood pressure (BP) or cardiovascular reactivity (CVR), a possible marker of mechanisms underlying cardiovascular disease. This article reviews published literature investigating the relationship of perceived racism to CVR and variables, including self-reported history of HT, BP level, or CVR. Strengths and weaknesses of the existing research are discussed, and we provide recommendations for future research that may elucidate the biological mechanisms potentially linking racism to HT. We hope our review and recommendations for future research on the health effects of racism because we consider detailed knowledge base in this area necessary to address racial disparities in health.


INTRODUCTION

Racial disparities in health status, including excess rates of hypertension (HT) among Blacks, are widely recognized (1,2), but the causes of these disparities are poorly understood. Researchers have hypothesized that social stress, and in particular exposure to racism, may account for some of the between-group differences in the prevalence of HT (3-8). However, there have been surprisingly few epidemiological studies of the relationship between perceived racism and blood pressure (BP) level or cardiovascular reactivity (CVR) (9, 10). Similarly, although the literature is growing, there have been very few published articles investigating the relationship of perceived racism to cardiovascular reactivity (CVR) and stress, a potential risk factor for HT (11-13). The purpose of this article is to provide a critical review of the literature investigating the relationship of perceived racism or ethnic discrimination to HT and related variables. The review is divided into two sections. The first section examines the findings and the methodological limitations of studies addressing the primary question: Is perceived exposure to racism associated with elevated HT? Particular attention is paid to issues related to the measurement of perceived racism and to the potential mediators and moderators of the relationship of racism to BP, excluding coping and socioeconomic status (SES). The second section of the paper provides a critical review of the literature examining the relationship of racism to CVR. These studies attempt to form a research tradition investigating the hypothesis that the relationship of psychosocial stress to HT is mediated through changes in autonomic modulation (14-19) and may shed light on the biological mechanisms linking perceived racism to elevated HT. When reviewing articles on CVR, particular attention is paid to the nature of laboratory models of racism and the integration of mediational data.

The review is limited to published, peer-reviewed articles on these topics. References were gathered using PsycINFO, MEDLINE, ERIC, and Sociology Abstracts and submitting the key words: ethnic discrimination, prejudice, racial discrimination, or racism in combination with additional key words (including blood pressure, cardiovascular reactivity, stress, or hypertension). Other references were obtained by checking the bibliographies of each article. This search strategy yielded a total of 16 articles (6-13) investigating the relationship of perceived racism or ethnic discrimination to self-reported history of HT or observed BP level and an additional 11 articles investigating the relationship of racism to CVR (14-24).

Definitions of Racism

Clark et al. (25) defined racism as “the beliefs, attitudes, institutional arrangements, and acts that tend to bring the individual or groups because of phenotypic characteristics or ethnic group affiliation” (p. 305). Condrad and others (26, 27) used the more general term of color as an idea and defined it as an outgroup treatment received because of one’s ethnicity, where ethnic-
William Chaplin  
Professor and Chair of Psychology

- Ph.D., 1981, University of Oregon
- Research interests:
  - Personality psychology
  - Psychometrics and the analysis of data, particularly in applied research
  - Analysis of change and the analysis of latent variables
  - Appropriate analysis of data generated by designs that combine qualitative experimental variables with quantitative naturalistic ones
- Courses taught:
  - Foundations of Data Analysis
  - Multiple Regression/Correlation
  - Advanced Techniques for the Analysis for Behavioral Data
  - Master’s Research
William Chaplin
Professor and Chair of Psychology
Improving Quality of Life in Diverse Rural Older Adults: A Randomized Trial of a Psychological Treatment

Forrest Scopin, Martin Moorthland, Allan Kaufman, and Louis Burgio
University of Alabama

William Chaplin and Grace Kong
St. John’s University

The efficacy of home-delivered cognitive-behavioral therapy (CBT) in improving quality of life and resolving psychological symptoms in older adults was examined in this study. In a randomized trial involving 60 study participants, CBT participants evidenced significantly greater improvements in quality of life and reductions in psychological symptoms. Further, the treatment was found to be efficacious and acceptable to older adults, lending new evidence to the efficacy and flexibility of CBT among diverse rural older adults. This finding is important, as it points to the possibility of using CBT to improve the quality of life of older adults who might not have been able to participate in in-person treatments.

Access to healthcare services is problematic in rural areas, particularly so for older adults. Basic mental health services are even more difficult to access for rural dwellers, and specialized geriatric mental health services are almost nonexistent. It is within this context that we undertook an investigation of the efficacy of a home-delivered psychological treatment, cognitive-behavioral therapy (CBT), in improving quality of life and resolving psychological symptoms among a sample of rural older adults.

CBT, the efficacy of which has been demonstrated in various clinical and community samples, was shown to be effective in improving quality of life in older adults ( מקס, 1992; מקס, 1994). The current study has been designed to examine the efficacy of CBT for improving quality of life and reducing psychological symptoms in a sample of rural older adults.

CBT, or cognitive-behavioral or psychological therapy, is a goal-oriented, structured process designed to alter unhelpful thinking patterns and maladaptive behaviors to help the individual become more functional. We have developed a brief CBT protocol that can be implemented in rural areas, and the results of this study will be reported in the near future.

Further research is needed to replicate these findings and to generalize them to other populations and intervention settings.
Tamara Del Vecchio
Associate Professor of Psychology

• Ph.D., 2006 Stony Brook University, Clinical Psychology

• Research Interests:
  • Development of early externalizing behavior
  • Dysfunctional parenting that maintains externalizing behavior
  • Parent cognitions and affect related to dysfunctional parenting
  • Early prevention and intervention efforts for parents of difficult toddlers

• Courses Taught:
  • Introduction to Psychology
  • Advanced Developmental Psychology
  • Clinic Practicum
  • School Psychology Intervention Practicum
Bidirectional Influences in Mother–Toddler Dyads: An Examination of the Relative Influence of Mothers’ and Children’s Behaviours

Tamara Del Vecchio a,*, and Kimberly A. Rhoades b

aSt. John’s University, USA
bStony Brook University, USA

This study examined bidirectional relationship between mothers’ lax and overactive discipline and children’s misbehaviour and negative effect. We examined the moment-to-moment stability of mothers’ and children’s behaviours (actor effects) and mothers’ and children’s influence on their partners’ subsequent behaviours (partner effects). Participants were 71 mothers and their 24- to 48-month-old children observed during a 30-min interaction. Both children and mothers exhibited stability in their own behaviours and influenced the subsequent behaviours of their partners. Additionally, a comparison of partner effects indicated that overactive discipline more strongly predicted child’s negative effect than child’s negative effect predicted overactive discipline. In contrast, although a child’s negative effect predicted lax discipline, lax discipline did not predict subsequent child’s negative effect. Copyright © 2010 John Wiley & Sons, Ltd.

Key words: parenting; externalizing; toddler; parent–child interactions

Behaviour problems, such as noncompliance and tantrums, are common in early childhood (Achenbach, 1992; Campbell, 1999). Although behaviour problems normatively decline during these years, a proportion of children will evidence relative stability in their negative behaviour and a minority may be at risk for escalating their behaviour to include delinquency and violent offending (Keenan, Shaw, Delliquadri, Giovannelli, & Walsh, 1998; Olweus, 1975; Shaw, Owens, Giovannelli, & Winslow, 2001). The prevalence and relative stability of conduct...

The Impact of Children’s Language Ability on Parent Cognitions and Harsh Discipline Practices

Tamara Del Vecchio a,*, Randi Pochtar a and Kimberly Rhoades b

aSt. John’s University, Queens, NY, USA
bOregon Social Learning Center, Eugene, OR, USA

This study examined associations between children’s language ability and maternal cognitions about the intentionality and aversiveness of child behaviour, and mothers’ reported harsh discipline responses to child misbehaviour. We tested associations with each type of cognition separately as well as in a single model to explore their unique associations. Participants included 69 mothers and their 18- to 37-month-old children. Mothers completed the Parenting Scale and were asked to rate the aversiveness and intentionality cognitions in response to eight common toddler problem behaviours. The Preschool Language Scale was administered to the children by an objective evaluator. A path analysis demonstrated that children’s language ability was associated with maternal intentionality cognitions about their children’s behaviour, which, in turn, was associated with mothers’ harsh discipline. These findings highlight the importance of examining developmental markers of harsh parenting. Copyright © 2013 John Wiley & Sons, Ltd.

Key words: harsh parenting; externalizing; attributions

Early childhood marks a period of rapid cognitive and behavioural change. Children seek greater independence, can communicate more effectively, and are better able to act purposefully to obtain what they want or to avoid what they do not want (Stipek, Gralinski, & Kopp, 1990). Ideally, parenting practices should demonstrate change in concordance with these developmental shifts in order to remain effective and responsive to children’s needs (Azar & Weinzierl, 2005).
The emergence and evolution of infant externalizing behavior

MICHAEL F. LORBER, A TAMARA DEL VECCHIO, AND AMY M. SMITH SLEP

A New York University; and St. John’s University

Abstract

In the present investigation, we examined the developmental viability of the externalizing behavior construct spanning the period from 8 to 24 months of age. A sample of 274 psychologically aggressive couples was recruited from hospital maternity wards and followed from childbirth through 24 months of age. Mothers and fathers completed questionnaire measures of infant physical aggression, defiance, activity level, and distress to limitations at 8, 15, and 24 months. The developmental viability of externalizing behavior at each age studied was suggested by several results. Physical aggression, defiance, activity level, and distress to limitations reflected the operation of a single underlying externalizing behavior factor. In some cases, these individual facets of externalizing behavior became more strongly associated with one another over time. The externalizing construct exhibited remarkable longitudinal stability, with the stability of physical aggression and defiance increasing with age. The externalizing behavior construct was concurrently and prospectively associated with several factors in its nomological network (e.g., interparental conflict and poor parental bond with the infant). Our findings suggest that externalizing behaviors coalesce into a psychologically meaningful construct by 8 months of infant life. Researchers who seek to chart the emergence of the externalizing behavior construct may now need to look to earlier months.
Raymond DiGiuseppe
Professor of Psychology

- Ph.D., 1975, Hofstra University, School-Community Psychology
- Research interests:
  - Anger as a clinical problem
  - Promoted recognition of anger as a form of psychopathology
  - Developed standards for identifying anger disorders and the Anger Disorders Scale
  - Published on the development of the theory, practice, and research of Rational Emotive Behavior Therapy and Cognitive Behavior Therapies and their application to children, adolescents, and families
  - Development of the therapeutic alliance in children and adolescent psychotherapy
  - Diagnosis, assessment, and treatment of persons with anger problems
- Courses taught:
  - Child and Adolescent Personality Assessment
  - Cognitive Psychotherapies
Raymond DiGiuseppe
Professor of Psychology
Raymond DiGiuseppe
Professor of Psychology

Past President
Beverly Greene  
Professor of Psychology

• Ph.D., 1983, Adelphi University  
• Research interests:  
  • The role of institutionalized racism, sexism, heterosexism, and other oppressive ideologies in the paradigms of psychology and practice of psychotherapy in organized mental health  
  • Understanding psychological resilience and vulnerability in socially marginalized people and their use in psychotherapy  
  • Examining social privilege and marginalization via the development of multiple identity paradigms as more complex ways of understanding human identity  
  • Using psychotherapy and psychological science to facilitate social justice  

• Courses taught:  
  • Cultural Diversity in Psychological Services  
  • Psychology of Women  
  • Ethics and Professional Issues
Beverly Greene
Professor of Psychology

• Recipient of 2009 APA Award for Distinguished Contributions to Psychology in the Public Interest
Psychology, diversity and social justice: 
Beyond heterosexism and across the cultural divide

BEVERLY GREENE
St. John's University, New York, USA

Abstract
This article discusses the tendency to avoid examining the role of oppressive ideologies in mental health that facilitate social injustice, the role of oppressive ideologies in creating mental health problems, barriers to culturally competent interventions, and the discomfort associated with examining differences in psychotherapy as manifestations of power and privilege differentials that form the core of social injustice.

Keywords: diversity, social justice, heterosexism, race, multiculture
Rafael Javier
Professor of Psychology

• Ph.D., 1982, New York University
• Research interests:
  • Psycholinguistic and psychoanalytic issues in research and treatment and on ethnic and cultural issues in psychoanalytic theories and practice, including on issues of violence and the impact on general cognitive and emotional functioning
• Courses taught:
  • Assessment and Intervention Practicum
A LATINO PERSPECTIVE ON THE ROLE OF ETHNICITY IN THE DEVELOPMENT OF MORAL VALUES: IMPLICATIONS FOR PSYCHOANALYTIC THEORY AND PRACTICE

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It is a rather complex and, at times, risky endeavor to make moral judgments as to the acceptability of specific actions with regard to oneself and others. This is so because it involves a definition of morality based on principles not always clearly evidenced to the observers or equally acceptable to the participants. It has been suggested that this is more likely the case when participants and observers are of different ethnic and cultural backgrounds and when the cultural mores that dictate their behaviors are based on different conceptions of reality and relationships.

It is our contention that morality, although assumed to have universal values, is intimately influenced in its development by culture and ethnicity. This is quite understandable if we accept the notion that moral codes are developed in the context of our relationships to one another and in the context of our cultural surroundings. This is a notion widely accepted by philosophers, social scientists, and behavioral scientists interested in understanding human interaction. Indeed, according to these scholars, a full explanation of transactions among individuals needs to include an understanding of their level of moral development (Gilligan, 1982; Haan, 1975; Kant, 1959; Kohlberg, 1981; Piaget, 1965; Rest, 1973). In this context, morality can be defined with regard to its impact on behavior as a complex web of guidelines or a priori and a posteriori moral principles that permeate and influence all aspects of human existence and is expected to determine the outcome of any human transaction (Kant, 1959).

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THE VALIDITY OF DSM-IV PASSIVE-AGGRESSIVE (NEGATIVISTIC) PERSONALITY DISORDER
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Passive-Aggressive (Negativistic) Personality Disorder (NPGD), listed in Appendix B of the DSM-IV, is not an officially recognized personality disorder. Its future as a discrete disorder is uncertain (Widiger, 2000). Yet, NPGD occupies a role in some theoretical formulations of personality pathology (Millon & Davis, 1996), and many clinicians believe that passive-aggressive traits are not adequately represented by other PDs (Westen, 1997). In this study, 175 psychiatric outpatients were assessed for Axis I and Axis II Disorders. Thirty-five (23.22%) met criteria for NPGD. Participants with NPGD did not differ significantly from those without NPGD on demographic variables. Internal consistency of the DSM-IV’s seven NPGD items was .88. Corrected item-total correlations for the 7 criteria ranged 0.37. Participants with NPGD had higher rates of lifetime anxiety disorders, and almost 90% had an additional PD. An exploratory factor analysis suggested a two-factor solution that accounted for 43.4% of the variance. The first factor reflected the belief that life is unfair, while the second factor seemed to reflect modes of anger expression. A confirmatory factor analysis showed that the two-factor model fit the data better than a unidimensional model. We discuss implications of these results for the future of the NPGD diagnosis.

Passive-Aggressive (Negativistic) Personality Disorder (NPGD) has a long history in the classification of mental disorders. In fact, descriptive features that typify the disorder have been depicted in significant detail by many prominent clinicians for nearly a century under a variety of headings (Millon & Radomroo, 1998). Years before World War II, clinical theorists portrayed diverse labeled “characters” and “dispositions” whose characteristics might now be classified under the passive-aggressive personality disorder designation (Millon, 1993).

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Personality Pathology and Its Relation to Couple Functioning

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The study aimed at understanding the relationship between personality pathology and couple functioning, both in terms of general functioning and communication specifically, in a sample of 145 psychiatric outpatients. The results indicated that couple communication was best predicted by a combination of the symptoms within each of the three personality disorder clusters and the total number of personality disorder symptoms while general family functioning was best predicted by the total number of Axis I disorders. No demographic variables were found to be related to this level of couple functioning. Future research needs to focus on understanding what makes it difficult for people with personality disorder traits to function in relationships.

Keywords: personality disorder; couple functioning; family functioning

One of the telling features of personality disorders (PDs) is their impact on a patient’s relationships with others. This influence can take many forms depending on the disorder, but the effect is there nonetheless. The interpersonal relationship may be impacted by the

Positions of the research were presented at the Annual Meeting of the Association for the Advancement of Behavior Therapy in Boston, MA, in 2005. Completion of this research by the first author served to partial fulfillment of the requirements for Master’s Degree in Clinical Psychology at St. John’s University, Jamaica.

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Affective Ratings and Startle Modulation in People With Nonclinical Depression

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The study tested predictions based on the emotion-congruence hypothesis (ECH) of Rosenthal, Gross, and Davis (2005) that a monosynaptic sample of people with depressive symptoms would show reduced reactivity to both positive and negative stimuli relative to healthy control participants and would show an enhanced reactivity to neutral stimuli. Study participants completed diagnostic questionnaires, startle ratings, and 21 affective valence pictures, and reviewed the same 21 pictures and 21 novel pictures. Results showed that individuals with depressive symptoms showed a reduced reactivity to both positive and negative stimuli relative to healthy control participants. Participants with depressive symptoms showed an enhanced reactivity to neutral stimuli compared to healthy control participants.

Keywords: depression, startle, modulation, emotion
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Kant, cognitive psychotherapy, and the hardening of the categories

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Contemporary models of psychotherapy owe a considerable intellectual debt to philosophy, even though the contributions of philosophers to contemporary practice in the field often go unrecognized. A case in point is Kant’s epistemology, which is foundational to cognitive approaches to psychotherapy. Here, it is argued that the rigid use of certain judgments represented in Kant’s conceptual scheme underlies patterns of distorted or dysfunctional thinking associated with emotional disorders. Kantian judgments of necessity, disjunction, particularity and universality have counterparts in contemporary conceptions of cognitive distortions. Moreover, Kantian epistemology has important therapeutic implications with respect to helping people with emotional disorders recognize and challenge rigidly held judgments or categories of understanding. The Kantian perspective also leads us to consider the cognitive frameworks or thought structures that underlie dysfunctional thinking patterns.

Psychologists often give but a passing nod to the contributions of earlier philosophers to the development of psychological models of mind and behavior, if they pay them any heed at all. Yet the epistemological foundations of psychology as a scientific discipline did not arise in an intellectual vacuum. One philosopher whose work preceded the development of scientific psychology, but who nonetheless laid the seeds for much of modern psychological thought, was the 18th century German philosopher, Immanuel Kant (1724–1804), arguably the most influential philosopher of the modern era of Western intellectual thought. Kant’s views have had perhaps their greatest influence in modern psychology in the area of cognitive science, especially his belief that the mind is actively involved in categorizing and organizing sensory impressions in order to create meaningful representations of the external world (Brown, 1994; Robinson, 1995; Walker, 1976). Kant’s conception of schemata as mental frameworks for understanding the external world also anticipated the use of the same term in Piaget’s model of cognitive development (Piaget, 1954, 1955).

In the field of psychotherapy, Kant’s view that reality is filtered through a set of cognitive templates or categories, popularized in the concept of “Kantian spectacles”, is
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Exposure to Violence: Coping, Resiliency and Future Risky Behaviors

Children’s Responses to Community Violence: The Roles of Avoidant and Confrontive Coping

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This study examines the predictive power of avoidant and confrontive coping, and of coping adaptability, on the psychological outcome of children responding to community violence. Participants (n = 102) were recruited from four elementary schools in New York City, NY. Moderator analyses confirmed the hypothesis that the relation between use of avoidance in violent situations and outcome is contingent upon its use in nonviolent situations. Use of avoidance in violence was inversely related to internalizing symptoms at low levels of its use in stress. Additionally, the relation between its use in violence and personal adjustment was stronger at low levels of its use in stress. Results support a transactional model of coping and are discussed with respect to treatment implications.

Keywords: psychological adjustment, adolescence, inner-city youth, stress, risk

Abstract: Relations Among Reexperiencing, Time, and Posttraumatic Growth: A Case of Cooperative Suppression

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Cooperative suppression, in which independent variables are correlated in the opposite direction from their relations to the dependent variable, is a rare “natural” finding. A study of factors related to bereavement in children uncovered such an occurrence. Posttraumatic growth (PTG), defined as positive change after a traumatic experience, theorized to require experience of distress by which PTG becomes a way of creating meaning from the trauma (Calhoun & Tedeschi, 2006). Multiple investigations have found a positive relationship between PTG and post-traumatic stress disorder (PTSD). Time since traumatic event may also be important, and studies have not assessed PTG, time, and PTSD in one model. The primary hypothesis was that time since death (TSD) and PTSD reexperiencing symptoms would be positively correlated to PTG. Mixed effects regression models with family as the nested factor were fit separately for the relation between TSD and reexperiencing to PTG. Subsequently, PTG was regressed onto both variables simultaneously. TSD was positively correlated with PTG ($B = .05, p = .05$) as was reexperiencing ($B = .35, p = .054$). TSD was negatively correlated with reexperiencing ($B = -.34, p = .027$). When PTG is regressed onto both variables, the estimates of the fixed effects for TSD and reexperiencing increased ($B = 0.95, p = .01$, and $B = 0.43, p = .010$, respectively). Neither hypothesis was supported at the classic $p < .05$ level, although most would agree that the data are consistent with a positive relationship. When considered in the same model, both effects increase and become significant due to the negative correlation between TSD and reexperiencing, which represents cooperative suppressor effects. The results support that distress is important for experiencing growth and add that the passage of time enhances this effect. Likewise, accounting for reexperiencing symptoms increases time’s prediction of PTG. The negative correlation between time and reexperiencing may be understood as the potentially healing power of time, which may help reduce some negative aspects of reexperiencing.
A Gender Study of Personality and Humor in Comedians

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Abstract

Although individual differences in personality traits and humor between comedians and non-comedians have received increased attention, conclusions are limited to males as prior samples include few female comedians. This is the first quantitative study of personality traits and humor with more female (n=36) than male (n=33) comedians. This study compared comedians to a diverse non-comedian sample of undergraduates (n=80). A logistic regression using personality, humor styles, and gender as predictors correctly identified 83% of participants as either comedians or non-comedians. As hypothesized, personality and humor styles, but not gender, were significant predictors of comedian status. Male and female comedians were similar on Big Five Personality traits except for neuroticism, on which female comedians scored significantly higher than their male counterparts. Comedians scored significantly higher than non-comedians on extraversion and openness, while non-comedians just failed to be significant in scoring higher than comedians on agreeableness. In addition, as measured by the Humor Styles Questionnaire, male and female comedians scored similarly on all four humor styles (affiliative, self-enhancing, aggressive, and self-defeating) and scored higher than non-comedians on the humor styles. Overall, these findings suggest personality differences and humor styles are two traits responsible for individuals pursuing stand-up comedy.
Prevalence and Correlates of Perceived Ethnic Discrimination in the Hispanic Community Health Study/Study of Latinos Sociocultural Ancillary Study

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Empirical studies examining perceived ethnic discrimination in Latinos of diverse background groups are limited. This study examined prevalence and correlates of discrimination in a diverse sample of U.S. Latinos (N = 5,291) from the multisite...
Sample Student-Faculty Research

Multivariate Behavioral Research
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Abstract: Relations Among Reexperiencing, Time, and Posttraumatic Growth: A Case of Cooperative Suppression
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