Dr. Jennifer Keller is a clinical psychologist who specializes in the assessment of psychiatric conditions. She conducts evaluations for adults on a wide-variety of conditions, including attention deficits (ADHD), cognitive and memory changes or impairments, mood and anxiety disorders, thought disorders, and effects of trauma. She has practiced as a psychologist for more than 15 years. Dr. Keller has a special interest in working with women with interpersonal trauma.
Research & Scholarship

CURRENT RESEARCH AND SCHOLARLY INTERESTS

My current work focuses on the prevention and intervention of interpersonal violence and abuse in women. Recent research from the CDC (2011) finds that 1 in 5 women in the U.S. experience rape in their lifetime and more than 1 in 3 women experience violence from a partner. Recent estimates put the cost of childhood violence on par with medical conditions such as diabetes and stroke (Fang, 2012). Much of this abuse is preventable. The toll of interpersonal violence on women includes reduced psychological, interpersonal, physical, occupational, and economic functioning; all of which reduce her quality of life. We are researching an adjunctive therapeutic class which provides psychoeducation, psychological skill development, and physical empowerment training to women who have a history of interpersonal trauma. In addition, we are piloting a program to promote positive health behaviors, personal safety, and empowerment for adolescent girls, partnering with a local high school.

The plight of women is even more severe in other parts of the world. Over the last few years, I have been developing several collaborations with researchers and Non-Governmental Organizations (NGOs) in South Asia, including India and Pakistan. I have begun working with a non-profit in Kenya to examined the efficacy of their girls empowerment program as well. Collectively, our vision is to improve the status of women in these countries, focusing on women’s mental health and the prevention of violence.

I am also very interested in the biological links between interpersonal trauma and depression. Several studies have suggested relationships between dysfunctional hypothalamic-pituitary adrenal (HPA) activity and trauma, as well as distinct links between HPA dysfunction and depression. Previous research suggests that early life stress makes the HPA axis more stress reactive and therefore leads to dysfunction in cognition, cortisol, and even brain volume. We are examining these relationships between trauma, depression, cognition, and biological factors, including HPA activity, genetic expression, and brain structure and function.

CLINICAL TRIALS

- Effects of Growth Hormone on Cognition and Cerebral Metabolism in Adults, Recruiting
- Clinical and Biological Characteristics of Psychotic Depression, Not Recruiting
- Imaging the Nucleus Accumbens in Major Depressed Patients Treated With Pramipexole, Not Recruiting
- Self-Defense Training in Women With Trauma, Not Recruiting
- Treatment of Schizoaffective Disorder Using Mifepristone, Not Recruiting

Publications

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