I am writing to you following the APA San Francisco Convention and wish to thank all members who contributed to the fine quality of our programs, meetings and reception including presenters, volunteers, and attendees. Special thanks go to Jennifer Harp and Jean Keim, who served as Program Chair and Co-Chair. Jean will be serving as Program Chair for the 2008 Convention. Kudos to Kathy and John Ritter who helped set up and serve at the reception. We had a great mix of both seasoned and new attendees and we look forward to involving newcomers in our governance and programs.

One of the highlights at APA was a stimulating and humorous presentation by Dr. Phil Zimbardo for his Group Psychologist of the Year Award. In talking about his research over many decades, Dr. Zimbardo expressed that he had never perceived himself to be a group psychologist until he considered the award, and in its preparation he appreciated how much group work has been central to his career. This demonstrates one of our Division’s goals of highlighting to psychologists and other mental health professionals the central role of group dynamics and group psychotherapy in general practice.

We connected with a great group of students, both at programs and especially at our Division reception who were enthusiastic about becoming involved with the Division. Thank you to the mentors who brought students to the reception for informal conversation. One of the attendees, Leann Terry, a graduate student of former Division 49 President Rex Stockton, has volunteered to chair the Student Committee. She will be working with other students to foster communication among Division 49 psychology trainees and to implement ideas which have been generated by past Student Committees. You can reach Leann at ljterry@indiana.edu. She welcomes your participation.

We have a number of initiatives to broaden our exposure. Among them is the Group Summit which I have mentioned in previous columns. The Summit will be held on January 10–11, 2008 in Washington, DC, and will have three presidents (past, present, and president-elect) from Division 49 (Lynn Rapin, Don Forsyth, and Robert Conyne), and from the Association for Specialists in Group Work (Maria Riva, Janice Delucia-Waack, and Lenoir Gillam), and the CEO and two presidents from the American Group Psychotherapy Association (Marsha Block, Elizabeth Knight, and Connie Concannon). We will be using the Summit to explore opportunities to share our individual perspectives and organization missions and identify collaborative activities for the future. Each organization will be contributing to the Summit’s agenda and we will be working on the planning during the fall 2007. If you have ideas for the Summit agenda, please send them to me at lynn.rapin@uc.edu and I will see that they are considered. You will hear about the products of the Summit in the April 2008 newsletter.

Membership and membership involvement in the Division’s activities remain high priorities. In parallel to the membership of APA as a whole, Division 49’s members are aging. We truly welcome new members and new perspectives to the Division and are developing improved products to serve both current and future members. Our web site will soon be moving to a home at APA and we intend to make the web site more fluid and comprehensive. You can help by going to the Division site and completing your membership information on the easy-to-use template. The member listserv is also moving to

(Continued on page 4)
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Submission Deadlines:
March 1, June 1, October 1

All material for publication should be submitted to the Editor as an email attachment (Microsoft Word or Word Perfect format).

Contents
President’s Column.........................................................1
2007 Officers and Committee Chairs.................................2
From Your Editor..........................................................3
President-Elect’s Column...............................................5
Treasurer’s Report..........................................................6
APA Council Report......................................................6
Div. 49 2008 Election Results.......................................8
Council of Specialties Report..........................................8
2008 APA Convention..................................................9
2007 Group Psychologist of the Year..............................10
2007 Dissertation Award and Finalists...........................10
Mindfulness Groups with Inpatients............................12
Attachments and Group Therapy.................................14
Trainees’ Perspectives on Multicultural Training for Group Therapists.........................................17
Reflections on the Art of Group Therapy........................19
The Bully Busters Program.........................................21
Group-Based Bullying Interventions..........................22
Prevention Corner......................................................25
Member News..........................................................26
Self-Nomination Form Application..........................27
Division 49 Membership Application Back Cover
There were 16 members, a co-leader, and myself all crammed into an impulse-ridden surprises. One group session in particular stood out. I recollected how dulling restraint could so readily be followed by a collective uproar and recalling a wise colleague’s suggesting that one even in my wild hospital group days.) But I was strongly conflicted in the borderland space within me, caught on the one hand between questioning whether anything positive could come of such a collective uproar and recalling a wise colleague’s suggesting that maybe I tolerate too much group insanity, and on the other hand being pulled to trust the group and allow something useful to unfold.

Brief images of my inpatient group days flashed before me. I stopped, take a deep breath, and have a time out! (I have never done that on even in my wild hospital group days.) But I was strongly conflicted in the borderland space within me, caught on the one hand between questioning whether anything positive could come of such a collective uproar and recalling a wise colleague’s suggesting that maybe I tolerate too much group insanity, and on the other hand being pulled to trust the group and allow something useful to unfold.

At first, group members reacted mutedly and passively to Nina’s provocative statements. Then, intellectualized protests were lodged and members calmly asked her to look in her own mirror. The emotional tone gradually rose as I wondered if Nina was indeed touching on “a raw nerve” for the group. Mayhem followed in the form of increasingly elevated volume and many four-letter word expletives, most targeting Nina, some coming my way. The group lethargy was over.

The shrill sound hurt my ears. I thought that maybe I should bring the chaos to a halt through an interpretation (I am usually suspicious of my sudden needs to interpret) or better still issue a directive to stop, take a deep breath, and have a time out! (I have never done that on even in my wild hospital group days.) But I was strongly conflicted in the borderland space within me, caught on the one hand between questioning whether anything positive could come of such a collective uproar and recalling a wise colleague’s suggesting that maybe I tolerate too much group insanity, and on the other hand being pulled to trust the group and allow something useful to unfold.

Group members were screaming at each other. The tension had been mounting for half the group. Nina had been exhorting the group members to express their emotions, especially towards her. She called the group “dead,” and angrily wondered if I had placed her in the wrong group. She went around the group circle naming how each one was miserable in their lives and presented them as if they were at a civic association luncheon. She recoiled at the offhand remark made prior to the group that it would be “lovely and cozy” for the group to have Christmas dinner together and gather around the fireplace in my office and be “at peace.” She angrily declared that her objective was “to get the hell out of here” by ridding herself of her severe eating disorder and having a truthful life of her own outside of therapy.

As I tuned in to the mayhem, Nina’s being focused on and scapegoated had lessened and other pairings of primitive conflict were being expressed in a schoolyard emotional motif, with “you do it too” and “shut the fuck up” ricocheting in the air. We had about 20 minutes remaining and I was about to blow my whistle or something else, and one of the men who was shouting at another suddenly lowered his volume and said to the other that he sees his own crippling inertia in him and hates both of them for that. The other was quieted. A woman spoke of secrets she was too ashamed to tell her therapist who she also saw individually. She sobbed as she spoke of the weight on her with all she contained in and outside her therapy. Nina continued to critique group members, missing or unable to take in the shift in the group. I asked the group to consider all that was being held and censored.

A word on Nina’s place in the group and in her world may be indicated. She was the youngest of the group members, in her early 20s and the newest in the group room that had previously been a very large, windowless storage area. Two of the women in the group were so agitated that they periodically stood up and sat down, sometimes in what appeared to be a choreographed rhythm. They each complained of their agitation until a third woman with an amputated leg scolded them for their ungratefulness for having two feet to stand on.

After over three decades, I can no longer recall what I did with all this. What I do remember was that as the group session was coming to an end I felt the wind from an object whirling by my ear. The one new member of the group had thrown an unused ashtray at me and luckily missed. I was momentarily shaken and frightened. She screamed at me, saying I never asked her to talk in this her first group. I paused for what seemed like a very long time and apologized for not attending to her. Her whole demeanor soon calmed. This event became a complicated lesson that is still with me about my stance with new members in a group. So, needless to say, much was whizzing inside me as my present day group erupted.
President's Column

(Continued from p. 1)

APA, which should mean that the Board will have more immediate access to Division information.

We have determined that we need to become more proficient in using the technology available to us. Those of us who are on the more “elder” end of the Division’s age spectrum likely fit the “less comfortable with technology” moniker than our younger peers. The Board has recently encountered this dilemma in addressing how to make the web site and membership listserv more functional. In addition, the Board is exploring how to use technology more effectively in conducting our ongoing business. We are faced with two highly valued realities—that we value face to face group interaction but are only able to meet for one long and one very short face to face meeting per year, and that we need to “meet” between those gatherings to move the work of the organization along. We may end up having a board retreat for this purpose; we will develop a more functional pathway for using technology, be it via the Board listserv, conference calls, or other methods. We invite those members who are fluent in technology use to assist us. The Board is a living group which is experiencing the normal group dynamics one would expect when facing a group challenge. If you have a model which works well, please pass it along to me for Board consideration.

Consistent with our division mission is the desire to educate practitioners, students and their mentors about group function and the skills required to conduct groups. Two initiatives related to group psychology in the schools represent this effort. You should have received the September 2007 issue of Group Dynamics which is a special issue devoted to group psychology in the schools. In addition, the Division is co-sponsoring with the University of South Carolina Aiken a conference in March 2008 on School-Based Mental Health Group Interventions. Elaine Clanton-Harpine, our ad hoc School-Based Mental Health Group Intervention Committee Chair is coordinating the conference. To register, please contact her at ElaineH@usca.edu.

Our Division is alive and well. Please join the Board in making it an essential part of being a group practitioner.

From Your Editor

(Continued from p. 3)

On a group role level, Nina quickly became the group’s energy igniter, and her quickness and perceptiveness disarmed many of the group members. Her combined attractiveness and intelligence captivated most of the men in the group and alienated the two other women members. Envy, competition, and hunger was both directed to and emanated from Nina. Like in her family of origin, she was a galvanizing force that ultimately left her feeling empty and depleted.

In subsequent groups, a transition began to occur. Two of the men in the group struggled to break out of their ruminative stances of non-engagement and each of the other women became far more connected to their own affective energy and their terror of that. Their disdain for Nina largely abated as they increasingly disrupted their mutual withdrawal from one another as well as from some of the men in the group. Nina continued to blur her own family dynamics with those of the group, but gradually would see her own panic at separating from her internalized family system.

Was the outcome of this tumultuous group session entirely constructive? That’s rather hard to determine in an ongoing, psychodynamic group. One of the men in the group became increasingly despairing of ever being able to revitalize his life. Through his reactions to Nina as well as others who in subsequent sessions were moved to do more with their lives in and out of the group, he saw no escape from his anaesthetizing approach to himself and others. His occasional outbursts of creativity and anger out in his life seemed hollower than ever for him. He had a bleaker sense of having nothing actual to contribute to someone else.

The Rodney Atkins’ title and lyrics quoted above at the beginning of this piece had their roots from Winston Churchill’s quote, “If you’re going through hell, keep going,” and an old Irish toast, “May you be in heaven five minutes before the devil knows you’re dead.” Group life may frequently be propelled by these sentiments. This might very well apply to the group therapist as well.

In Memoria

Division 49 and the discipline of group psychology and group psychotherapy have lost five notable psychologists in the past year: Anne Alonso, Albert Ellis, Joe McGrath, Marvin Shaw, and Dick Weigel. Acknowledgments of all five will appear in the next issue of TGP.

Please submit your experiences with or comments about any of these five distinguished psychologists to me at abelfant@mac.com. I will attempt to include all contributions celebrating the work of these exceptional psychologists.
This year’s APA Convention in San Francisco was something of a homecoming for the division, for it was in that same city, some 18 years ago, that group psychology and group psychotherapy first took the stage as a newly founded division within APA. Only a few months earlier this fledgling coalition of dedicated supporters of group approaches had successfully petitioned APA for official divisional recognition. As that petition explained, it was time for psychologists to focus on groups and group-based approaches to adjustment, arguing that there “are two basic psychological approaches to human life and to mental health; one through individual psychology, the other through group psychology” (quoted in Andronico, 1999, p. 179).

Over the next 18 years the division would make good on its promise to connect and support those of us, scattered throughout the APA and beyond it, who shared a focus on groups. Eighteen years of division programming, workshops, posters, and papers at the Annual Meeting of APA. A string of Group Psychologist of the Year Awards, given each year to a researcher, theorist, or practitioner in recognition of his or her achievements in the field. Eighteen years of the Outstanding Dissertation Awards, bestowed with regularity on the best new dissertation dealing with groups. Over the years the division also advanced the basic scholarship of groups, by sponsoring the journal *Group Dynamics: Theory, Research, and Practice* and the newsletter *Group Psychologist.* Its members have worked to encourage greater acceptance of group approaches to treatment, and have succeeded in having group added as one of only thirteen specialty certifications recognized by the American Board of Professional Psychology (ABPP).

The division also built up its social capital along the way from neophyte society to mature organization. Whereas the division was founded by practice-oriented psychologists (primarily from Divisions 12, 17, and 29 in particular), the inclusiveness of the division made it a home for group psychologists with a wide variety of backgrounds and interests, including educational psychology, social psychology, and organizational behavior. By breaking down the boundaries between us, the division provided both the means to build networks of associations among like-minded professionals, as well as offering us all a sense of common identity. Now, some 18 years after its founding, when you meet someone who is a member of Division 49—no matter what specialty or theoretical orientation—you know that you share with that person a special commitment to groups.

We current members owe much to our predecessors who contributed so much over the last 18 years, for their work leaves us well-positioned for the tasks that lie before us. They began the work of opening others’ eyes to the powers and curiosities of groups, but I hope that in the coming year we continue to make more public, and more undeniable, group-level approaches in a field that too often focuses myopically on individuals. We must continue to get our work out and into the hands of the public and to our colleagues, so that any misperceptions about groups they hold gradually diminish. To gain further recognition for group counseling and group psychotherapy, the division has begun the work of petitioning the APA’s Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP), and we hope to complete the application by 2008. The call for papers for the next APA convention, to be held in Boston in August of 2008, is about to be released, and all members should send their best work to 49. Perhaps, by the division’s 20th anniversary, we will have succeeded in convincing APA that the word group should be an index term at the back of the phonebook-sized annual convention program.

We need to also continue to strive to integrate the three sides of our division—theory, research, and practice—and make certain that no one approach or orientation prospers while another suffers. As group-types we know that some forms of conflict can be healthy for a group, but schisms that grow too deep can disrupt the quality of the bonds between the group members, and so we must be sure that the division remains true to its heritage of non-exclusivity: If you study groups or if groups are the means by which you achieve therapeutic change, then Division 49 should be your intellectual and professional home. We must continue to network with other divisions, drawing in group-oriented psychologists to the fold. In particular, we need to identify psychologists who are not yet members of a division, but are members of APA, and cajole them into considering joining Division 49.

Last, we must also help the division grow stronger as an organization. As an 18-year-old, the division is well-passed it’s forming, storming, and norming stages; we should be all about performing. To facilitate this period of productivity the division needs to complete the fine-tuning of its policies, procedures, and principles, until it is recognized both by members and nonmembers as a division that is both effective in terms of performance and satisfying for its members.

This is too much work, of course, for a single person or even a clique of insiders who push their agendas forward. Rather, this is work that each one of us can undertake in support of the division. We need to work together to (a) elevate, in the eyes of psychology and the public, the scientific and professional status of groups; (b) maximize the cohesiveness and esprit de corps of Division 49, so that provides a range of resources—from professional to interpersonal to personal—for members; and (c) strengthen the structural fabric of the division, so that it can work more efficiently in the pursuit of its goals. In the coming year I hope you will join with me as we work to build on our past successes and insure the achievement of our basic aim: “to promote the development and advancement of the field of group psychology and the modality of group psychotherapy through research, teaching and education, and clinical practice.”

If you have any suggestions or comments about these ideas, please email me at dforsyth@richmond.edu or leave a comment on my Division 49 blog at http://apadiv49.blogspot.com/.
Treasurer’s Report

John C. Dagley, PhD

The mid-year financials show a decline of membership revenue from comparison figures of June 2005. Because membership dues have been our main source of income, any drop should be of some concern to us, particularly when it is around a 10% drop as it this year. Most professional organizations seem to be facing similar challenges, but the relatively small size of our organization makes any drop especially noteworthy. We need to grow. Nonetheless, our revenue picture shows some promise, in that, we have covered all start-up costs associated with the journal, and are beginning to add significantly to our coffers from its revenue. Our current (official) mid-year deficit of $643 has already been significantly augmented with the receipt at the convention of the latest revenue from the journal. We are close to projected budget figures on most expense categories, though our expenses always seem to edge upward with the general economy, while a compensating growth in revenue from membership has not occurred.

Expenses vary somewhat in mid-year comparisons because of billing dates and the timing of various divisional activities. Specific expense categories, such as the newsletter, may range widely from year-to-year depending on the number of issues as well as the size of the issues. As for highlights, travel and meeting expenses at this point in the year are approximately the same as the mean over the past several years, though actual expenses of meeting places do tend to go upward each year.

Fiscally responsible leadership is critically important to a small-revenue organization. To date we have benefited from multiple years of effective leadership. However, there is a point where additional sources of revenue might need to be more aggressively explored to enable additional values-driven budgeted actions. Thus, it seems prudent to identify new and alternative sources of revenue, including imaginative membership initiatives.

Change of Address?

Do you have a change of address? Question about your membership status? Please call the Division Services Office of the American Psychological Association at 202-336-6013 or e-mail division@apa.org.

Help Us With Our Membership!

Please encourage your colleagues to join Division 49. An application form is in every issue. Our Membership Chair, Joshua Gross, PhD, will be pleased to help. He can be reached at JGross@admin.fsu.edu.

APA Council Report

August 16 and August 19, 2007
San Francisco, California

Joseph C. Kobos, PhD, ABPP

Interrogations, ethics, war protestors, and the presence of the media—including print, Internet, and radio-TV—were all a part of the recent APA meeting in San Francisco. Each day the newspaper had a story about the convention and little of the attention focused on our science and practice expertise. The background is that while APA and the council have been making clear and unambiguous statements that torture is unethical and that psychologists do not participate in torture, some psychologists and media have at times misrepresented the APA ethics policy. In addition, the war in Iraq has stimulated a very intense debate about U.S. policy that led to the war and, most important, how the administration has conducted the war and foreign policy in general.

Leading up to the Council meeting, representatives had received a draft resolution reaffirming APA’s ethical principles and rejection of torture. The draft document was seen as unsatisfactory to most. This led to intense debate in the caucuses leading up to Council and, most important, the formation of a work group during the meeting which included the Divisions of Social Justice (14, 17, 19, 32, 39, 41, 48, and 55), NY State, members of the Board of Directors, and the Ethics Committee. Also playing a very key role was Dr. Steven Behnke, the APA Ethics officer. After late night and early morning discussions, a new substitute motion was presented to Council on Sunday morning. With protestors outside the meeting room and more gallery observers than I had ever witnessed at previous meetings, council proceeded to discuss the resolution and debate one issue which the work group could not reach consensus. In the end there was unanimity on the floor of council adopting the following resolution: Reaffirmation of the American Psychological Association Position Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment and Its application to Individuals Defined in the United States code as “Enemy combatants.” The complete text can be found on the APA web site www.apa.org and search press releases. Council rejected a motion which would have limited the role of psychologist to that of health personnel and the provision of psychological treatment. This motion which some characterized as defining a moratorium on psychologist participation in interrogations was seen by most as walking away from a difficult and complex problem and losing the opportunity to change and effect the situation. This debate showed psychologists at their best as they argued passionately the intellectual and moral aspects of the issue and how our profession can best serve the public in our different roles.
I would like to commend Dr. Steven Behnke, APA Ethics officer who was in the middle of all the caucus meetings, met with the press and other interested parties, and always worked with grace and good spirit as he met with representatives of every side of the issue. He served us well.

The major professional conflict which council faced was the review of the Recommended Postdoctoral Education and Training Program in Psychopharmacology for Prescriptive authority and Model Legislation for Prescriptive Authority. One part of the debate centered on the role of predoctoral education in the proposed training model. Eventually, council agreed that prescriptive authority is a post doctoral specialty and that coursework and/or training experiences will occur in a post doctoral framework. The second issue focused on a suggestion in the proposed model law that psychologists who prescribe would be called medical psychologists. Health and rehabilitation psychologists and many others strongly made the point that medical psychology already has a long history as an academic and practice setting and offering this term as a regulated descriptor would not be helpful. This point was well taken and changes made in the document.

Other issues of note include the fact that the road is being paved to use electronic balloting in APA elections in the future. You will be asked to vote a bylaws change to implement this. Council continues to implement changes which will bring the National Ethnic Minority Associations into the governance process. There is a complex history of ethnic minority associations developing in response to perhaps perceived and also real injustices having occurred. The Association continues to address these dilemmas and this action keeps us on a healing course.

Council voted to reaffirm two specialties: behavioral psychology and psychoanalysis. The profession continues its process of recognizing specialties and proficiencies. I would add that our own Division has been slow to enter and complete this process. My earlier role in developing the Group Specialty within the American Board of Professional Psychology (ABPP) tells me that it is essential for our Division to go through the specialty recognition process in APA.

There will be many collateral benefits to us as a Division which represents practice and training in group by going through this process. I would invite one, two, or three members of our Division who are familiar with training and practice issues in group to volunteer to shepherd this process through APA. The initial application to CRSSP, the body that deals with this, can be found on the APA web site www.apa.org.

Council passed a resolution supporting health care reform. The resolution addresses basic principles which would guide the process of reforming healthcare including an acknowledgment that physical and mental healthcare are equivalent.

For the first time in several years, Council has to address budgets which could put the association into the red for the year. Bylaws require the Association to live within a balanced budget and produce a small profit each year. This changing climate is forcing decision makers to reduce spending, not honor all budget requests, and also to rank order the priority of spending and spending requests. The Association is on sound financial footing. The budget is over $100M and our net worth is approximately $40M. Most important, dues play a very small part of the annual budget, approximately 14%. The Association is run on a combination of publishing, real estate and other revenue streams. The goal is to continue to increase these other revenue streams. There will be a cost of living increase in the dues of $9.

Dr. Norm Anderson, our very able CEO, is ending his first 5-year term and is up for review. Council gives him very high marks for his past performance and his articulation of future goals. Dr. Anderson gave a summary review in his opening remarks. He made the following points, all of which fall in the category of transitions. Our membership growth is flat and declining when considering that new and early career psychologists are not maintaining their memberships. Our membership continues to age. It is essential that we respond to new and early career psychologists encouraging them to join and then to stay and thrive professionally in our ranks. We are also in a financial transition as our financial net worth continues to grow, but we have had 3 years of deficit spending. To address these transitions, a Strategic Planning Advisory Committee has been formed and has met with Dr. Anderson. Look to learn more about the strategic planning process in the future.

There are also transitions in Central Office. Our long-time CFO, Jack McKay will be retiring in January. He is the person most responsible for helping us to recover from the financial disaster of purchasing Psychology Today. He recommended against the purchase and then resigned. He later returned and has led us into owning two buildings and being on sound financial footing. He will be missed. Dr. Russ Newman will be leaving the Practice Directorate in January. He is taking a Provost position at Alliant University. Jim McHugh our former general counsel is also leaving. There will be many big shoes to fill in the coming months.

The web site is being rebuilt from the ground up. Council approved a funding approach which will permit $7M be allocated to the development of a modern website which is being designed from the ground up. Everything on the web site will have a unitary look and members will be able to complete all of their APA business on line.

This is my last Council report. It has been an honor and pleasure to represent the interests of our Division in APA and on Council. I know that Allan Elfant our incoming rep will serve us well.
Division 49 2008 Election Results

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Secretary

Jennifer Harp, PhD

Council Representative

Allan B. Elfant, PhD, ABPP

Members-at-Large

Arthur (Andy) M. Horne, PhD

Irene Deitch, PhD

Listserv

Are you participating in Division 49’s e-mail listserv? If not, then you’ve missed out on many interesting and potentially valuable messages about job opportunities (academic and nonacademic), calls for papers in special journal issues, conference announcements, and so on. The listserv has also allowed members to consult with one another on issues of mutual concern, such as evaluations of various therapy techniques. Several hundred Division members are already on the listserv—if you want to join them, contact Don Forsythe at dforsyth@richmond.edu.

News From APA’s Council of Specialties

Sally Barlow, PhD, ABPP

News to report to Division 49 from Sally H. Barlow, representative to the Council of Specialties, operating under the aegis of the Bureau of Educational Affairs and the Committee on Accreditation. Thus far, a number of specialties are represented on this council (see below), and we meet twice a year in Washington, DC (June and November) in order to keep current with the growing specializations within psychology, how to address the complex issues of developing nomenclature to capture the true picture of “traditional” vs. “Specialty.” The CoS presented its first paper at APA in San Francisco this past August as an attempt to engage more widely the conversation about nomenclature.

An article entitled, Group Psychotherapy Specialty Practice will be published along with other specialties practices in the Journal of Professional Psychology: Research and Practice edited by Michael Roberts.

Be sure to check this out when it comes out.

Please check out our webpage with current information about CoS (some of which is listed below)

Also, please consider representing Division 49 on this very interesting council as my term will expire after the November 2007 meeting.

Historical Background for the Council of Specialties

Interorganizational Council for Accreditation of Postdoctoral Programs in Psychology (IOC)

The IOC was in existence from January 1992 to September 1997. During this time it wrote accreditation guidelines for postdoctoral training programs in professional psychology. In the later years of its work, the council collaborated directly with the Committee on Accreditation in establishing the current guidelines, a self-study document, mechanisms for postdoctoral accreditation, and mechanisms for the selection of site visitors and reviewers.
**Historical Context**

For many years, only the general practice specialties of clinical, counseling, industrial/organizational, and school psychology were recognized by APA. About 12 years ago, the American Board of Professional Psychology (ABPP) began to recognize other areas in professional psychology as specialties. Diplomas were issued in areas of practice in which an organizational group demonstrated that their specialty represented a unique body of knowledge and practice, applied for Board status, and was accepted by ABPP.

**Interorganizational Council for Accreditation of Postdoctoral Programs in Psychology**

It is widely held that doctoral education in psychology should be broadly founded on scientific discipline and professional applications. The Final Report of the Task Force on Scope and Criteria for Accreditation, April 1989 (of the APA Education and Training Committee) proposed that two initiatives be taken:

1. APA sponsor a national conference on postdoctoral training and education
2. APA prompt the formation of an interorganizational committee to recognize professional specialties in psychology.

The Joint Council on Professional Education in Psychology (August, 1990) recommended that specialization in psychology be at the postdoctoral level and accreditation be made available through such education and training. In September 1991, American Board of Professional Psychology (ABPP) sponsored a conference on Accreditation of Postdoctoral Programs in Professional Psychology in Minneapolis, Minnesota, which recommended that an Interorganizational Council be formed for the accreditation of postdoctoral training programs.

Following these recommendations, in January of 1992, the Interorganizational Council for Accreditation of Postdoctoral Programs in Psychology (IOC) was established to promote excellence in postdoctoral education and training of professional psychologists. The initial task of this council was to develop a process and structure to generate quality standards for the evaluation and accreditation of postdoctoral programs. The membership of the IOC consisted of the organizations involved with accreditation, credentialing, and licensing in psychology:• APA, Association of Predoctoral, Postdoctoral and Internship Centers (APPIC)

- Association of State and Providential Psychology Boards (ASPPB)
- National Register (NR)
- Canadian National Register (CNR)
- Canadian Psychological Association (CPA)

**Specialties Represented on CoS**

- Kevin D. Arnold, PhD, ABPP (Behavioral Psychology)
- Michael C. Roberts, PhD, ABPP (Clinical Child Psychology)
- Nathan W. Perry, Jr., PhD, ABPP (Clinical Health Psychology)
- Celiane Rey-Casserly, PhD, ABPP (Clinical Neuropsychology)
- Robert K. Klepac, PhD (Clinical Psychology)
- Louise A. Douce, PhD, ABPP (Counseling Psychology)
- Roberta Nutt, PhD, ABPP (Family Psychology)
- Ira K. Packer, PhD, ABPP (Forensic Psychology)
- Sally Barlow, PhD, ABPP (Group Psychology)
- Thomas W. Ross, EdD, ABPP (Psychoanalysis)
- David W. Hess, PhD, ABPP (Rehabilitation Psychology)
- Jeff Miller, PhD, ABPP (School Psychology)
- David R. Cox, PhD, ABPP (Liaison: American Board of Professional Psychology)
- Norma P. Simon, EdD, ABPP (Liaison: Committee on Accreditation)

**2008 Annual Convention: Boston, MA, August 14–17**

**Don Forsyth, PhD**

Please make plans to join us next year, in Boston, for the 116th Annual Convention of the American Psychological Association. You should receive the call for papers in the mail and in the American Psychologist, by you can also find the information online at http://www.apa.org/convention07/. The deadline for submission is December 3, 2007. Workshops, symposia, discussion, and posters in the areas of group psychotherapy theory, research, practice and training are invited, and the Division strongly encourages submissions including best practices, interactive formats and continuing education hours. Dr. Jean Keim, of the University of New Mexico, is this year’s program chair.

The annual convention is massive, but our division activities provide a “convention within the convention.” In addition to poster and paper sessions dealing with a wide range of group topics, we are also hoping to add more invited addresses by leaders in our field. Although still in the planning stage, we would like to offer interactive sessions dealing with group methods with diverse populations, including children, adolescents, adults, and the elderly, as well as a number of Continuing Education sessions. If possible, we will also reinstitute an earlier division tradition: The introduction of, and brief presentations by, newly recognized Division 49 fellows. The Division will, as usual, provide a hospitality suite in one of the convention hotels, which will be the site for informal sessions, the division executive board meeting, and the division party. And, if the Sox are in town, we’ll try to organize a field trip to Fenway.

So, mark your calendars and plan on joining your colleagues in Boston next summer.
Dr. Phillip Zimbardo: 2007 Group Psychologist of the Year (Part 2)

Don Forsyth, PhD

This year Division 49 figured largely in the success of the American Psychological Association’s annual convention, for our division contributed key symposia, workshops, addresses, and posters pertaining to groups and group psychotherapy. One highlight of the conference was a well-received plenary session featuring our Group Psychologist of the Year, Phillip Zimbardo. Dr. Zimbardo held forth, for an hour, on a wide range of topics, as he reviewed with the audience his work on learning, deindividuation, shyness, social influence, and persuasion, providing a glimpse into the backstage area of his career, including:

• his early experiences growing up in New York City, and how they shaped his perspective on human adjustment and potential (he went to high school with Stanley Milgram)
• the origin of his work on human shyness, and his conclusion that the secret to the success of his shyness clinic lay in providing shy people with the knowledge that they are not unique in their reaction to social situations
• his belief in certain cross-cultural differences in responsibility allocation in collectives, such that individuals in some cultures accept blame for personal failures but that those in other cultures are taught to blame the situation

Ironically, Dr. Zimbardo began his presentation by expressing wonder at his selection as the group psychologist of the year, for he confessed that he did not think of himself as a group theorist or researcher. Yet, as he worked through the many topics he had examined over the years—persuasion in groups, deindividuation, shyness (which he treats using group sessions), cognitive dissonance, and the power of the situation, it became clear that his work was precisely that of a group psychologist. As he himself remarked after his presentation, “the focus on groups provided a surprisingly strong way of organizing my work” in psychology. Dr. Zimbardo—doing group psychology without even realizing it.

For more information about Dr. Zimbardo’s career, visit his personal web page, at http://www.zimbardo.com/.

Division 49 Dissertation Award

Richard Moreland, PhD

There were three finalists for the Division 2007 Dissertation Award: Drs. van Zomeren, Homan and Webster. The winner was Dr. van Zomeren. The abstracts of the work of all three are below.

Dr. Martijn van Zomeren

Dr. van Zomeren received his doctoral degree from the University of Amsterdam and is currently on the faculty at the Free University of that city. A short summary of his dissertation can be found below, along with a reference to a paper published on the basis of that work. Dr. van Zomeren can be contacted at m.van.zomeren@psy.vu.nl.

Social Psychological Paths to Protest: An Integrative Approach

When and how do people engage in collective action against collective disadvantage? Social scientists, ranging from historians and economists to sociologists and psychologists, have long been intrigued by this question. Indeed, diverse answers have been offered, because the collective action literature is large, multi-disciplinary, and heterogeneous. Because of this diversity, and because scientific knowledge about when and how people engage in collective action is also relevant to the practice of collective action, the main aim of my thesis was to find some “general simplicity” among the “specific complexities” in the collective action literature.

To this end I proposed in my first chapter an integrative perspective on collective action, one that encompassed different theoretical approaches (e.g., relative deprivation theory, social identity and self-categorization theory, resource mobilization theory, and appraisal theories of emotion). In four later empirical chapters, containing nine empirical studies and a comprehensive meta-analysis, I tested this integrative perspective, which involved two distinct “paths to protest” for disadvantaged group members. These were conceptualized as emotion-focused and problem-focused coping with collective disadvantage (e.g., Lazarus, 1991). Emotion-focused coping is indicated by feeling of group-based anger, whereas problem-focused coping is indicated by appraisals of group efficacy. In Chapter 2, three experiments showed that these two “paths to protest” can be differentiated, and that different appraisals of the group context (e.g., procedural unfairness, in-group support) feed differentially into the two pathways. Chapter 3 showed that, in both laboratory and field contexts,
group identification facilitates emotion-focused coping (stronger identification results in stronger feelings of group-based anger and collective action tendencies), and moderates problem-focused coping with collective disadvantage (group efficacy is a stronger predictor among people who identify more weakly with the group). Chapter 4 extended these ideas by suggesting that individuals sometimes strategically communicate group-based anger to challenge those in power. Finally, Chapter 5 reported a comprehensive meta-analysis on the links among perceived injustice (including anger), perceived efficacy, perceived identity, and collective action. In line with my integrative perspective, the results showed that (among other things) all three factors predict collective action well, and that emotional indicators of injustice (e.g., anger) predict collective action better than do non-emotional indicators.

In sum, my thesis offered an integrative perspective on collective action. Conceptualizing group-based anger and group efficacy as emotion- and problem-focused coping processes (respectively) revealed some “general simplicity” among the “specific complexities” of the large, multi-disciplinary, and heterogeneous collective action literature. This “dual pathway model of coping with collective disadvantage” has both scientific and applied value, which I hope will stimulate research into the dynamic processes that move people into collective action against collective disadvantage.


**Dr. Astrid Homan**

Dr. Homan received her doctoral degree from the University of Amsterdam and is currently a visiting scholar at the University of California (Berkeley) business school. A short summary of her dissertation can be found below, along with references to several papers he has published. Dr. Homan can be contacted at AHoman@FSW.leidenuniv.nl.

Harvesting the Value in Diversity: Examining the Effects of Diversity Beliefs, Cross-Categorization, and Superordinate Identities on the Functioning of Diverse Work Groups

Years of research on the effects of diversity on team processes and functioning have left some important gaps. Based on previous research it appears that diversity has the potential to actually improve team functioning when diverse perspectives and ideas are put to use, yet it can also deteriorate team functioning through categorization processes. These inconsistent findings demand a more systematic examination of the effects of diversity in teams, one that focuses on important moderators and mediators. I have taken such an approach in my dissertation, the central thread of which was: How can one obtain the potential positive effects of diversity while at the same time limiting its detrimental effects? To answer this question, I performed three experimental studies with four-person teams.

The findings from these studies can be summarized in three broad conclusions. First, the effects of salient subgroups within a diverse team can be influenced by cross-categorization or by inducing a strong superordinate identity. Teams not characterized by salient subgroups experience better team processes and functioning than teams with salient subgroups (Study 1 and 3). Second, attitudes that people have towards diversity are extremely important in predicting its effects. Salient differences within a team do not necessarily result in reduced performance as long as team members believe in the value of diversity (Study 2 and 3). Finally, the beneficial effects of diversity seem to be driven by a thorough elaboration of diverse information (Study 2), which is likely to occur in teams characterized by salient differences and a positive outlook on diversity (Study 3).

**Dr. Gregory Webster**

Dr. Webster received his doctoral degree from the University of Colorado and is currently on the faculty at the University of Illinois. A short summary of his dissertation can be found below, along with references to several papers he has published. Dr. Webster can be contacted at gdwebs@gmail.com.

Kin-Based Resource Allocation: Inclusive Fitness and Emotional Closeness

Evolutionary psychology has examined the distal causes of prosocial behavior (inclusive fitness), whereas social psychology has examined its proximal causes (emotional closeness). Few studies, however, have systematically manipulated both genetic relatedness and emotional closeness to examine whether each is related to prosocial behavior when controlling for the other.

Across 4 studies, over 800 undergraduates allocated fictional dollar amounts to either their own kin or an experimentally manipulated set of relatives. Genetic relatedness was positively related to kin-based resource allocation regardless of whether it was measured (Studies 1 & 2) or manipulated (Studies 3 & 4), and regardless of whether emotional closeness was measured (Studies 1 & 3) or manipulated (Studies 2 & 4). Supporting inclusive fitness theory, the present results demonstrated that genetic relatedness, whether manipulated or measured, had a robust effect on kin-based resource allocation even after accounting for proximal effects like emotional closeness, cohabitation, and social interaction. These studies have been presented as a poster at the 27th annual meeting of the Society for Judgment and Decision Making (Houston, Texas, November 2006) and as a talk at the 19th annual meeting of the Human Behavior and Evolution Society (Williamsburg, Virginia, June 2007).

Related papers include:


Mindfulness meditation is an ancient Buddhist practice that has become so popularized in the West that it barely warrants much of an introduction these days. Relevant to research and clinical practice, it has been operationalized to involve regulating attention by repeatedly bringing one’s awareness to neutral stimuli such as the breath, adopting an orientation of curiosity and allowance of whatever may arise as opposed to reframing or challenging distressing thoughts, and finally cultivating a de-centered stance of witnessing one’s thoughts as mental events rather than read outs on reality that are more times than not, treated like facts (Bishop et al., 2004). Salmon, Santorelli, and Kabat-Zinn (1998) reported over 240 hospitals and clinics in the United States and abroad to be offering mindfulness based stress reduction programs and it would be reasonable to assume that these numbers have only increased over the past decade. In addition to stress reduction, mindfulness has been incorporated into dialectical behavior therapy and mindfulness-based cognitive therapy deemed by the APA to be frontline interventions for borderline personality disorder and depression respectively (Baer, 2003). Overall there have been several hundred studies over the past forty decades showing a wide array of response variables with respect to mindfulness based interventions ranging across psychological and physiological parameters in both non-clinical and clinical populations (Walsh & Shapiro, 2006).

Two major arenas however have been given very little attention within the extant mindfulness meditation studies. One involves the modality of the group setting in which all of these studies invariably take place in, and the other involves the mediating variables involved in producing the observed effects of mindfulness practice. Studies which have given some attention to the group setting have done so in terms of weighing their cost-effectiveness (Kabat-Zinn, Lipworth, & Burney, 1985; Segal, Williams, & Teasdale, 2001) rather than exploring the group dynamics at play within a mindfulness intervention (Rachman, 1981). A major tenet of this paper is that the paucity of qualitative studies within mindfulness research is responsible for our scant understanding of both the mediating variables involved and the group dynamics at work within mindfulness interventions. As an example of the methodological disparity, a PsychInfo keyword search using the terms mindfulness and qualitative yielded only five citations whereas using only the term mindfulness generated over 421 peer-reviewed entries.

As part of my doctoral dissertation, I conducted a qualitative study involving weekly mindfulness meditation groups to a partially hospitalized heterogeneous psychiatric population (Fallah, 2007). Patients were administered the Millon Clinical Mutiaxial Inventory (MCMI-III) so as to identify negativistic and treatment resistant patients as evidenced by clinical elevations in scale 8A of that instrument. In addition, phenomenological analyses of transcribed interviews were garnered over 12 weeks on 7 patients with an average hospitalization of 3.7 weeks. Given how both the modality and mediation of mindfulness interventions have been challenging to study using quantitative measures alone, a qualitative investigation was expected to garner some novel findings regarding both the group dynamics in which mindfulness interventions took place in as well as elucidating the basic mediating variables involved with respect to the intervention’s effects.

A major hypothesis of the study involved the idea that mindfulness meditation enhanced metacognitive awareness. After Flavell’s (1979) initial operationalization of metacognition within the field of developmental psychology, Kabat-Zinn et al. (1992) suggested its relevance within mindfulness practice, noting how the capacity to “de-center,” “step back,” and witness or experience our thoughts as thoughts was key in the stress reducing curative effects of mindfulness meditation. Concurrent with Kabat-Zinn’s work 20 years ago, cognitive researchers began moving away from focusing on the content of maladaptive thoughts and more towards examining the manner in which such thought processes, most notably depressive thinking, were engaged in. Unlike Beck, Rush, and Shaw’s (1979) groundbreaking work in schema therapy which also focused on

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### Table 1
Profile of Participants

<table>
<thead>
<tr>
<th>Subject No.</th>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Stay in Hospital</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>36</td>
<td>African American</td>
<td>3 wks + 3 days</td>
<td>Major depression, recurrent; anxiety disorder; borderline personality disorder</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>37</td>
<td>Caucasian</td>
<td>4 wks + 2 days</td>
<td>Major depression, recurrent, with catatonic features</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>40</td>
<td>Caucasian</td>
<td>4 wks</td>
<td>Major depression, recurrent; borderline personality disorder</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>40</td>
<td>Caucasian</td>
<td>6 wks + 2 days</td>
<td>Major depression, recurrent; borderline personality disorder</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>23</td>
<td>Caucasian</td>
<td>5 wks</td>
<td>Bipolar disorder, Type I</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>34</td>
<td>Latin American</td>
<td>3 wks + 2 days</td>
<td>Bipolar disorder, Type II</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>31</td>
<td>Caucasian</td>
<td>4 wks</td>
<td>Bipolar disorder, Type II; borderline personality disorder</td>
</tr>
</tbody>
</table>
such notions of “distancing” or “decentering.” Segal et al. (2001) developed Mindfulness-based Cognitive Therapy (MBCT) with an aim to enhance metacognitive skills as an end in itself.

Segal et al. (2001) found that enhancing the capacity of stepping back and relating to one’s thoughts as mental events rather than facts, side-stepped the challenge of reframing the patient’s maladaptive “story” while nevertheless “short circuiting” the negative emotional cascade associated with anxious or depressogenic thinking. Such a short circuit occurred because the instructions were to disengage from “the story” that one wanted to engage in altogether and return to the present moment—neither avoiding nor indulging in whatever one happened to be experiencing and thereby prophylactically avoiding the same old cognitive patterns replete with the familiar maladaptive thoughts.

Rather than adopting a standardized mindfulness meditation manual such as may be found in MBCT or MBSR, the book The Tibetan Book of Living and Dying by Sogyal Rinpoche (1992) was used for several reasons. Firstly the book is unique in presenting mindfulness meditation in a secular manner while retaining the lineage and pedagogical integrity of the original Buddhist sources from which all current mindfulness meditation programs have been drawn from. The publisher of the book boasts translations in 29 languages within 56 countries, stating that over 2 million copies have been sold with the book having been “adopted by colleges, groups, and institutions, both medical and religious, and is used extensively by nurses, doctors and health care professionals” (rigpa.org, 2007, paragraph 3). Nevertheless, there have been no published studies documenting the clinical application of this book. The meditation groups focused on the instructions in chapter 5 of the Tibetan Book of Living and Dying, which utilizes a style of meditation most prominent in the Tibetan tradition of Buddhism that encourages the practitioner to not shut out one’s senses, including leaving one’s eyes open, as well as to cultivate the practice via short sessions (10–15 minutes) repeated many times. This is in contrast to all current mindfulness programs such as MBSR, MBCT, or DBT that draw from Zen and Theravada traditions of Buddhism which place a greater emphasis on withdrawing the senses and practicing for longer sessions. Patients are typically encouraged to arrive at a level where they can sit for 30 minutes or longer in these other programs.

Another pedagogical difference between the Tibetan style of meditation as outlined by Sogyal Rinpoche in his book involve presenting analogies for conveying metacognitive related principles. One analogy for instance likens the mind to a glass of water, our thoughts to debris, and the activity of thinking to stirring the water. Such an analogy helps elucidate the curative effect of “stepping back” from our thoughts altogether as a set (e.g. when not stirring the water the debris settles and clarity is achieved by its own accord). Elsewhere I outline nine other such analogies used to visually elucidate the metacognitive re-structuring tools taught to the patients (Fallah, 2007). The final and most provocative reason for using the meditation instructions from The Tibetan Book of Living and Dying was that my understanding and 12 year exposure to meditation was prominently through the teachings of Sogyal Rinpoche, and so it made most sense to facilitate a mindfulness practice with which I was most familiar.

Group processing and short meditations of 10–15 minutes alternated throughout the meditation hour which fostered a more conducive set up for patients to share and process their experiences. The groups ranged in size from 5 to 12 patients on any given week throughout the three months these pilot groups ran. All 7 patients who were interviewed met the inclusion criterion of being partially hospitalized for psychiatric issues as well as having attended at least two of the meditation groups. Participants’ profiles may be seen below in addition to the themes garnered from their interviews. Subjects with the letter ‘N’ next to them met criteria for negativistic and help rejecting personality traits.

Although it would not be possible here to fully discuss each of the above themes there are some summarizing points that can be made. No differences were distinguishable between the treatment resistant patients from the less negativistic ones. This is consistent with the hypothesis that much of the curative effects of mindfulness meditation is mediated by enhancing metacognitive awareness and thereby circumventing maladaptive reactive responses related to identity (e.g., I’m hopeless and beyond help). Given that the current best practice guideline for treatment resistant depressed patients is ECT (APA Task Force, 2001) further research in a less intrusive intervention such as mindfulness meditation is especially warranted.

We can also see how all of the themes with the exception of the last one relate to improved psychological mindedness. The correlation between mindfulness and psychological mindedness has further been strongly evidenced in a prior quantitative study using the psychological mindedness scale (Beitel, Ferrer, & Cecero, 2005). The last theme in particular related to criticisms by most of the participants that the program conspicuously lacked a body based component. Stretching and yoga exercises have become an integral component of most mindfulness programs and this proved to be a shortcoming of these classes.

Table 2
Themes Garnered from Phenomenological Analysis of Transcripts

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Intention to heal</td>
<td>1N, 2, 4N, 6N</td>
</tr>
<tr>
<td>2. Regulation of affect through analogies promoting metacognition</td>
<td>1N, 3, 5</td>
</tr>
<tr>
<td>3. Regulation of affect through concepts promoting metacognition</td>
<td>1N, 4N, 5, 6N</td>
</tr>
<tr>
<td>4. Reduced judgmental thoughts</td>
<td>1N, 2, 4N, 5, 6N</td>
</tr>
<tr>
<td>5. Improved ego-strength</td>
<td>1N, 4N, 5</td>
</tr>
<tr>
<td>6. Improved interpersonal relations</td>
<td>1N, 2, 5, 6N, 7</td>
</tr>
<tr>
<td>7. Increased empathy</td>
<td>1N, 4N, 6N</td>
</tr>
<tr>
<td>8. Engagement with prayer</td>
<td>1N, 4N, 6N</td>
</tr>
<tr>
<td>9. Challenges around embodiment</td>
<td>2, 3, 4N, 7</td>
</tr>
</tbody>
</table>

(Continued on page 14)
Mindfulness Groups

(Continued from p. 13)

Overall however the findings support the clinical efficacy of this form of Tibetan mindfulness meditation with even low functioning psychiatric patient’s whose typical cognitive diffusion and disorganization have historically shown mixed result with mindfulness interventions (Deatherage, 1975). Again, a major difference between this and more normative forms of mindfulness-based interventions involved shorter sessions with the eyes left open, both of which may be helpful in preventing disassociation. The generically positive effects of the intervention (e.g., enhanced psychological mindedness), portend strong potential in implementing even brief phases of mindful sitting to support increased presence and enhanced relational valence within a group setting regardless of the patients’ level of functioning.

More in-depth case illustrations on how the mindfulness exercises affected the subjects, especially within both clinical and non-clinical dynamics warrant further discussions not possible here. Current mindfulness studies predominantly rely on statistically processing self-report questionnaires while ignoring more in-depth qualitative reports. As the mountain of data has increased in size, the theoretical impoverishment within the field of mindfulness research has become more conspicuous in recent years. Given that the modality and mediating factors of an intervention are not minor variables, more attention paid to metacognitive awareness, especially as it pertains to group dynamics, should prove invaluable to the future theoretical development of mindfulness based interventions.

References

Patients’ Adult Attachments and Their Attitudes about Group Therapy at Intake and in Group Treatment

Cheri Marmarosh, PhD; Rachel Whipple; Sandra Pinhas; Jami Wolf; Melanie Schettler; and Sinan Sayit
The George Washington University

Attachment theory (Bowlby, 1969, 1973, 1980) proposes that early relational experiences with primary caregivers develop into internal working models of the self and others. Research suggests that these internal working models influence various aspects of psychological functioning, including affect regulation and the capacity for intimacy (Fonagy et al., 1996; Fonagy et al., 2004). Insecure attachment styles have been linked to psychopathology (Slade, 1999), deficits in object relations (Levy, Blatt, & Shaver, 1998), and reflective functioning (Fonagy et al. 2004). A number of studies have also applied attachment theory to the study of individual psychotherapy and found that attachment styles are related to the working alliance, countertransference (Dozier, Cue, & Barnett, 1994; Ligiero & Gelso, 2002; Mohr et al., 2005; Woodhouse et al., 2003), and psychotherapy change (Levy et al., 2006; Majors & Marmarosh, 2005).

Although the empirical application of attachment theory to individual psychotherapy has thrived, the application of attachment theory to group psychotherapy is in its infancy (Pistole, 1997). To date, several studies have examined the relationship between patients’ attachment styles and their experiences of group psychotherapy. Studies have linked group members’ attachment styles to their abilities to self-disclose in groups (Shectman & Rybko, 2004), initial behaviors in
groups (Schectman & Dvir, 2006), and benefit from group treatments (Kilmann et al., 1999; Lawson et al., 2006). However, group researchers have failed to explore how individual attachment histories influence initial attitudes about group therapy treatment.

Slocum (1987) suggested that all patients have internalized negative myths about group therapy. However, Carter et al. (2001) empirically challenged his work and found that not all patients have negative expectations about group treatment. They found that most patients were interested in group and believed that group therapy could be beneficial. These contradictory findings could be explained by individual patient differences such as attachment styles. These studies failed to examine internal working models of self and other and group therapy attitudes.

Mamarosh et al. (2006) examined the relationship between therapists’ group attachments, and their assumptions about their patients’ group therapy attitudes. They found that therapists projected their group anxiety onto their patients’ attitudes about group therapy. Specifically, therapists with less group attachment anxiety perceived their patients to have fewer myths about group treatment than therapists with more group attachment anxiety. Although this study examined therapists’ perceptions of their patients’ attitudes toward group treatment, patients’ attachment styles and their attitudes about group therapy have not yet been directly examined.

The current study examines the relationship between patients’ adult romantic attachment styles and their attitudes about group therapy, both at intake and after participating in group treatment. We hypothesize that patients’ adult attachment styles will correlate to their perceptions of group treatment at intake. Patients with less anxiety and avoidance will report more positive expectations about group treatment than patients with more attachment anxiety and avoidance. We also expect that patients with less attachment anxiety and avoidance will perceive more group therapy efficacy and less negative myths about group treatment compared to patients with more attachment anxiety and avoidance. We hypothesize that adult attachment will not correlate to attitudes about group therapy for patients who have been in group therapy for more than eight sessions. We also expect that patients who have been in group therapy will have greater rating of group therapy efficacy and fewer myths about group treatment compared to patients at intake.

**Methods**

**Participants**
To date, participants included 22 patients at intake and 9 group therapy patients in a university-sponsored community mental health clinic. The 31 adult patients were diverse with regards to race, ethnicity, and social class (1 African-American, 5 Asian-American, 1 Latino, 21 Caucasian, and 3 Other). They presented with a variety of mental health concerns ranging from mild depression to chronic mental illness. The average age of patients was 26.00 (SD = 6.78). There were 15 males and 16 females. Group therapy patients had an average of 14 months of group treatment (SD = 6.90).

**Measures & Procedures**
Participants completed the Group Therapy Survey—Revised (GTS-R, Carter, Mitchell, & Krautheim, 2001). This measure assessed patients’ perceptions of group therapy, including: myths, efficacy, and vulnerability. They also completed the Experience in Close Relationships Scale to assess adult romantic attachment (ERS; Brennan, Clark, & Shaver, 1998). Participants either completed measures prior to their intake in the clinic or after a minimum of eight sessions in group treatment.

**Results**
This is an ongoing study, and the current results reflect preliminary data gathered from the patients who have agreed to participate thus far. Analyses indicated trends in the data that are consistent with our hypotheses. When examining the relationship between attachment style and group therapy attitudes, there was no significant correlation between attachment anxiety and myths about group (r = -.30, p = .32) or attachment avoidance and myths about group (r = -.25, p = .52) for patients already in group therapy treatment. This was not the case for patients who participated at intake. There was a significant correlation between attachment anxiety and group therapy myths (r = .46, p = .057) and attachment avoidance and group therapy myths (r = .41, p = .08) when patients were questioned prior to treatment. Specifically, items that revealed the greatest correlations between attachment anxiety and myths were: “Group counseling is where you get “dumped” when you can’t be seen by an individual therapist” (r = .56, p < .05) and “What I learn in counseling would not apply to what happens in my life outside the group” (r = .52, p < .05).

Items that were significantly correlated with both greater attachment anxiety and attachment avoidance were: “I wouldn’t be able to open up enough to ask the counseling group for the time or the attention” (r = .60, p < .01; r = .53, p < .05) and “Group counseling exists because the number of individuals requiring counseling exceeds the number of available counselors” (r = .54, p < .05; r = .47, p < .05).

Two one-way analyses of variance were performed to explore the difference between group attitudes at intake and in group treatment using the myths and efficacy subscales of the Group Therapy Questionnaire as the dependent variables. The results indicated greater myths about group therapy for patients at intake compared to patients in group treatment (F [1, 29] = 4.02, p = 0.055) and greater efficacy beliefs about group therapy for patients already in group treatment compared to patients at intake (F [1, 29] = 5.27, p = .03).

**Discussion**
Preliminary findings need to be interpreted with caution. The sample was small and we are still collecting data. However, we did find preliminary support for the relationship between patient attachment styles and attitudes about group psychotherapy. There was a significant correlation between attachment insecurity at intake and endorsement of myths about group treatment. Findings suggested that individuals reporting greater attachment anxiety and avoidance in their romantic relationships were more likely to endorse myths about group therapy. Interestingly, there was no significant relationship between romantic attachment anxiety and group myths for patients already in group treatment.

Limitations to the current study include a small sample size, self-report surveys, and analyses that were primarily correlational in nature. Despite these limitations, the current findings are important because they address the relationship between internalized representations of self and other and attitudes about group therapy. Understanding this relationship more clearly may allow us to better understand why patients respond differently to group therapy referrals. The findings have many implications for clinical intervention. Therapists often consider referral to groups without appreciating the complexity of patients’ relationship histories,
Patients’ Adult Attachments...
(Continued from p. 15)

internal schemas of self, others, and groups, that influence the way they perceive therapy groups. Therapists’ awareness of their patients’ potential anxieties and fears around group treatment may facilitate the way therapists invite patients to join therapy groups and guide the exploration of underlying anxieties and fears about groups.

Not only are the patients’ attachment styles important to recognize, but the therapists’ relational histories are also critical to explore. Marmarosh et al. (2006) demonstrated that therapists must carefully examine their own anxieties and myths about group psychotherapy. They found that therapists’ group attachment anxieties were significantly related to therapists’ projection of group therapy myths onto their patients. In essence, therapists with greater anxiety about their own group memberships imagined that their patients would have greater anxiety about therapy groups. The relationship between therapists’ group experiences and attitudes about group treatment is important given the decline in group programs in counseling centers (Golden, Corazzini, & Grady, 1993) and decreased emphasis of group therapy training in graduate curriculum (Burlingame & Fuhriman, 2001).

Understanding how internal models influence both therapists and patients is an important area of research and may help explain the anxieties surrounding group psychotherapy. Research may also guide the current practice of referral to group therapy, the preparation of group leaders for group treatment, and the study of group process and outcome.

References

Notice Regarding The Consultation Corner
Due to space limitations, there is no Consultation Corner in this issue.

Jennifer Harp, PhD, is stepping down as Editor of the Consultation Corner following the Election issue, the first Issue of 2008. Your TGP Editor has found her many years’ contributions to this piece to be consistently excellent, and I thank her for her hard and diligent work.

Scott Conkright, PsyD, will assume editorship of this column beginning with the 2008 Convention issue of TGP. More about Scott in our next issue.
Multicultural Training for Group Therapists: Trainees’ Perspectives

Eric C. Chen, PhD; Bethany Aaronson; and Lauren Luttinger Fordham University

Tonisha Hamilton
Seton Hall University

According to American Psychological Association’s (2003) “Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists,” psychologists are in a unique position to provide leadership as agents of social change, thereby promoting societal understanding, affirmation, and appreciation of multiculturalism against the debilitating effects of all forms of oppression based on stereotyping and discrimination. As our society becomes increasingly more culturally diverse, greater demands are being placed on professional psychologists to provide services that are culturally sensitive, appropriate, and effective (Sue, Bingham, Porche-Burke, & Vasquez, 1999).

If diversity is defined as the salience of cultural context in understanding human behavior, the therapy group as a social microcosm suggests that racial and cultural stereotypes, prejudices, and misconceptions are likely to surface in a manner that mirrors our society. Group members and leaders bring their own social and cultural values, beliefs, and expectations into each interpersonal encounter. As such, it stands to reason that all interpersonal encounters in group therapy are multicultural in nature. The diversity in the therapy group provides a setting in which the members are able to improve their capacity to stay engaged in an intercultural dialogue that enhances interpersonal growth through dual concerns for self and others, while exploring the intricacies of myriad levels of common and diverse human experiences (Chen, Thombs, & Costa, 2003).

One limitation of the existing multicultural frameworks is that they tend to be described in abstract, if not philosophical, terms that defy specification and offer limited utility for psychological practice, particularly in relation to the training of group practitioners. The task of exploring and understanding diversity in the context of the therapy group is further compounded by the sheer breadth and richness of cultural information. This lack of an integrated and cohesive theoretical structure of the multicultural competencies in group therapy practice presents a barrier that is likely to preclude otherwise motivated group therapists from maximizing the therapeutic potential of these groups.

The purpose of this presentation, as part of the charge of Division 49’s Committee on Cultural Diversity, is to facilitate a dialogue among educators, trainees, and practitioners about possible roadblocks to and strategies for strengthening the links between multicultural competence and group practice training. Below three presenters each share their perspectives as psychology trainees on the application of the multicultural competencies framework to the training of group therapists within the personal, professional, and institutional contexts (Chen & Androsiglo, in press).

Perspective 1: Bethany Aaronson

Perhaps more than any other subject area, my training in group therapy has provided a unique opportunity to explore issues of culture with my fellow trainees. In the group therapy context, issues of culture permeate every interaction because we are all multicultural beings. Each member comes to the group with a unique cultural identity and set of experiences that can contribute to the learning process of all members when intercultural dialogue is properly facilitated. My training in group therapy has provided me with wonderful learning experiences about how to facilitate a therapy group that includes individuals from different races, ethnicities, religions, and sexual orientations. While we are a diverse group in many ways, there exists homogeneity among psychology graduate students, which may serve as a barrier to our application of the multicultural counseling competencies. Men are grossly underrepresented in counseling psychology programs as compared to the general population. Furthermore, all graduate trainees are of similar educational level. Finally, my graduate program seeks out students with an interest in working with diverse populations and integrates multiculturalism into most, if not all, of our courses. Thus, by the time we arrive at our group therapy practicum course, most of us are relatively comfortable engaging in an intercultural dialogue. As a group therapist in training, I miss the invaluable experience of trying to facilitate such a dialogue in a group of one or many individuals who lack cultural awareness and sensitivity. In order to address these limitations, I suggest faculty members encourage students to think about how the training experience does and does not represent the greater population. For example, challenge students in an all-women group to think about how the group dynamic would change with the addition of male participants. Faculty members should also explicitly speak about and model the process of facilitating intercultural dialogue, including strategies for working with culturally insensitive group members.

Another tenet of multicultural competence highlights the myriad roles that professional psychologists may adopt in clinical practice, such as therapist, consultant, advocate, or change agent (Atkinson, Thompson, & Grant, 1993). In contrast to these broad areas, the group therapy literature highlights the traditional roles of a group therapist, such as participant-observer and norm-shaper (Yalom & Leszcz, 2005). However, these roles are assumed to begin and end in the therapy group. What about the roles that group therapists can continue to play once the therapy sessions end? Is it sufficient for group therapists to facilitate intercultural dialogue and raise awareness about diversity issues solely within the confines of our (Continued on page 18)
Multicultural Training...
(Continued from p. 17)

offices and institutions? I believe that training in group therapy should teach students to utilize our specialized knowledge of group processes and cultural interchanges in the service of our diverse clientele both inside and outside of the therapy group. Thus it is my recommendation that training in group therapy should include a social justice component in which trainees are challenged to transcend our traditionally prescribed roles and apply our training in group dynamics to effect broader social change in the service of our clients from marginalized groups.

Perspective 2: Tonisha Hamilton
The Association for Specialists in Group Work (ASGW; 1998) recognizes the importance of multicultural awareness and has set forth ethical standards for practicing within a diversity-sensitive framework. For psychologists in training, such guidelines are strongly reinforced within the Seton Hall University program. The ASGW standards dictate that a diversity competent therapist is self-aware and knowledgeable about the worldview of other multicultural groups. Therefore, it is the responsibility of the therapist to advance, continuously, in one’s personal multicultural psycho-education, consultation, and training experiences as well as in one’s personal growth. In addition, these guidelines state that a diversity competent therapist utilizes interventions appropriate for his or her group members. The therapist has the responsibility to utilize a diversity focused framework in clinical practice, with an emphasis on recognizing any values and behaviors that may negatively impact the experience of his or her clients in the group. These ethical guidelines support the development of multiculturally competent group therapists who will be well trained to work with diverse populations.

There are three factors that may hinder a student from becoming a diversity sensitive group therapist. First, fear of offending and causing conflict may prevent an individual from being open and honest about any stereotypes and prejudices he or she may hold personally and/or from inquiring about culturally diverse topics. This could propel the therapy student into avoidance behavior patterns that prevent comprehensive and effective exploration of culturally sensitive subject matter. Second, by living in a society where many people strive to be politically correct, a therapy student might be inclined toward adopting culturally blind doctrines such as the axiom that, socially, all human beings are the same and equal. Ultimately, such concepts serve as hindrances to the acknowledgement, exploration and appreciation of multicultural differences. Finally, a third possible barrier to multicultural awareness is the inability to effectively engage in conversations relating to cultural diversity. Internal defensiveness and anger may impede the exploration and processing of important but personally sensitive issues.

In order to address the possible obstacles to multicultural awareness, it is important that faculty within the training program create a safe, non-judgmental classroom environment that would encourage students to freely address multicultural concerns and explore, without inhibition, their levels of self-awareness. Diversity focused training should occur throughout the curriculum. In addition, practicum sites should emphasize the importance of utilizing a multicultural framework when working with clients and supervising trainees. Finally, faculty and practicum site supervisors should continuously teach and model the techniques of an effective group therapist and researcher while utilizing a multicultural lens.

Perspective 3: Lauren Luttinger
Despite the attention to building multicultural awareness, knowledge, and skills at Fordham, there are several challenges I have faced in becoming a multiculturally competent group therapist. In a broad sense, the greatest challenge is the complexity of the dynamic in a diverse group, as each member is comprised of multiple identities. Additionally, affiliating with, for example, a specific religious group is highly personal. The salience of such a classification may vary among individuals in general (i.e., level of religiosity), and temporally based on the composition of the other members of the group. What this means for a group therapist is that there are large numbers of multicultural identities in with no guarantee that two individuals who identify with the same cultural variable have had similar experiences or feelings regarding their shared membership.

Another challenge occurs at the personal level of awareness raising. Exploration of one’s own experiences of privilege and discrimination is challenging even in safe environments, as is engagement in discussions of race, social class, religion, and culture. However, as the inherent complexity of the group is out of the leader’s control, training programs should promote a deep and multifaceted understanding of oneself, as it is a valuable tool for navigating the diverse group from a more grounded perspective.

Finally, the lack of formal training in our academic and practicum experiences also serves as a barrier to the training of multiculturally competent group therapists because the development of skills requires the application of those skills to actual group settings. The experiential group that was part of our academic coursework provided us with an introductory experience to the therapeutic factors associated with group psychotherapy, but some of my classmates and I shared similar frustrations in our attempts to initiate groups at our practicum sites within the constraints of our schedules, population needs, and other practicum requirements.

Based on my own experiences, I would like to offer two suggestions for training programs that strive to incorporate multicultural principles into the training of group therapists. First, we should infuse multiculturalism into all aspects of graduate training, beginning with the selection of applicants who are willing to engage in intercultural dialogue. This requires an atmosphere of safety, created in part through appropriate modeling by faculty. Second, the lack of formal experience as a group therapist in training can be detrimental at all
levels of developing multicultural competence. Therefore, informal examples of group dynamics as they exist naturally in the course of graduate training can be used to highlight group processes and encourage participation in intercultural dialogue. Within our graduate training programs, such examples of informal groups occur in individual classes throughout the semester, among cohort groups, and within research teams. In these ways, training programs can begin to address the gaps in applying multicultural competence to the training of group therapists.

References

**Alchemy of the Interpersonal Reflections on the Art of Therapy**

*Anders Carlos Goranson*

In an earlier life, long before entering the land of countertransference, maladaptive schema, and the therapeutic alliance, I was an aspiring metal artist learning the ins and outs of TIG and MIG welding, plasma cutting, and soft metal forming. What so engaged me was the soot-covered alchemy of joining two different materials that generally are disinterested in bending to your will. While running my first interpersonal psychotherapy group, I was drawn back into these memories which provided a surprising number of similarities to the experience of group psychotherapy. Despite one profession requiring a leather apron and the other leaning towards a “hovering attention,” the two were not that dissimilar. Most notably similar is the initial stubbornness of the client to enter into an authentic, honest connection to others. Not unlike the static properties of copper when confronted with an anvil and hammer, the social arrangement of the group seems to resist intimacy in exchange for the homeostasis of light there-and-then conversation. Much like the metal, clients resist becoming integrated, and thus indistinguishable and free-flowing. Sadly, this has become our default setting; we maintain perceived closeness, but all the while never actually making contact in the moment. When welding two pieces of metal together, liquefied material from both sides are joined as one. The bonding agent is, metaphorically, much like the “we-ness” that develops when the focus is upon the here-and-now. Rather than something belonging solely to an individual or a subgroup, the weld formed between the sides is something created anew, in the moment, and comprised of aspects from all; from which the whole derives not only structure, but strength, longevity, and hope.

During these lessons in the workshop, and later in a community mental health clinic, I learned the dual nature of fire. When attempting to join two pieces of metal in the pursuit of a greater form, fire is first your friend, providing the basic element needed to turn stubborn solids into a more malleable form. However, with time, and most notably in the absence of patience, fire has the potential to destroy nearly any project. While assembling a metal sculpture of a salmon, I found myself in an unnecessary rush. I had been cooking along, welding together both sides of the torso, the tail, and the dorsal fin. The pieces I was joining were glowing; the solder bled effortlessly into the seam and all seemed to be rapidly coming to a whole. As I moved to attach the side fins, the glowing metal around the seam began to drape downward and then fell to the floor in g ooey, taffy-like orange sheets. I could only watch, breathless, as my prideful enthusiasm rapidly morphed into helpless regret. Late in the evening years later, I found myself in a similar experience with my interpersonal psychotherapy group. This time I was in a training clinic, sitting on our mismatched furniture between two mirrored observation windows and under a watercolor print advertising the 1986 Boston Marathon. However my precarious catalyst was not thermal fire but the influence of a dynamic and memorable subgroup. In the beginning, I did not recognize this force for what it would become. Initially their impact was a welcome boon for an anxious and inexperienced therapist. Ripe with a variety of individual perspectives and difficulties, these few operated as an interpersonal juggernaut, churning up a tsunami of “grist” for digestion in the here-and-now. Transitioning from a place of naïve insecurity in my new role as a group therapist, I was now rolling in riches, constrained only by deciding upon which interpersonally-tasty interaction to direct the group’s focus. At one point, while one group member was discussing the death of a close relative, several subgroup members stood up, announced they needed coffee, and walked out of the room. They later returned and rejoined the conversation as if nothing could have (Continued on page 20)
Reflections...

(Continued from p. 19)

tchanged while they were gone. This was the kind of juicy material that seemed to kick up from the wheels of this subgroup and, in my inexperience, I did not thoroughly examine what it was doing to the rest of the members.

As with my wayward salmon sculpture, I rushed along without questioning the potential consequences of the path we had taken. The first holes in our progress took the form of simple repetition. Session after session, a pattern emerged typified by a grand interpersonal affront, the tension that followed, an eruption, group processing and reparation, and then hollow smiles and good-nights. Despite its intensity and overall appearance of therapeutic progress, the group was stuck in a stagnant, predictable cycle. In retrospect, the conversation should have been redirected towards this pattern itself, but in the moment I felt productive. Mechanically what was going on seemed to be therapeutically text-book. I shamefully recall times that I drove home thinking proudly about what a Ya-lom-esque clinical rock star I was. My insecurity ebbed and I even began fancying myself to be an artist of sorts, magically juggling the multiple abstract mediums of the interpersonal. My sculpture was the carefully crafted interpersonal process; my medium was almost solely the material of the subgroup.

The second outcome of allowing this division to dominate was the emergence of the concept of safety within non-subgroup members. After nearly a month of weekly sessions, the group began to cleave. Objections were voiced as vague worries about the safety that the therapist was providing within session. I felt then, and still feel now, that these statements were not commentary on physical safety, but rather directed to characterize the repetition and singular focus of the group’s interpersonal process. In supervision, not unlike the master-apprentice role in art, I was guided as we explored the possible information found in both the expressed transference and my own countertransference. Concurrently with the group’s immersion into examining the issue of safety, a coincidental and elucidating event occurred. Due to a freak spring storm that dumped a foot of snow, the group was unexpectedly cut in half, oddly leaving the subgroup members absent. This session, without the previously dynamic subgroup, was initially somewhat laconic and anxious. However, the regret comes from the inability to bring the missing subgroup into the experience once they returned. Upon rejoining, they attempted to engage in similar behaviors as their past patterns.

Instead of kings retaking their thrones, they were creatures stepping into a new world, and were met by transformed brethren who were no longer acquiescent. It was as if the other members were considerably “stronger” now, and resentful of the subgroup’s attempt to pick up where they left off. They seemed unwilling to resume their old roles now that they had experienced the “group-as-it-could-be.” Here I struggled, and was ultimately unable to find them a place within this altered system, to realign the resistant metals into one. When attention was placed on the process, the subgroup pulled away. They disengaged and appeared dejected at the reception. The painful irony was that these were the members who seemed to have provided the group’s initial momentum. Once the fulcrum of the group, they were now unable to find a place to simply be. Eventually they left the group, trying their best to shape their departure as a calculated decision, when it seemed even a surprise to them. Fittingly, these empty chairs served as powerful material for the group to process for their final few sessions. Issues of loss, difficulties with conflict, and struggles with control all sprang from these absences. However, I was left with many questions about what I could have done to “save” these clients, to repair the molten widening hole and heal the joining. In supervision, we confronted this tension and decided to hold the ambiguity as opposed to choosing a more directed intervention.

Even as I write this, critiques and alternative directions flood my mind. I only wish that I had better understood these interpersonal dynamos so that they could have benefited more from the group. Hastily providing feedback and reflection during their final session, hoping that I could give them “something” their contribution to the change in others and the group-as-a-whole experience was powerful and I wish that more could have been done to bring them into this welding of souls. What did emerge was the understanding that as a therapist I had limitations on what change could be elicited within a short time frame. This realization raised the possibility that those in the subgroup had experienced a similar humility along their journey, gaining something of great value that was not immediately measurable. Like a metal sculpture that oxidizes and patinas over time, evidence of change may not emerge immediately. Rather than seeking grand improvement, my attitude towards the importance of gradual steps warmed. Be it an acetylene torch or a here-and-now focus, the artist lives with the results of their naivety and their gifts, hoping that experience and reflection facilitate growth, both personally and technically.

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The Bully Busters Program: An Abbreviated Version

Christopher D. Bell, MS; Katherine Raczyński, BA; Jennifer L. Stoddard, PhD; and Arthur M. Horne, PhD

Despite statistics which indicate that school violence is diminishing, even the slightest potential or threat of violence comes with a price no one should ever have to pay. Recent school shootings, such as those at Columbine (2000) and Virginia Tech (2007) provide tragic support of this fact. Though we are understandably shocked by such incidents as these, we should not be surprised—a 2006 report by the Centers for Disease Control indicated that as many as 6% of high school students admit to carrying a weapon—a gun, knife, or club—to school.

Even when the violence is not as starkly expressed as the above examples, the problem of violence and aggression still challenges our children regularly. For example, the Youth Risk Behavior Survey indicated that 43% of boys and 28% of girls have been in fights, and that 30% of students in grades 6–10 have been involved in a bully–victim dyad. Such high percentages indicate that our youth’s violence-indoctrination most typically comes through the social interactions of bully–victim dyads at their schools.

From the perspective of the perpetuators, the World Health Organization Bullying Survey, which assessed the bullying experiences of more than 15,000 school-aged youth in the public school system of the United States, indicated that 53% of boys and 37% of girls reported having participated in bullying, adding that 12% of the boys reported having participated in bullying on a weekly basis. These percentages are similar to those reported by others who, utilizing the Youth Risk Behavior Surveillance (YRBS) with a comparably sized (approximately 12,000) sample of school-aged youth, reported that 41% of boys and 25% of girls had been in a physical fight. Additionally, the YRBS determined that 9% of boys and 3% of girls also reported carrying a weapon to school.

From the perspective of the victims, research shows that 47% of boys and 36% of girls had been the victims of bullying behavior, and that 11% of boys and 6% of girls were bullied weekly. Similarly, research indicates that 51% of young children reported being teased, and 43% reported regularly being the target of low-level violence. Most alarmingly, it was reported that 6% of boys and 5% of girls reported feeling that they were too unsafe to attend classes.

Such high levels of aggression and bullying bring with them myriad consequences and costs, both to the school system and to the individual students. Unfortunately, the resource-strain experienced by most school systems precludes their investment and participation in the more comprehensive bully-reduction and/or prevention programs. Thus, we asked the question of whether an abbreviated bully-reduction/prevention program utilizing a small group approach might bring with it some of the desirable changes of the more comprehensive programs, but without the costs. It was hoped that such a program might offer the promise of effectively meeting the aggression reduction needs of schools, while still fitting within the practical limitations of today’s publically-funded school systems.

To determine this, we developed an abbreviated version of the original Bully Busters program (Newman, Horne, Bartolomucci, 2000). The Bully Busters program is a psychoeducationally based intervention that was designed to aid middle school teacher’s “knowledge of bullying skills, teacher’s use of bullying intervention skills, teacher’s self-efficacy, and students’ classroom bullying behaviors.” Targeting these elements of a school-based bully–victim problem is now considered to be a standard of practice in the bully reduction literature. The abbreviated intervention utilized in the present study was adapted from the Bully Busters’ middle school program (Newman, Horne, & Bartolomucci, 2000) and developed over a series of meetings with the administrators and counselors at the middle school who were in the process of initiating a year-long bullying reduction campaign.

It was hoped that working with teachers in small psychoeducationally based groups would provide them with an opportunity to learn about theoretically based bullying reduction interventions. Additionally, it was believed that the small group format would afford teachers the opportunity to learn from each other while creating a culture of support that they could rely on throughout the year. Thus, it was hoped that changes in the teacher’s approaches to bullying behaviors in the school environment will help reduce existing levels of bullying, as well as prevent new bullying behaviors from developing. Specifically, teachers were informed that they would attend a series of seven psychoeducationally based teacher support groups (TSG’s) in which they would be exposed to content designed to increase their understanding of bully–victim dynamics, conflict intervention and prevention skills, and facilitate a sense of self-efficacy related to identifying and confronting bullying and victimization in the classroom. 52 of the school’s 69 teachers participated in the study by completing the pre- and post-test measures. 488 of the school’s 671 students participated in the study by completing the pre- and post-test measures.

The survey administered to the teacher-participants was comprised of the following: the Teacher Sense of Efficacy Scale (TSES), the Classroom Characteristics Scale (CCS), the Teacher Victimization Scale (TVS), the School Safety Problems-Teacher (SSP-T), the Teacher Classroom Climate (TCC), and the Teacher Expectation and Efficacy Measure (TEEM).

The survey administered to the student-participants was comprised of the following: a demographic information questionnaire, the Student Classroom Scale (SCS), the Problem Behavior Frequency Scale, and the School Safety Problems-Student (SSP-S).

A quasi-experimental pre-test/post-test design was implemented. There were two treatment groups: the primary treatment group consisted of all middle school teachers at the school. The secondary treatment group consisted of all middle school students at the school who were enrolled in classes taught by the middle school teacher-participants.

(Continued on page 22)
The Belly Busters Program

(Continued from p. 21)

The study attempted to answer the following research questions; 1. Does a psychoeducationally based Teacher Support Group effect the teacher-participant’s self-efficacy as related to successfully intervening in a bully–victim conflict?, 2. Does a psychoeducationally based Teacher Support Group effect the teacher participant’s perceptions of the risk factors in the school and classroom climates which are associated with bully–victim conflict?, and 3. Does a teacher-led series of in-class activities effect the student-participant’s perceptions of the risk factors in the school and classroom climates which are associated with bully–victim conflict?

Overall, the results of the abbreviated version of the Bully Busters program were mixed. Statistical analyses indicated that pre- and post-test changes occurred for two of the three research questions. Specifically, levels of teacher self-efficacy were increased, and their perceptions of risk factors were decreased. Generally speaking, it appears that the teachers believe themselves to be more effective in intervening and preventing bully-related problem behaviors, and that this self-efficacy reduces the risk for school-based aggression and bullying.

Interestingly, student perceptions of risk were increased. It should be noted that, as reported by teachers and administrators, general levels of aggression largely remained unchanged over the course of the year. One possible explanation for this change could be that the students awareness of, and insight into, aggression and bullying were increased. Thus, when asked about the same behaviors during the posttest, students were more sensitive to aggression and bullying; they had learned to identify it more effectively.

Again, based on these mixed results, the abbreviated program was determined to be somewhat effective; positively effecting select intervention goals. In spite of this modest accomplishment, questions continue to be raised which relate to the optimal means for increasing teacher-efficacy and decreasing student bullying behavior. While future studies should continue to investigate the complexities of effectively intervening in the school environment for the purposes of reducing bullying and victimization, it appears that small-group work does provide an efficient, effective, and indicated means of working to reduce bullying in our schools.

The State of Group-Based Bullying Interventions

Jennifer L. Stoddard, PhD; Christopher D. Bell, MS; Katherine Raczinsky, BA; and Arthur M. Horne, PhD

The science and practice of effective group-based bullying intervention has been a subject of considerable attention over the course of the last two decades. Currently, literature searches through PsycINFO yield over 140 articles on the subject of bullying intervention. Yet, despite this impressive quantity of scholarship, one can still legitimately question the quality of what is known about effectively intervening in problems of bullying.

As the number of researchers, practitioners, and administrators becoming involved in group-based bullying intervention grows, less and less progress toward developing a unified and effective approach seems to be being made. Though each piece has contributed to solving the puzzle, few attempts have been made to synthesize what is known into a cogent multisystemic approach which effectively intervenes at all of the levels necessary.

No individual operates in a vacuum; there are myriad systems, both internal and external, which interact to influence the ways in which individuals experience their environments. Likewise, the uniqueness of each individual situation directly interacts with the ways in which the individual responds to the environment. Related to aggression, Fried and Fried (1996) describe a multi-systemic model in which the individual is at the center of a series of concentric circles (i.e., family, school, community, culture), each of which exerts a degree of influence on the ways in which an individual experiences her or his phenomenology. Figure 1 is a graphic representation of Fried and Fried’s ecological model.

Depending on the focus, effective bully reduction interventions can take many forms. Elinoff’s (2004) examination of the many types of effective bullying interventions produced a taxonomy which contained three distinct categories; those considered to be primary interventions, those considered to be secondary interventions, and those considered to be tertiary interventions. In reverse order, they are as follows:

Tertiary interventions: These interventions tend to be narrowly prescribed; they are designed for and delivered to the specific individuals who have been identified as having significant problems where bullying-victim dyads are concerned. Tertiary interventions tend to be individually tailored and are intensive in focus, and are typically developed by clinician-researchers. They often work to develop the social skills and emotional intelligence of the individual who is in treatment.

Example: A school counselor provides individualized counseling to an identified bully or victim.

Secondary interventions: These interventions tend to be more broadly prescribed, but are still focused on a subset of the school’s total population. This level of intervention is designed for those smaller groups of individuals who have been identified as being predisposed to exhibit
violent, aggressive, and/or bullying behaviors. Most typically, these are smaller groups of individuals who may exhibit higher levels of risk factors, or lower levels of protective factors.

**Example**: A school counselor identifies a group of young boys who exhibit risk factors for bullying behaviors and intervenes using a small-group format to help reduce the likelihood that they will engage in bullying in the future.

**Primary interventions**: These interventions tend to be the most broadly prescribed; those which are designed to be delivered to the entire population (i.e., the entire school). This is also the level of intervention with which the present study is most concerned. Researchers seem to agree that primary interventions are those which are most preferred (Elinoff et al., 2005).

**Example**: A school counselor collaborates with school administrators to not only reduce existing levels of bullying within the school, but to attempt to prevent new bullying behaviors from developing by providing the children with opportunities of using group processes to learn and practice effective coping skills, empathy, and emotional intelligence.

## The Historical Development of Primary/School-Based Bullying Interventions

Having recognized that bullying and aggression result in negative emotional, academic, and behavioral consequences, many programs have been designed in the last several decades to address the problem of bullying in school systems (Horne, Stoddard, & Bell, 2006; Orpiñas & Horne, 2006). The research of Dr. Dan Olweus (1978, 1983) is typically afforded the distinction of being the first to have initiated a comprehensive and systematic investigation of bullying behavior, and then following-up with an intervention that was developed to target the problem of bullying in a prescribed fashion.

Olweus identified that an essential component of the program is that there must be an awareness by and involvement of all adults in the schools. At the school specifically, there must be an assessment of the problem, a school conference or meeting to address the problem of bullying, a coordination group providing effective supervision in the school, and meetings among teachers, parents, staff, and administrators. At the classroom level, the school must implement class rules against bullying, hold regular class meetings with students, and meet with the parents of the class. On the individual level, attention is directed to bullies and victims, and talks are held with parents and involved students.

The findings of the Olweus (1991) initiative, which involved over 2,500 students from the grades 4 through 7 in Scandinavia and other parts of Europe, indicated that such an intervention could be utilized to significantly reduce the levels of bullying in a school system. Specifically, Olweus found that, in the course of a two year longitudinal study, there was a reduction in student reports of bullying behavior by approximately 50%. This was taken as good news by aggression researchers worldwide, and similarly designed bullying reduction programs were initiated in many industrialized nations, including the United States.

**United States**: In the United States, recent years have shown a proliferation of aggression and bullying reduction programs designed for the school (Horne, Stoddard, & Bell, 2006; Orpiñas & Horne, 2006), including the following:

**Bully Busters program (Newman, Horne, Bartolomucci, 2000)**. The Bully Busters program was designed to provide teachers and other school administrators with an empirically supported intervention to effectively target problems related to bullying and aggression in schools, emphasizing a psychoeducational group intervention approach. The primary focus of the program is to raise awareness of the prevalence of bullying and to develop skills necessary for effectively dealing with problems that exist within the school. The program also has a focus on prevention, in that it challenges students and school administrators to be proactive in developing initiatives in the school. Newman-Carlson & Horne (2004) implemented the Bully Busters program in order to determine the efficacy of the model for reducing bullying behaviors at the middle school level. Results indicated that the program increased teachers’ understanding and use of interventions, as well as self-efficacy as related to their personal ability to deal effectively with bully-related situations. Furthermore, classroom incidences of bullying were reduced from their pre-intervention levels.

**Bully Proofing**. The Bully Proofing (Garrity, Jens, Porter, Sager, & Short-Camilli, 2004) program is a school-wide bully reduction and prevention program developed for students in Kindergarten through eighth grade. This program was also developed with a focus on the importance of effective parenting.

**Good Behavior Game**. The Good Behavior Game (Embry, 2002; Ialongo, Podusky, Werthamer, Kellan, 2001) was developed for first and second grade classrooms, and focuses primarily on behavior management by developing a system of rewards for positive behaviors as well as interactions and behaviors that reduce aggression.

**I Can Problem Solve (ICPS)**. The ICPS program (Shure, 2001) was developed for Pre-Kindergarten through sixth grade students and has a primary focus on assisting teachers in the development of effective strategies for successful peer mediation.

**Life Skills Training (LST)**. The LST program (Botvin, Mahalic, & Grot- peter, 1998) was developed for sixth through ninth grade classrooms and facilitates the students’ development of social skills, prevention of violence, substance and other high risk behaviors by encouraging the students to develop awareness about their own inter- and intrapersonal responsibilities and objectives.

**Linking the Interests of Families and Teachers (LIFTS)**. This program (Eddy, Reid, & Fetrow, 2000) was developed for first through fifth grade and focuses on three areas: 1) parenting, 2) playground, and 3) classroom. Each component either focuses on facilitating the development of particular social skills that a child may be lacking or parenting skills.

**Promoting Alternative Thinking Strategies (PATHS)**. The PATHS (Greenberg, Kusche, & Mihalic, 1998) program was developed for Kindergarten through sixth grade (ages five through twelve) classrooms and has a focus of reducing aggression and other externalizing behaviors while developing healthy and adaptive ways of interacting with others. This program is a school-wide initiative that employs a developmental model to focus on prevention. Details about this program as well as

(Continued on page 24)
Group-Based Bullying Interventions
(Continued from p. 23)

the developers are available at www.preventionscience.com and www.modelprograms.samhsa.gov.

Target Bullying: Ecologically Based Prevention and Intervention for Schools. This program (Espelage & Swearer, 2004; Swearer & Espelage, 2004) is outcome-based, in that administrators collect baseline data to determine the extent of the bullying problem and then make intervention decisions, not only based upon their determinations of where to focus efforts, but also based on available resources within their school and community.

In conclusion, there is a considerable body of literature which has examined the efficacy of the various types of bullying reduction and prevention programs that have been developed over the past few decades. Many of the above-listed interventions currently utilize group formats, or can be modified so that the content can be delivered in a psychoeducationally based group format. Despite this, questions remain as to what is the most appropriate primary (universal and preventative) group intervention for a school system to employ. It is clear that future studies should continue to investigate the complexities of effectively intervening in the school environment for the purposes of reducing bullying and victimization.

References


Call for Division 49 Fellow Nominations

The Fellows Committee invites you to apply for initial Fellow status if you:

1. have held a doctoral degree in psychology for at least five years,
2. have been a member of the Division for at least one year,
3. have made an outstanding and documented contribution to the science, teaching and/or research of group psychology and/or the practice of group psychotherapy, and
4. are endorsed by three APA Fellows, including two Fellows within the Division if possible.

Current Fellows, who are already Fellows in other divisions, and who seek Fellow status in Division 49 should submit a statement outlining their involvement in group psychology and/or group psychotherapy.

Please send for your application forms early since the process is a lengthy one. The deadline for final submission of materials for 2007–2008 is December 1, 2007.

Requests for application forms should be sent to Gloria B. Gottsegen, PhD, Chair, Fellows Committee, Division 49 22701 Meridiana Drive Boca Raton, FL 33433 Phone: 561-393-1266 Fax: 561-393-2823 E-mail: GGottsegen@aol.com
Prevention Corner

As Editor of TGP, I am most pleased to welcome Dr. Elaine Clanton-Harpine as our Editor of our new column on school-based mental health interventions. We invite our members to write in any comments, suggestions or opinions on this column. —Allan B. Elfant, PhD, ABPP

Elaine Clanton-Harpine, PhD

As concerns in school-based mental health come to the forefront with school and community leaders, group interventions have proven to be one of the most effective means of prevention programming. This column will focus on group interventions in prevention, and your comments and questions are welcome. Division 49 has also organized a new Ad Hoc Committee on School-Based Mental Health Group Interventions and is co-sponsoring a conference March 13 and 14 on Group Interventions in School-based Mental Health. We welcome your participation, as we explore the needs of group specialist working in school-based settings. We invite psychologists, counselors, prevention programmers, teachers, administrators, and other mental health practitioners working with groups to network together, share ideas, problems, and become more involved. Please send comments, questions, and group prevention concerns to Elaine Clanton-Harpine at clantonharpine@hotmail.com

As our recent APA Convention demonstrated, Bullying is a subject gathering much concern; therefore it is not surprising that our first question comes concerning bullying in the schools. Bullying will also be a topic discussed in March at the Group Intervention Conference.

EDITORIAL QUESTION POSED:

Dear Prevention Corner:

My problem is what should I do when the bullying program that the middle school has implemented fails? We go to workshops and conferences on bullying, and we have an official bullying program. It doesn’t work. Let me give an example.

An English teacher in our school was attacked by three students, knocked to the floor with a knife to the teacher’s throat. The students were suspended, but when they returned, the three students were placed back in the same classroom with the same teacher. The suspension board said that the students deserved an education, were too young to be a threat, that any child under the age of 16 should never be expelled, and that the teacher had not received permanent injury.

The three students were a legend with the student body when they returned. Behavior was worse, fights in the classroom, and the three students continued to bully teachers after they returned. One student tried to push a security guard down the stairs. A teacher was hit in the stomach by a student. Obscene messages were written on classroom doors with ketchup; the messages were usually directed toward the teacher. After a week, the three students who had been suspended were removed from the classroom of the teacher who they had attacked and placed in a classroom across the hall. It didn’t help.

The problems escalated to students as well. A student was shoved out the rear exit door of the school bus while it was moving. Another student was attacked with cigarette lighters for “snitching.”

The problem spread throughout the school. A black hooded sweatshirt gang with black ski masks began attacking classrooms. They would dive in very quickly, shove students and desk around, and then disappear before anyone could identify or stop them. Other students would openly walk up and down the halls charging at teachers.

Is it possible for a bullying program to actually work in a situation such as this? What should our school have done? No, the administration wasn’t helpful. They wouldn’t even answer the call button when teachers called for help. What’s a teacher to do?

Signed,
Please Help

RESPONSE #1:

Our team has spent three decades addressing behavior problems in schools, and for the past 12 years we have conducted the Bully Busters Program for elementary, middle, and high schools. Our success experience ranges from reducing bullying in schools by 50% in the first year and further in later years, to having no impact at all on the rate of bullying. Based upon our experiences we know that bully prevention programs can, and often do, work. However, we have found that the major element that has to be addressed and emphasized from day one of any program is the buy-in and endorsement from the administrators and faculty. For each of our efforts to reduce bullying that has been ineffective we have been able to identify the reason for failure: lack of support, implementation, or follow through from teachers and administrators. In one of our most recent efforts in a middle school that resulted in no change found, when we surveyed the students, they reported that teachers who actually implemented the program had dramatic reductions in bullying, while teachers who ignored the program or made disparaging comments about the focus on bullying reduction actually made the situation worse.

For the particular situation described here, there seems to be a need for a major effort to examine the systemic—school, community, legal system—support of aggression and violence. A first step is for an administrator to own that a problem exists. This may be facilitated by informing administrators that harassment is a legal violation; we have worked with law professors who are able to inform educators that they are legally responsible for the welfare and well-being of (Continued on page 26)
Prevention Corner

(Continued from p. 25)

students in their supervision; this has been particularly powerful when several parents step forward to file charges of assault and battery against students. When the location is identified as the school, administrators are implicated for failure to provide a safe environment in the community. A second step is to develop an evaluation program for students and teachers (and others, if possible) to indicate the extent of bullying in their schools. We have had administrators deny there is a problem, but when school-wide evaluations occur and the results are negative, it becomes more likely that the problem will be addressed.

Many bully programs focus upon specific techniques for students to use, such as “just walk on by” and the techniques or strategies can be helpful. Others rely upon referring those who bully and/or the targets of bullying to a counselor for individual intervention. The problem with both of these approaches is that they fail to address the systemic issues involved. The most successful programs emphasize changing the school climate, the culture of the classroom and the educational setting. Creating an environment where all are treated with respect and dignity, and where a “universal owning of the problem” occurs so that bystanders become involved to help alleviate the problem is essential.

Systemic change occurs most effectively when implemented in group settings. Groups can include teacher awareness and training sessions, followed by teacher support groups to facilitate the maintenance of skills and the opportunity to be supported during difficult times. Classroom groups—a universal intervention—can be powerful for helping students become aware of the problem and learn not only how to care for themselves more effectively, but how to become involved in developing a culture of care within the school. We find the number one predictor of who will be the target of a bully: a child with no friends or support. So teaching basic living skills, sometimes called social skills development or life skills, in the school, as part of the curriculum or part of ongoing groups by counselors, can be very effective.

In the situation described, it appears a carrot and stick approach is needed: development of a healthy and caring community, combined with direct consequences when the process is aggressive, violent, and inhumane. Part of the stick, it seems, may require legal and community intervention, and no “canned” bully prevention programs will be sufficient without an increased care and support for those involved in creating change. It can be done, and seems essential, but this is a case where kindness needs to be combined with legal and political engagement beyond the classroom walls. Two brief reports of some of the bully prevention work we have been doing are described in this current newsletter. The best to you in your efforts.

Arthur (Andy) Horne, PhD
Distinguished Research Professor
The University of Georgia

RESPONSE #2:
I was very concerned to hear of this situation and as a veteran of 24 years directing psychological services in a school system of 100,000 students was surprised at the lack of administrative support teachers are receiving. The situation calls for much more than a bullying prevention program. Safety must begin with students and include teachers, administrators and parents. The situations you describe cause me to question the school administration commitment to safety. Any student with a weapon at school needs to be addressed in an alternative educational placement and criminal charges needed to be filed in several of the incidents you described. A student who exhibited violence towards a teacher should not be removed from the teacher’s classroom without their approval. My suggestion is that the school needs to create a school safety task force that involves all the stakeholders mentioned above and develop a safety initiative. I particularly recommend getting a commitment from students to improve school safety by using a safety pledge. I have traveled to present hundreds of workshop on school crisis/safety and in a few locations have been very dismayed to learn that the school staff is afraid of the students and that must be the case in your example. Strong measures need to be implemented that come from the school board. Measures that may be needed are additional security personnel, surveillance cameras, and additional alternative programs, curriculum programs to reduce bullying, reduce aggression and decrease gang activity.

Dr. Scott Poland
Chair National Emergency Assistance Team
National Association of School Psychologists

Member News

Irene Deitch, PhD: Newly-elected Division 49 Member-at-Large, was the recipient of the Alumni Lifetime Achievement Award from Brooklyn College. She placed first (in her age category) at the APA’s Annual 5K “Ray’s Race” in San Francisco. Her article, “When a Runner Can’t Run” appears in Running Psychologist.

Robert M. Lipgar, PhD, ABPP: Just a Moment, a new collection of photographic images by Robert Lipgar, will be open to the public through October 28, 2007, at the Cunneen-Hackett Arts Center, 12 Vassar Street in Poughkeepsie’s historic River District. The exhibit features Homage to Rothko and other prize-winning images.

This exhibition includes large museum-quality prints of scenes in Dutchess and Ulster Counties and builds on the legacy of fine photography established by his father, Abraham, who was a leading photographer in the Hudson Valley from the 1920s through the 1950s. Lipgar is an active member of the Woodstock Artist Association and of the Arts Society of Kingston. He lives in Hurley, NY, and travels widely. He was awarded the Leilani Claire Prize for Photography in 2006 by the Woodstock Artists Association & Museum, and his photography is represented in many collections in the Hudson Valley, the Midwest, and elsewhere.

John Robinson, PhD, ABPP: Dr. Robinson received the Stanley Sue Award at the 2007 APA Convention for career contributions in the area of diversity in clinical psychology.
Self-Nomination Form
Standing Committees

If you are interested in serving on a standing committee of Division 49, Group Psychology, please complete this form.

Name __________________________________________________________________________________________________

Mailing Address__________________________________________________________________________________________

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Area of Preference
If you have a preference concerning service areas, please indicate your top three by writing the number 1, 2, or 3, respectively, by the names of first, second, and third most preferred assignments. Note, however, that you need not provide those ranks if you are uncertain about your preference.

      _____ Action Oriented Approaches       _____ Alcohol/Substance Abuse       _____ Awards
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Special Interests and/or Qualifications
If you have any special interests or qualifications (e.g., previous service on Div. 49 or APA Boards/Committees that the President should consider in making decisions about committee assignments), please note them here.

________________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Signature___________________________________________________________________  Date_____________________

Please mail, email, or fax the completed form (or a copy of it) to:

Lynn S Rapin, PhD
4022 Clifton Ridge Dr
Cincinnati, OH 45220-1144
Phone: (513) 861-5220
Fax: (513) 861-5220
E-mail: lynn.rapin@uc.edu
GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY (49)
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Mail this application with a check payable to Division 49, American Psychological Association to the following address:
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