

## Fall/Winter Issue

### President's Column

Gary M. Burlingame, PhD

#### The Last Word Is....

The San Diego convention is behind us, I've handed the gavel to Jean Keim who will take over as president January 1, 2011, and I, like many of our Society's past presidents, am in a reflective mindset as I sit down to pen my last column. The first thing that comes to mind, perhaps because of recency effect, is the convention we just held which, from my perspective, was very successful. Big thanks to the program committee, in particular Maria Riva, Janice DeLucia-Waack, Nina Brown, Jean Keim and others who both created a rich and stimulating program and who also worked onsite to make "it happen." A special thank you to Kathy and John Ritter who were simply amazing in creating the reception held in the Society suite. It was well attended and I know of at least five new members who joined our Society who came to the reception—Thank you also to Elaine Clanton Harpine for soliciting new members at our reception using materials supplied, in part, by Nina Brown's Development Committee. As someone who loves groups, particularly well functioning groups, I'm impressed by the quality, devotion and commitment of the leadership and committee members in our Society. Collectively, this effort leads to a well run Society. Thank you all!

There is a lot of good news that was shared about our Society in San Diego. Thanks to Lee Gillis, our Society has now moved the web page to a new site ending the generous support we've received from Steve Sobelman. A big thank you to Steve for his behind the scene support of our Society's webpage and to Lee for his tireless work on transitioning us into a more up-to-date web presence. We continue to enjoy financial plenty due primarily to proceeds from our journal; thank you Lynn Rapin for the work you do as treasurer. A special word of appreciation to Craig Park for his role in increasing the impact factor of our journal above the magical threshold of "1" making it the most frequently cited group journal in the field. Craig's term as editor ends in 2011 and the Society is indebted to him for his leadership and foresight in increasing the quality and impact of our journal. We're also indebted to Tom Treadwell, the editor of our newsletter that touches and informs each member of our Society.



Gary M Burlingame, PhD

In my first presidential column I presented the strategic initiatives of the three presidents—Conyne, Burlingame, and Keim—as a window into the overall direction of our Society. In San Diego we reviewed these initiatives and how they mapped onto the current committee and task force structure of our Division. There were minor revisions to the two tables published in this column and I noticed several comments from attendees at the reception regarding the transparency of our strategic plan to members and nonmembers alike. I continue to solicit feedback from the membership on these initiatives since ultimately the leadership is here to serve our members.

I publically recognized several individuals at the convention who have made a positive difference in our Society or profession including:

- *Past President Award for Outstanding Leadership*—Robert Conyne
- *Group Psychologist of the Year*—William Piper
- *Moreland Dissertation of the Year*—Deanna Kennedy
- *President's Award for Unusual & Meritorious Service*—Jennifer Harp & Nina Brown
- *Recognition for Elected Service*—Irene Deitch, Arthur Horne, & Robert Kaltenbach.

We have a strong leadership team that begins in a few months. Jean Keim has already begun her work with initiatives to recognize early and middle career professionals and strengthen the Society through the Foundation with the ultimate goal of funding our annual awards. Nina Brown will take her place as the president-elect at the same time and continue to support the Development Committee's tasks. Others that will join the board include Scott Conkright as secretary, Elaine Clanton Harpine and Dennis Kivlighan as members-at-large, Kyle Barry as student representative and Gloria Gottsegen as our representative to the APA council. Following our bylaws, Kevin Kulic will replace Nina Brown in January when she takes over as president-elect.

(Continued on page 4)

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**Submission Deadlines:**

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*All material for publication should be submitted  
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(Microsoft Word or Word Perfect format).*

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## From Your Editors

Thomas Treadwell, EdD, TEP, Editor

Leann Terry, PhD, Associate Editor



Thomas Treadwell, EdD

As the fall season approaches and the leaves start changing their colors, we are reminded of the changes that continually happen. A principal objective for *The Group Psychologist* is updating members on advances in group psychotherapy and group psychology. We have a nice change in *The Group Psychologist* newsletter editorial staff. Leann Terry, former student reviewer, is now Associate Editor of *The Group Psychologist*. This change will keep our fingers on the early career psychologists' pulse, insuring that our Society stays youthful.

John Breeskin, also known as "Sparky," will be writing the Group Psychotherapy column, and has agreed to continue for each issue. The name of the column for this issue is "The Co-Therapist Model in Groups." Many questions hopefully will materialize, for instance, "What do students and early career psychologists want to learn more about?" Inquiries can be addressed by Sparky, so feel free to *submit your issues to the editors or directly to Sparky* (johnbreeskin@comcast.net)! The wisdom and experience that our later career group psychologists can offer is invaluable. To continue the call for "veterans" participation, consider writing an update, brief report, or a short article on what you are doing to share with us!

As you move in into the winter season (a more strenuous season for some and more middle for others), we encourage you to take some time to put your reflections into writing for us. What do you think students and early career psychologists should know more about? What do you wish you had known more about during the early part of your career? What led you to pursue the work in which you are engaging currently? Your ideas and experiences are important and we need to share them with our membership. We need to hear your thoughts!



Leann Terry, PhD

We are currently looking for early, mid, or veteran career group psychologists to consider working on the newsletter in the role of Clinical Group Problem(s) and Technique(s) Editor. We think that such a newsworthy column can cover any number of interests. Please submit ideas to us at [ttreadwe@mail.med.upenn.edu](mailto:ttreadwe@mail.med.upenn.edu) or [LJT18@psu.edu](mailto:LJT18@psu.edu).

Articles or brief reports and news items can be e-mailed directly to Tom, Letitia, Bambi, or Leann at [ttreadwe@mail.med.upenn.edu](mailto:ttreadwe@mail.med.upenn.edu) as can Letters to the Editor. We would also like to include book reviews, DVDs, videos and *online group interactions* as part of the newsletter. *Online group interactions would be a newsworthy column*; however, we need an editor for this. *There is interest out there and we need your input!*

### Reviewers for *The Group Psychologist*

**Letitia Travaglini, MA**, former Research Assistant to Dr. Aaron T. Beck, MD, at the University of Pennsylvania and 1st-year doctoral student at University of Maryland, Baltimore County's Human Services Psychology program. Student affiliates are encouraged to send brief reports, comments and ideas to Tisha at [tisha.travaglini@gmail.com](mailto:tisha.travaglini@gmail.com).



Letitia Travaglini, MA

**Bambi Juryea-Gaston, MA**, a 5th-year doctoral student at LaSalle University (Clinical Psychology). She is currently doing her predoctoral internship on the Residential Dialectical Behavioral Therapy (DBT) Unit at the Rockland Psychiatric Center in Orangeburg, NY. Student affiliates are encouraged to send brief reports, comments, ideas or general questions to Bambi at [bjuryea@aol.com](mailto:bjuryea@aol.com).



Bambi Juryea-Gaston, MA

Brief reports, comments and student editorials are highly encouraged. We are interested to learn and share with Society members what students are encountering in their group programs! ***Please send your ideas to Letitia or Bambi.***

## President's Column

(Continued from p. 1)

**Now to the title of this column.** My last word is one of hope! I came into this office a few years ago having little “hands on” experience with the Society’s functioning. Indeed, I was somewhat surprised when I heard that I’d won the presidential election. After the news sunk in I began to methodically explore my new duties and responsibilities. What I found was a wonderfully supportive and energized group of professionals who dedicate a portion of their professional lives to what they believe in—the power of the group. At times, I’ve felt that I have a degree in “board membership” having served as a board member for countless organizations. With this as my context, I’d like to note that it’s truly been a pleasure for me to associate with the Society’s leadership and members. I’ve been mentored by several past presidents (Conyne, Rapin, Horne, Barlow, Forsyth—to mention a few) and supported by board members, committee chairs, editors and students. In the past few years, I’ve come to view the

Society as my professional home and expect warm, heart-centered exchanges with both members and leaders when I see them or even in emails that come my way. If my experience is representative, our group is healthy, engaged and truly supportive of one another. So, my last word of hope is directed at the future success of our group—Society. I don’t expect anything less.

### Newsletter Deadlines

**February 15**  
**May 15**  
**September 15**

All material for publication must be submitted to the Editor as an e-mail attachment (in Microsoft Word format).

## President-Elect's Column

*Jean Keim, PhD*

It is hard for me to believe that it is fall already. I am looking forward to the cooler evenings and the International Balloon Fiesta held in Albuquerque each year. The balloons remind me of the energy of groups: One hot air balloon by itself is lovely, but the synergy of the 500 balloons ascending together is very different than the one. Each has unique qualities, but together they are amazing.

For those of you who could not attend the APA convention in San Diego, you missed a great conference. The program committee under Maria Riva’s direction offered a variety of valuable sessions. The call is out for next year’s conference in Washington, DC, when our Society’s program will focus on inclusion and diversity within group psychology and group psychotherapy. One hope for my presidency is a celebration of diversity in its broadest sense within our Society. Please submit a session and remind any students you know about the poster awards (students need to be first author to be considered for the poster awards).

Recently, I have been working on one of my presidential initiatives—the establishment of a foundation. The discussion began during Bob Conyne’s presidential year. During the convention, Nina Brown and I met with a representative from APA’s foundation, who informed us in order to establish a foundation, \$100,000 will be needed. Once we have \$20,000 in cash or pledges, APA’s Foundation will establish a fund for our Society and we can actively start soliciting funds. We then have five years to reach the \$100,000 goal. After we have the funds, interest the funds earn would be used to extend the science and practice of group psychology and group psychotherapy. No part of the funds would be used for administrative expenses; rather the funds would support grants, awards, etc. In the unlikely event we do not reach \$100,000, we would not have a foundation and the collected funds would be utilized to fund the items listed previously until they are gone. I believe the foundation is important because

it creates a legacy for group psychology and group psychotherapy. The foundation would also create a strong financial base to fund the advancement of research, practice, teaching, and service in group. Generations of members to come would benefit from the foundation and it would provide testimony to our belief in the importance of groups.



*Jean Keim, PhD*

The Society’s midwinter board meeting will be January 8<sup>th</sup> and 9<sup>th</sup>. Be sure to contact me with any items you would like on our agenda. One of the items that will be decided is the Arthur Teicher Group Psychologist of the Year. Please send your nominations to me via email by December 1<sup>st</sup>. I continue to urge you to help the membership committee in reaching their goal of doubling our membership by recruiting one new member.

The Diversity Committee has formulated their mission statement and developed “The Group Psychology and Group Psychotherapy Diversity Award.” It will recognize members who advance the field through research, practice, and/or mentoring. More details are in the minutes. Be sure to consider who to nominate for this annual award.

Recently, I asked the APA staff to determine the years in which each of us joined to determine the longevity of membership. The records don’t appear to exist with much accuracy. Please take the time to email me with the year that you believe you became a part of our Society for Group Psychology and Group Psychotherapy.

In summary, many exciting things are happening in our Society. Diversity, membership and the foundation will be my emphasis during 2011. However, I cannot reach these goals without the support and work of the membership. Please contact me with how you would like to participate (jkeim@unm.edu).

## Group Psychotherapy Column

### The Co-Therapist Model in Groups

It is an unfortunate reality that many group therapists run a group therapy session by themselves and while this may appear to be an obvious income generator by the organization, I consider such a practice to be a significant professional error and I will list my reasons for this statement.

1. A single group therapist, no matter how skilled, cannot conceivably keep up with the richness of group experience. Important cues, particularly nonverbal ones, are in danger of being missed.
2. Running a group by yourself significantly increases the possibility of therapist burn out since there is no way that you can pace yourself.
3. Running a group by yourself falls below the minimum benchmark of approved professional practice and can damage you, your clients, and the agency for which you work.
4. Last, but not least, running a group by yourself is dumb; spelled D.U.M.B.

I feel so strongly on this subject that when young professionals ask me for my support, I am only too willing to supply them with "the letter," which comes in three flavors: Mild, spicy, and hot. An example of a mild letter follows:

Director of Training  
Mercy Day Hospital  
Anywhere, New Jersey

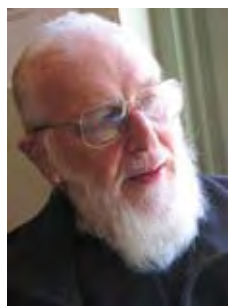
Dear Mrs. Campania,

A young professional in your organization, Thomas D. has asked for my opinion as to the practice of having a single mental health worker running a group by himself. I don't think that this is a wise idea, and I'm willing to share my thoughts on the subject, as I am a national and international specialist in the area of group therapy under discussion.

*No therapist, no matter how experienced or skilled, can possibly follow the complexity of group process without running the risk of significantly missing important cues.*

*In addition, because of the stress involved, it is all too possible for beginning therapists to become quickly burned out.*

*From a professional point of view, running a group with one therapist falls below the minimum professional requirements in the mental health field, and I'm sure your organization would not want to be in a position of giving that impression to mental health regulatory agencies.*



John "Sparky" Breeskin, PhD

*The sad fact is that the young man under discussion has many demonstrable potential skills to become a fine therapist. It is my concern that unless he works within a supportive professional environment, he will become discouraged and seek another professional career.*

*With respect to finding an appropriate co-therapist, nothing could be easier. Asking for a volunteer and qualifying that person through a volunteer training program will cost the organization nothing. There are many fine group therapists, who, it is embarrassing to say, have never set foot day one in any graduate school program: They are naturals and relate to people in a very positive and empathic manner.*

*I hope these comments have been helpful. If you have any questions, please do not hesitate to contact me.*

Respectfully,  
John Breeskin, PhD, ABPP

Many times, in my career, I have been asked to consult to co-therapy pairs. I have not at all been surprised to find it that this compares very closely with couple's therapy. The problems, although they come wrapped in different packages, are quite similar. The pair involved has not been able to acknowledge, let alone resolve, the power differential that exists between them. To say that "we are both the same," is a copout. This can never be true. One person in the pair may have higher academic degrees, may have more initials after his or her name, may be more charismatic, or may have more time in the organization. The nature of the power differential imbalance is immaterial, but it must be acknowledged by the two people involved in order for them to work smoothly together.

The pair has the opportunity to model collegial support and respect by their interaction for the group participants. It is not too strong a statement to say that their interaction must be seamless. They must practice picking up on each other's comments in a non-competitive manner.

If Bob and Alice are running the group together, Alice says, "picking up on a comment of Bob's, I would like to add...." Bob says, "that comment of Alice's helped me understand what just happened...." This kind of collegial support and respect will provide a powerful interpersonal model for the group participants and will significantly diminish the amount of anxious gossip that the group members exchange with one another in the parking lot just after the group meeting.

*(Continued on page 6)*

## Group Psychotherapy Column

(Continued from p. 5)

I always choose a woman to be my co-therapist in a group. This creates issues that must be addressed. In terms of dysfunctional dynamics, it is all too easy to consider my co-therapist and me to be parental figures and the clients to be the children. If not carefully anticipated, this dynamic can turn into potentially disruptive sibling rivalry based upon the scarcity model. My second wife was a psychologist herself and we did groups as a co-therapy pair for 10 years. This could have provided a rich screen of fantasy and projection on the part of the clients since my wife and I were not only working together but we were sleeping together as well. This

is still another reason why a co-therapy pair must model healthy relationship behavior in front of the group participants.

Additionally, according to my group developmental model, the person who is taking the lead for the first third of the group history, steps down, and the indigenous leaders, with the active support of the co-therapist, takes over the leadership of the group in stages two and three.

I am a superb bus driver; the passengers will get to their destination safely, and they will hear an interesting rap about the journey itself. I am also a loyal and helpful bus passenger provided, of course, that I trust the bus driver. This is still another positive role model that co-therapists can offer to their groups.

## Group Cohesion Via Collaborative Story Building

Letitia Travaglini, MA; Tara Lynn, MA; Christine Seaver, MS;  
& Tom Treadwell, EdD, TEP



Letitia Travaglini, MA

This workshop was recently presented at the 2010 American Society for Group Psychotherapy and Psychodrama (ASGPP) Conference in Philadelphia, PA. Based on cognitive behavior therapy (CBT) and psychodrama techniques utilized in group work at West Chester University, this experiential workshop was aimed at building cohesion among group members through collaborative story building and telling.

The group consisted of 12 members: 6 adolescents and 6 adults who had been attending the ASGPP Conference. The six adolescents were all part of a teen psychodrama organization that presented earlier in the conference, and were therefore an already relatively cohesive group. Two of the adult members were friends, while the rest were not familiar with each other. The workshop began with a brief introduction from the group facilitators (authors), followed by the group members introducing themselves. For many of the group members, this was their first ASGPP Conference.

### Sharing of Common Memories

While it is not necessary for groups to form based on a common theme (i.e., bereavement, substance use, etc), a common thread allows for better cohesiveness regarding a group's collective undertaking (task cohesiveness) and the sense of closeness among group members (interpersonal cohesiveness; Craig & Kelly, 1999). With this in mind, we decided to focus the group on a common theme: that of trauma memories. We defined trauma not by the DSM-IV criteria, per se, but allowed members to share any memory in their past that elicited a negative emotional response.

To begin the sharing process, a group member was asked to volunteer based on their level of comfort sharing with the group. Once a group member volunteered, the sharing of memories continued in a counter-clockwise fashion. If members did not feel comfortable sharing a memory, they were able to pass. Once all group members were given the opportunity to share, those

who initially passed could share a memory. It was not required for all group members to share. Ten of the 12 group members shared a trauma memory with the group. Memories included such topics as familial conflict, injury, work-related difficulties, and substance abuse.

### Collaborative Story Building and Telling Exercise

After group members were given the opportunity to share, the facilitators divided them into subgroups so as to avoid grouping together the teens who were already acquainted. The purpose of the subgroups was to work collaboratively to build a "group story" based on the memories that were shared. Three subgroups (four people per group) were formed by having members count off by threes. The subgroups were instructed to work together to create a poster, utilizing magazine clippings and/or writing implements to build their group's collaborative story.

To prevent the group process from being rushed, a specific time limit was not provided at the start of the collaborative project. Group facilitators observed the subgroups and checked in regularly to determine how each subgroup was progressing. While in the small collaborative groups, group members engaged in dialogue regarding their trauma memories while they searched for clippings and determined how to create their posters. One group member who did not share a memory in the large group was willing to share with her small group, and others shared additional memories based on peers' recollections.

Interestingly, all three subgroups engaged with each other differently. The following points were observed by the group facilitators:

- **Group #1:** The group appeared disconnected; all four participants were silent and cutting magazines independently. In this group, a participant passed during the ice breaker and did not contribute to the poster, only reading the magazines.



Tara Lynn, MA



Christine Seaver, MS

- **Group #2:** This group was comprised of 3 females and 1 male. The females immediately engaged and began discussing mother figures in their life, and the poster focused on relationships and traumas regarding mothers. The male in the group did participate by cutting out pictures and forming his own corner on the poster. This group did present as a whole, and the male was knowledgeable of other members' experiences. However, cohesion was evident only within the group of 3 females.

- **Group #3:** This group appeared to have much cohesion and motivation to learn about each other, thus presenting a collective idea and theme of trauma as opposed to individual experiences. Much of their time was spent brainstorming and discussing their notions of trauma, instead of their individual traumas. These four members appeared very engaged with each other; they were very talkative, and, as a result, they had trouble finishing the poster in time to present. It was evident that cohesion had been achieved, as well as respect among group members.

After approximately 45 minutes, all subgroups indicated that they completed their story. Group facilitators hung the posters on the wall and the participants reintegrated into the large group.

Next, each subgroup was asked to share their poster with the group. Specifically, group members were asked to explain: the process in which their subgroup engaged in order to complete the poster; the reason for choosing the various clippings; and the dialogue that was exchanged in their small groups. As with the memory-sharing exercise, the story-telling process was started on a voluntary basis. Each group tended to focus on the trauma memories of their subgroup members (rather than the group as a whole), but were able to find a common thread to tie all of their memories together:

- **Group #1:** Subgroup members noticed that, in their memories, they were all “hit” with the reality of their situations, which caused them to change the way they currently perceive things from how they viewed things prior to their trauma.
- **Group #2:** Members found that they were all “split” from an important entity in their lives, whether it was a family member, friend, or themselves.
- **Group #3:** Members focused on the loss they experienced in their trauma. One group member in particular noted that, while it was a “random” process of grouping the members, she was surprised at how much she was able to identify with and relate to the stories of her peers. Notably, one group member was surprised to hear another member accurately convey her traumatic experience and conceptualization of the event. The young male surprised this older woman with his perceptiveness during the group presentation.

### Selection of Individual Memory

In our group work at West Chester University (West Chester, PA)

we save the collaborative story building and telling “project” until the end of the semester. However, we decided to have the group engage in the collaborative task at the outset in order to foster a sense of comfort and cohesion among group members prior to introducing the CBT and psychodrama techniques that we utilize. In addition, by allowing the group members to share their memories, we, as the facilitators, were able to learn more about the group members and brainstorm possible ideas for a psychodrama while the subgroups were engaged in the collaborative project.

With a connection now established among group members after the building and telling of the collaborative stories, the group moved on to focus on an individual memory presented at the start of the workshop. One of the adolescents, Casey,<sup>1</sup> volunteered her memory. Based on her trauma memory, the group facilitators helped her work through an Automatic Thought Record (ATR; see Greenberger & Padesky, 1995), allowing her to be-



Thomas Treadwell, EdD

come fully aware of the thoughts and feelings associated with the memory, other experiences in her past that trigger similar thoughts and feelings, experiences that are diametrically opposed to the negative past experiences she listed, and then to create a more balanced view of herself based on all of the data presented. Given that her situation was based on family-related difficulties and dissonant interpersonal relationships an abridged Genogram was constructed to better understand her family structure and social dynamics.

Once the ATR and Genogram were constructed, there were several possible approaches by which a psychodrama could be developed. One would have been to set up a psychodrama utilizing Casey as the protagonist and other group members selected by Casey to portray her double and auxiliary egos in the situation (for specific psychodrama techniques, see Karp, Holmes, & Tavon, 1998). This route was not taken due to time constrictions and, primarily, to the fact that Casey had already resolved many of the presenting issues and situations that would have warranted a role-play exercise. Instead, focusing on the relationships in Casey's life, a decompression exercise was utilized to prevent Casey from leaving the session in emotional distress. Allowing Casey and the other group members to focus on and contribute to Casey's positive attributes and outlets aided in further cohesiveness among group members. Casey was also assigned a homework task to further her understanding of her family dynamics and that of her close friends attending the workshop; she was asked to work with her peers to build their own genograms and to find any patterns or interesting interplays among their friends and families.

### Wrapping Up

At the end of the workshop, there were several positive comments received from the group members. As previously mentioned, many were impressed with the small group process and how well they were able to relate to the members of their subgroups. Oth-

<sup>1</sup>Name has been changed to ensure confidentiality.

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## Group Cohesion...

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ers were grateful of the collaborative group work, as it enabled them to feel more comfortable about disclosing information about their trauma memory and allowed them to better relate to group members. The conversations during the small group work allowed members to further discuss the shared memories and disclose additional memories that may have been triggered by another person's story.

While bringing up trauma-related memories may have been difficult for group members, it was reported that many members felt a sense a relief through the sharing and discussions with the group.

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## Experiences in Groups: *Voices* Spring Issue 2011

Groups offer us a uniquely alive, in-the-moment method of therapy. We often see aspects of our patients in groups that remain inaccessible in individual therapy. Likewise, leading a group requires us to reveal ourselves in ways that don't come into play during individual sessions. Are there things you can do in groups that never happen in individual therapy?

What kind of group experiences have created the most powerful learning for you as a therapist? At American Academy of Psychotherapists (AAP) national meetings, process groups permeate the workshop offerings, reflecting a deeply held philosophy: the idea that personal growth is professional learning. Participating in such groups can become the occasion for expanding our vitality both in and out of the consultation room. AAP members can also choose to become part of an ongoing, leaderless peer or "family" group. In these confidential settings many of us form lifelong peer communities that have profound impact on our professional work.

What are your experiences of the special dynamics of a very large group? At AAP national events there is a tradition of community meetings—a daily gathering of several hundred people which functions something like a Quaker meeting. There is space for anyone to share a thought or partake in the silence. Sometimes the most electrifying moment of the conference comes from an encounter during this community-held space. Is there a large group experience that has affected you deeply?

For the Spring 2011 *Voices* we want your thoughts, articles and memoirs about leading groups and participating in groups large and small, "therapeutic" groups or naturally occurring ones. Tell us about groups that have changed your life or your patients' lives.

Information about submissions can be found on the AAP website ([www.aapweb.com](http://www.aapweb.com)) on the *Voices* page. Submissions must be in electronic form. Direct inquiries and submissions to Editors Doris Jackson ([dorisj@comcast.net](mailto:dorisj@comcast.net)) and Penelope Norton ([psynorton@aol.com](mailto:psynorton@aol.com)).

**Deadline for submission: January 15, 2011**

# The Dynamics of Rapport: Practical Applications in Group Psychotherapy (Part II)\*

(\*In the last issue, I discussed the theoretical basis for sociometry, with special reference to psychotherapy for individuals, families and in groups.)

One of the most fundamental dynamics in groups is the way people connect intuitively, feeling either greater or lesser rapport, sometimes even a sense of negativity—or repulsion. Go to any conference, party, or weekend retreat, and you will notice that you feel a natural connection with a small percentage of others; a milder positive feeling towards a fair number of people; a level of neutrality or even indifference towards some; and there are a few folks who give you the creeps or generate bad vibes. Also, it should be noted that often there are no easily identifiable reasons for these variations in preferences. In a larger world, notice also that you are not particularly interested in most people, in spite of the fact that they have done nothing at all wrong—it's just a difference in interests. If you think about it further, you'll also realize that for the same reason, most people are not particularly interested in you.



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Nevertheless, when you encounter less than positive feelings, there occurs a low-grade feeling of interpersonal vulnerability, and it is this sensitivity that is the focus of this paper. Variations in rapport and the circumstances for these fluctuations can operate as important factors in individual and group psychodynamics (Blatner, 2009, p. 311).

## Re-Cognizing the Reality of Interpersonal Preference

While the attempt to discover more complex mathematical models for sociometry was explored by others—and it gradually disappeared from the literature by the 1980s—it should be more explicitly recognized—re-thought, re-recognized—that feelings of attraction or repulsion happen, and it is wiser to become conscious of what is going on than to ignore it. Since group therapy involves the development of consciousness for the participants, it follows that people will benefit from becoming more aware of how they actually feel towards others and from noticing whether these feelings are reciprocated.

As with other feelings, many people override what they feel with assertions about what they think they are supposed to feel. All the defense mechanisms that people use about their own emotions are also exercised in this arena of how we intuitively feel about others and about how we sense that others feel towards us. This interpersonal perception can be valid and it can also be distorted by transferences and projections.

Another way to think of this dynamic is that people intrinsically develop preferences—for food, for styles of clothing, for pets, and, in a more complex way, for people. With people, the dynamics of preference are more complex because we feel hurt if someone we prefer does not reciprocate our preference or seems to prefer someone else. Likewise, we intuitively try to avoid hurting others—at least if we are socially sensitive. The point is that this whole arena

of rapport is emotionally loaded and should be kept in mind as an active dynamic in any therapy group.

## Practical Applications

The group therapist who is going to work with more than six people for more than six weeks might do well to incorporate the themes that will be weaving in and out of discussions: Typically, what emerges in a group environment are such elements as preference, the temptation to feel hurt at not being chosen, or the obligation not to hurt anyone else. There is a layer of courtesy and general social friendliness that operates, and yet the truth is that people in the group will have certain intuitive preferences. They cannot help it, and they cannot will it to be different. One lesson to be learned: If A does not feel rapport with B, she learns to at least try to be meticulously courteous and tactful.

In a therapy group, group members might even admit this sense of distance without having to build up a bunch of reasons. You do not have to justify not preferring someone—it happens.

Part of the warm-up might involve some matter-of-fact discussion that these dynamics happen, they should not be a source of guilt or shame, that these patterns are ubiquitous in human affairs, and that, in general, they are not talked about. Perhaps the therapist should say that once folks get to know each other more, these factors can be talked about.

Another statement that can be mentioned early is that preference is role-based in many cases: A prefers B over C for certain roles, but in other activities, we might just as well prefer C over B. So not being preferred by everyone should not imply that the non-preferred one is in any way bad or lacking—just that different folks not only need different strokes, but make different choices about people with which to share time or roles.

The guilt and shame over not being chosen is a deep wound, an almost universal wound, and it exists even more sharply not only because it is repressed, but also because our culture tends to be a competitive, shame-based one. Being not-chosen for a game is a statement not of perceived talent, but rather of essential character, reputation, as if one's basic okay-ness was in question. And yet even the seemingly popular kids have certain roles or facets where they feel not-chosen or less in status. The jocks envy the brains, and the brains envy the jocks.

## Healing

Part of group therapy and therapy in general involves developing a grounding of becoming okay, of clarifying the reasons for experiencing oneself as fundamentally valued and deserving of value. Many

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elements from the recent trend toward positive psychology should be integrated here, because people are pretty fragile (Seligman, 2002). Few know that they are “wonder-filled” (a play on the word “wonderful”) and deserving of strong self-esteem; unfortunately, instead, many people’s minds turn to all the ways they experience themselves as lacking. That grounding lays a foundation that makes it possible to consider those aspects in which their fragility and emotional sensitivity are at risk. (In other words, following one of my favorite rules of thumb, don’t put people in touch with their inner negative voices until you have first put them in touch with their inner supportive positive voices!)

It is important to warm up the group by talking about the reality of differential preferences, and that it is universal and does not mean that not being preferred means you are a loser. Eventually, though some beginning sociometric exercises become very powerful catalysts of discussion: What would you like to be chosen for? Is what people choose you for really what you want to be known for? How can you better let folks know your interests and values so that you can attract people who interest you, and whose opinion matters to you a little more? What are your experiences with having not been chosen first, or chosen at all?

For groups whose members can tolerate a slightly deeper level of introspection, the next step involves bringing up concerns that many people are afraid to think to themselves: Am I liked? If not, why not? Corollaries: How does it feel to be liked? What do people expect from me? Will it be more than I can deliver? If I’m liked, can I then admit anything bad about myself, for fear that I will lose what little good will that I have accumulated? If I’m not preferred, should I try to fix it? Why am I not preferred? Is it the way I look, the way I smell, or other qualities about which I fantasize I am lacking or feel ashamed? As I said, this stuff is powerfully deep!

### Why We Choose

The answer to this question must be partial. A number of reasons for preference are obvious, some not-so-obvious, and some will remain ever-elusive to conscious investigation or being able to be put into language. Many things go into preference, such as commonality in certain elements in background or interest. This can be relative, so that, for example, when visiting a foreign country, anyone who simply speaks the same language tends to be preferred over one who does not.

Some preferences are based on the fact that the people involved share common interests, such as a common enemy, a common profession, a common language or gender. (The technical term for such connections is “socio-telic.”) Another type of rapport is based on more personal qualities, such as the other person’s charm, attractiveness, or other often rather subjectively assessed qualities. (These involve “psyche-telic” interactions.) The two criteria may fit, so that another person may enjoy the personal qualities and find a common interest; or they may not fit, from whence comes the saying, “politics makes strange bedfellows.”

Getting group members to consider some of their reasons for preferring and not preferring is another beginning exercise. Eventually, this will result in your doing some sociometric tests, talking about them openly, and assessing who prefers whom for what role or task. There is some art in doing this, but the point of this paper is to just get you interested in considering this whole dimension of group work.

### Overriding Preference

Instead of allowing people to choose those whom they work with, or at least including some feedback as to preference, teachers often assign students according to height or the alphabetical order of their last names for collaborative research or study. Similarly, administrators assign their staff to work in task groups based on arbitrary factors. Even psychotherapists and hospital unit directors tend to ignore member preferences in organizing therapy or activity groups. In part this derives from work and school systems that fail to take into consideration individual differences and individual preferences—people are treated as if they were interchangeable parts in a mass-production factory. (As a result, people often feel that they don’t really measure up to the ideal or standard qualities attributed to a role—they’re not attractive, or strong, or adventurous, or good enough according to their perception of what is optimal. The idea that individual differences are inevitable is hardly acknowledged.)

Part of this leveling of individuality involves also our social connectedness, our sense that we should be liked by everyone, and that if we are not, there must be something wrong with us. In turn, we are socialized to numb our own sense of preference. “You can’t have what you want” applies to some aspects of realistic socialization (i.e., you cannot always eat as much of any food, cannot hit even though you feel like it), and equally importantly, this general inhibitory rule is also applied to many other kinds of things that are not really necessary. (For example, why can’t you get up and walk around in class? They do it in Montessori classrooms!)

All this is leading to the realization that normal people are taught to override their preferences socially and in many other ways. Occasionally this self-discipline is conscious, and that which is put off is at least retrievable. Often, though, the conditioning is pervasive and strong enough to generate repression, so that a person can no longer get in touch with not only *what* he has avoided seeing, feeling, preferring, but also cannot recognize that he has ever avoided knowing these things. For example, A feels uncomfortable with a cousin, B, at a family gathering, but cannot identify why—memories of the cousins having been bullied when they were kids playing together have been repressed, forgotten.

### Working Creatively with Tele

Sociometry is a vast field, and this is just an introduction for the group therapist. An important final principle to be mentioned here is that tele is role-based. For example, a person might prefer to be in a study group with a person of the opposite sex, but not want to have a sexual relationship with that person.

As another example, A might want to play a certain sport with C, who has around his level of skill at that game, while not wanting to play with B, who either is much better or much worse. On the other hand, A might prefer to do some other activity more with B

than with C. Thus, when the group therapist might respond to the discovery of neutral or negative tele in a group, there might be an opportunity to explore different roles. Perhaps A in group isn't able to talk about sex with B, but in other ways finds B more comfortable. Exploring different interests, then, can often counter initial intuitions about areas of incompatibility.

Finally, this awareness in general might also apply as group members talk about their interactions online with others on email, listservs, or in various social networking contexts (e.g., Facebook, MySpace, LinkedIn, Second Life). The "netiquette" hasn't been worked out, however, regarding when to reply, when to feel hurt if someone doesn't reply, and so forth.

### Summary

The psychology of interpersonal preference is an obvious but rather thorny dimension of all interpersonal relationships and group dynamics. It can be overlooked, avoided, or treated as "too sensitive," and often this is what happens. As a result, various group dynamics emerge that I would like to address:

1. For example, A senses negative tele with B and unconsciously believes he needs to justify this feeling, leading to his coming up with reasons for his feeling, building a case whereby B seems worthy of being disliked. This sadly very common dynamic happens because of the capacity of the mind to rationalize feelings. However, if A knew about the dynamics of tele, it might be possible to just notice the feeling without feeling compelled to make the other person wrong or bad. There would then be more room later on to find an area of positive tele, perhaps a common interest or a pleasant quality. With another person, there is a tendency to rationalize this by building up a case, having to make the disliked person worthy of being disliked, as if they had done something wrong.

On the receiving end, if A was perceived by B to have any degree of status in the group, sensing this coolness would tend to lead B to feeling ashamed, hurt, and/or defensive. In turn, such misunderstandings tend to remain unconscious and may lead in turn to sabotaging or resentful or displaced behavior. Being aware of the dynamics of rapport might instead lead these two to check out the actual dynamics involved and release each other, or seek to consciously create better tele. Of course, this would be good modeling for the other group members, too.

If the group therapist is alert to these dynamics and brings them up with any degree of frequency, such interactions may lead to a heightening of sensitivity about the way rapport actually happens, and the building of skills to accurately identify and cope with such interactions.

2. It is useful for group therapists to ask such questions as, "Do you feel heard? Seen? Known?" With proper preparation, the therapist might also ask, "Do you feel liked? Forgiven? Understood? Appreciated?" These are powerful questions that can evoke deep responses and fodder for the group, because almost everyone shares—if not the specifics of a given person's relationship with another, then the more general theme of wanting to be closer to someone who does not reciprocate the feeling. Sociometry then can be a powerful agent also of group cohesion.

I hope these ideas stimulate the reader to follow up and learn more about this important sub-field of what I consider to be not just a kind of social psychology, but also depth psychology.

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## A Group Intervention Model for Children With Autism Spectrum Disorders (ASD)

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As the number of children being diagnosed with Autism Spectrum Disorders (ASD) continues to rise, educational and mental health systems are increasingly called upon to address the academic, social, behavioral, and therapeutic needs of this population. Autism Spectrum Disorders are neurological disorders of unknown origin which significantly affect social interaction, communication, and behavior. In 2009, the Centers for Disease Control and Prevention estimated prevalence rates for autism and related disorders in the range of 1 in 110 individuals (CDC, 2009). These increasing

numbers of children reported with ASD have raised concerns across a range of educational, clinical, and treatment areas, including how best to address the significant social concerns that are demonstrated. Significant social impairment is a hallmark of ASD and includes an inability to understand and interpret nonverbal behaviors in others, a failure to develop age-appropriate peer relationships, a lack of interest or enjoyment in social interactions, and a lack of social or emotional reciprocity (APA, 2000).

Reviews of social competence and social skill development in ASD children consistently indicate deficiencies in multiple key areas, such as self regulation, stress management, and joint attention (Gresham, 1981; Hops & Finch, 1985; Odem, McConnell, & McEvoy, 1992) and that these deficits significantly interfere with social relationships (Welsh et al., 2001), are related to school failure (Williams, Johnson, & Sukhodolsky, 2005), and significantly increase the risk

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of mental health concerns (deBruin, Ferdinand, Meester, deNijs, & Verheij, 2007). Given the range of social-interpersonal deficits attributed to ASD and their negative effects on long-term social development (Parker & Asher, 1987; Schopler & Mesibov, 1983), evidence-supported group interventions which can efficaciously, efficiently, and feasibly address the social competence needs and concerns of individuals with ASD appear critical to overcome many of the negative and debilitating effects of these disorders.

Group-based interventions with individuals with ASD have direct and demonstrated value as the focus of management and treatment, particularly with higher functioning ASD individuals capable of tolerating and using group situations, and have generally shown significant benefits in enhancing social competence and social skills (Hwang & Hughes, 2000; McConnell, 2002; Rogers, 2000). However, many question the efficacy of these treatments (Barry et al., 2003; Krasney et al., 2003; Williams et al., 2006), particularly their inability to generalize to real-life situations. More recent research on evidence-based group approaches with individuals with ASD has been positive, but limited (McConnell, 2002; Reichow & Volkmar, 2010; Rogers, 2000), and there continues to be a need to investigate the effectiveness of these approaches with this population.

In the individual with ASD, multiple issues and sets of issues have been reported to underlie the social impairment observed. Given these impairments which occur in both key underlying social processes and structures and specific social skills, the Social Competence Intervention Program (SCIP) was developed to address the underlying core deficits related to social impairment in individuals with ASD, each of which have related perceptual, neuropsychological, and behavioral components (Klin, Jones, Schultz, Volkmar, & Cohen, 2002) and each of which appear to be governed by underlying developmental aspects. These key issues (called core variables) include: self regulation, emotion competence (recognition, labeling, understanding, and regulation), stress and anxiety control and management, attention and joint attention, flexibility/change/transitions, perspective taking, and relatedness. Research with children with ASD completed to date on several of these key core variables indicates significant positive gains can be achieved with focused, structured, and targeted group-based interventions when combined within a cognitive-developmental framework (Cotugno, 2009a, 2009b, in press).

### The Social Competence Intervention Program

The Social Competence Intervention Program (SCIP) was constructed to address the social needs of children with ASD by providing a peer-based, group model that combines and connects group-based, therapeutic interventions, social-cognitive learning approaches, and directed skill instruction within a stage-based, cognitive-developmental framework. The main focus of SCIP is: (1) targeted assessment; (2) appropriate placement; and (3) effective intervention. In the assessment process, this approach systematically assesses the ASD individual's social abilities and skills in eight core areas: (1) self-regulation; (2) cognitive/executive functioning; (3) social; (4) emotional; (5) communication; (6) behavioral; (7)

sensory; and (8) motor. To accomplish this, relevant information is collected from history and previous evaluations, past and present intervention reports, ongoing observational data, and face-to-face interviews. This information is then used to construct a modified core area assessment profile and to elaborate specific areas of interest and need, individual goals for each child, and group goals once a group is assembled. Following assessment of the individual's core areas of functioning, particularly social abilities and skills determination, a decision regarding appropriateness for a group is made and when appropriate, the child is matched to a group (i.e., small group, peer-based, structure based, skill-focused, and adult monitored, situation).

During the intervention process, a specific emphasis is placed on the defined needs and established individual and group goals, which are considered within the specific stages of group development that have been observed to occur. Within each stage of development, the group addresses aspects of social interaction (e.g., initiating conversation, active listening, cooperative turn taking) and develops adaptive strategies to manage effectively. At each stage, group process variables targeted (i.e., building culture, establishing connections, exchanging information) and related skills for instruction are elaborated. Specific skill instruction is structured to develop effective and age appropriate strategies for interactions with peers, making use of group therapy principles, structured social-cognitive learning techniques, and skill-based instruction. In the intervention process, SCIP addresses core variables of importance and of known deficiency for the individuals within each group. These include: self regulation, emotion competence, stress and anxiety control and management, attention and joint attention, flexibility/change/transitions, perspective taking, and relatedness.

Each social competence group meets weekly for one hour from September through June for a total of 30 sessions, led by a licensed clinician with training and expertise with ASD children, with skill-based instruction, and with group therapy interventions. All sessions are structured so as to maintain a high degree of consistency and comprise three components: (1) an introductory period (greetings, sharing time); (2) a group decision-making task designating the activity for that particular session (selected from a cluster of activities determined in advance by the group leader and focusing on issues specific to the particular stage); and (3) a closing group discussion, used for processing group interactions, conflicts, and dynamics and relating the work of that session to previous sessions and to the connection of key process variables and specific skills. A preview of the next session also occurs.

Throughout the course of the group, activities chosen are discussed by the group before beginning them in order to help the group members understand how the activity relates to the group goal, how it relates to individual goals, and what specific social skills would be addressed during that session for that activity. Discussions are provided in simple, easy to understand language appropriate for the age of group members. During the activity, specific social competencies and social skills are explored and modeled by the group leader, following a brief priming period and exercise. Ongoing feedback on performance is given consistently to the group throughout each session.

Types of interventions used to teach specific skills are varied and dependent upon the stage of group development, the key process variables being addressed, and individual and group goals. Primary emphasis is placed on types of overlapping interventions which include: small group format (groups consist of no more than 4–5 children); developmental leveling (experiences targeted to the developmental level of the group); self-management (each individual takes responsibility for self-managing one's own behavior); peer mediation (peer to peer interactions designed to address and resolve group issues and); priming (complex tasks are broken into simple steps with preparation and training provided for managing new aspects of a task); managing and regulating affective responses (therapeutic interactions focus on emotion and affect understanding and management); and direct instruction (specific directed skills are selected, taught, and reinforced within the group setting).

Tasks and activities used during group sessions are constructed or selected based on the following criteria:

1. Current stage of group development;
2. Specific group goals related to the stage of group development;
3. Specific social competence and social skills related to group goals.

### **A Stage Model of Group Development for ASD Individuals**

Over the years, we have observed that children in our groups move through a series of stages that follow a consistent sequence and appear related to specific processes and sets of behaviors. They generally follow previously reported stage models (Brabender & Fallon, 2009; Tuckman, 1965, 1977) and include:

- Stage 1: Group Formation and Orientation
- Stage 2: Group Cohesion
- Stage 3: Group Stability, Relationships, and Connections
- Stage 4: Group Adaptations and Perspective Taking
- Stage 5: Terminations, Loss, and Goodbyes

Stage one, Group Formation and Orientation, relates to the process where the group comes together for initial sessions and begins to get to know one another as individuals and as a group. Group goals provide a focus on the common and shared experiences of all group members and are intended to provide structure about what is expected. Specific skills include: learning about one another, learning about how the group can work together, acknowledging common issues, and creating a group plan.

The second stage of Group Cohesion relates to the group's capacity to form a bond as a group and to use that bond as a force to hold the group together as it begins to deal with more stressful issues. Group goals foster interaction, while individual goals focus on the specific needs of the individual to make interactions successful. Specific skills include: asking for and receiving help from peers, taking turns, competing, and initiating conversations and activities.

The third stage of Group Stability, Relationships, and Connections emphasizes the power of interactive group process where members identify with each other and with the group leader and alliances

develop. Group goals focus on the shift in power and control with the group assuming more power and authority in control, decision-making, and conflict resolution. Specific skills include learning about: nonverbal cues, working cooperatively, giving and getting feedback/criticism, emotional regulation, and anxiety management.

Stage four, Group Adaptation and Perspective Taking, relates to the group's capacity to adapt flexibly to positive and negative issues that arise, adjusting modes of communication, decision-making, and response to the group needs. Goals focus on self-management and self-direction, requiring respectful interactions, appropriate confrontation, alternative solutions to problems, and unanimous agreement in decision-making. Specific skills include: negotiating compromise, using criticism, seeing things through another person's eyes, apologizing, and getting "unstuck."

The fifth stage of Termination, Loss, and Endings, relates to endings, losses, significant transitions, and goodbyes. Attempts are made to understand the thoughts, feelings, and emotions that these events stir up and the effects that they have on interactions with peers and others. The goals are specific to endings and the holding on to memories. Specific skills include: expressing termination emotions, understanding endings, and saving the memories.

Within this cognitive-developmental stage model, attempts are made to systematically build an understanding of the ASD individual's capacities and abilities to engage with others as well as the group's capacities as a whole to respond to needs expressed within the group. The particular stage of development that the group is functioning within is constantly monitored with opportunities provided for the group within each stage to address and comprehend aspects of social interaction and to develop adaptive strategies to manage most effectively. Within this framework, targeted and relevant skills necessary to effectively and age appropriately interact with peers in natural settings are rehearsed and practiced. This approach makes use of group therapy principles, structured cognitive-behavioral techniques, and skill-based instruction.

### **Research to Date**

The results of several peer reviewed and pilot research studies completed to date on several key variables focused upon within this model indicate moderate to significant improvement in overall social competence scores and in the subareas of anxiety management, joint attention, flexibility, self-management, and perspective taking for all groups of ASD children. These studies found that this specially designed, manualized social competence program substantially and significantly improved performance on specific social competencies and in social skill development. Results suggest the need for continued emphasis in areas of core deficits, increased intensity of interventions to improve the rate of progress, consistent and ongoing reinforcement to solidify and internalize learned acquired competencies and skills, and a specific focus on the transfer and generalizability of these competencies and skills to unrehearsed social situations.

Although group interventions in the past have demonstrated variable results and poor generalizability overall, the nature of ASD deficits

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requires that social competence-based interventions, particularly within stage-based models, continue to be tested, explored, and refined for their efficacy and generalizability.

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## Self-Care and Mindfulness: Therapists' Lessons Learned

*Drs. Christine Fredericks and Sara Hernandez  
UC Irvine Counseling Center*

The importance of self-care in our work as psychologists cannot be over-stated; it assists us in our unique journeys, individually and with our clients. Although we may frequently attest to the need for “tuning the self,” few of us actually take the time or notice the signs until it's too late. Many of us do not actively engage in the enterprise of nurturing the self on a daily basis. Two psychologists, one a UC Irvine Counseling Center senior staff psychologist (Dr. Fredericks), and the other a previous UC Irvine Counseling Center pre-doctoral intern (Dr. Hernandez), share their views on self-care, using mindfulness.



*Dr. Christine Fredericks*

### Dr. Fredericks' Journey through Mindfulness

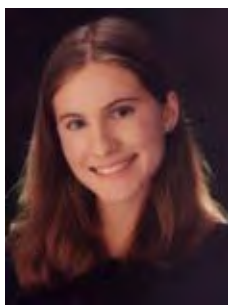
My journey to mindfulness began with this realization: How can I sustain myself in a profession that is so rewarding and yet can be

so spiritually depleting? I recognized various signs of overload—including a tendency to lose perspective, awareness, and sensitivity. I would sometimes adopt a “trance-like” stance as a reaction to accumulated stressors. I recognized that my toolkit needed better tools.

While I have been interested in an approach that encompassed spirituality, I also wanted a set of skills that I could incorporate in my work with diverse college populations. I had benefited from various eastern traditions, including the Siddha Yoga tradition of chanting and being in sync with the “God within.” I also recognized that this particular approach was far-removed from the need for a practical application with university students. Mindfulness, in contrast, provided a way for me to engage my spiritual side: to center attention, calm the mind, and attend to the present moment. In so doing, I found the practice allowed me to be more attentive, compassionate, and clearer—a better therapist, overall. I found this approach a meaningful one for

helping undergraduate and graduate students confront their many challenges, both personal and academic.

My first introduction to mindfulness occurred in 1994 while I was in my doctoral studies. Around this time, I was given the book, *Wherever You Go, There You Are*, by Jon Kabat-Zinn, M.D. Within the covers of this book I found a panacea of counter-intuitive advice: *mindfulness is a state of being, not doing*. As in most of graduate school, and much of my life for that matter, I was constantly in a state of doing/creating/developing/changing. There have been few times when I felt sustained by what I was doing *now*; for the most part, (like many others in westernized culture) I concentrated on the past and the future, not the present. I learned to judge, criticize, and join in non-accepting attitudes toward myself and others. As I continually struggled in graduate school with my own perceived limitations I recognized how difficult I was making the journey. "There must be a different way," I thought.



Dr. Sara Hernandez

I was intrigued by a different stance, one that encompassed spirituality within a state of *being* in the world. As Kabat-Zinn explains, "Meditation can be a profound path for developing oneself, for refining one's perceptions, one's views, one's consciousness...But to my mind, the vocabulary of spirituality creates more practical problems than it solves (p. 264)... "meditation is a Way of being, a Way of living, a Way of listening, a Way of walking along the path of life and being in harmony with things as they are" (p. 88). I have attended many workshops since this time, all reinforcing the concept of acceptance, present moment awareness, and using the breath. I have read many books and studied the research, as well. I have learned to pause, to reflect, and to bring mindful attention to most everything I do. I am not often successful. It is a continual process of reminding myself to focus on what is right in front of me instead of what I think I want or don't want at the present moment.

### Dr. Hernandez's Journey Through Mindfulness

Throughout my life, I have been an over achiever with a thousand and one interests. As an honor student, a ballet dancer, a daughter, a sister, a friend throughout my school years, I engaged in multiple roles which required daily balancing acts that I would have to see with my own eyes to believe. Though I managed to succeed to my standards with no regrets and plenty to celebrate in my life, these achievements and my lifestyle began to take a personal, emotional toll. I became highly self-critical, staying up nights worrying about the past, the future, decisions I had made, and decisions I needed to make. I had so many goals that my future became my present. The only place I found that I could live in the moment, just for a few moments, and feel every movement of my body and every emotional that emerged within me, was in the dance studio. I was able to drop my balancing act (no pun intended), and just be here. The dance studio is where my mindfulness journey began. But how could I be present anywhere else?

While in my doctoral program in Counseling Psychology, I managed multiple roles once again. An "A" student, a researcher, a counselor in training, a mentor, a mentee, a fiancée, a dance instructor, and a "mommy" to my new puppy and kitten. As I loved all of my roles,

I didn't readily recognize signs of emotional exhaustion. I "pushed through" signs of physical exhaustion. My dog became seriously ill, my grandparents and close friend tragically passed away, and I still needed to maintain my academic roles. I developed two respiratory infections and bronchitis. I began to break down and cry frequently, and I realized I needed to do something to care for myself. The first place I turned was dance.

I noticed and observed how amazingly present I could be while dancing. True, I could also be highly self-critical, but it felt a little different at this point in my dance career, as an instructor. I was no where, but here, noticing and accepting every sensation that flowed through my body. I began to incorporate mindfulness into my ballet classes for my dancers, and watched how they flourished and injuries began to decrease, because they were aware and compassionate toward their bodies. I began work on my dissertation, examining the impact of yoga on the development of mindfulness of the body, among other areas. I read *Wherever You Go, There You Are*, by Jon Kabat-Zinn, M.D, in addition to several other books on Buddhism, mindfulness, and meditation. Every night, I paused, I breathed. I noticed and I observed. I didn't judge. Throughout the day, I noticed as each moment ebbed and flowed, just as in the dance studio. I certainly had my struggles and moments of impatience, serious judgmentalism and self-criticism (we all do), but my journey, my dance of mindfulness that was not time or space specific, had begun.

### Drs. Fredericks and Hernandez: Workshop Series

In my work as a senior staff psychologist at the UC Irvine Counseling Center, I have tried to incorporate mindfulness in my individual, couples, and group work with both undergraduate and graduate students. In the spring quarter of this past year, my supervisee, Dr. Sara Hernandez (a practitioner of mindfulness and at the time a pre-doctoral intern), and I created a six-part workshop series entitled, *Peace of Mind* for graduate students. We offered it towards the latter part of the quarter, when stressors seem to be higher. Our workshop series introduced mindfulness to students through active discussion, readings, and experiential processes. We had our "regulars," students who attended every session, and those who came less frequently, based on need and schedules. After the workshop series one female student, a PhD candidate in the Department of English said this, in a subsequent email to both of us:

"I wanted to thank both of you for conducting the *Peace of Mind* workshop and for being such great facilitators! I learned SO MUCH from our sessions and can honestly say that I have been applying mindfulness techniques in my own life, only to see excellent results...The "letting go" workshop was really useful for me because I have spent much of this year worrying about when I would finish my dissertation...after our workshop I...just let go and let the universe handle the details...I was just informed today that I have been awarded a... fellowship, which not only covers my fees for next year, but also provides a generous stipend...So it pays to let go!"

(Continued on page 16)

## Self-Care and Mindfulness

(Continued from p. 15)

Mindfulness is often considered to be a process that is developed, refined, and integrated into one's way of being in the world throughout one's life- a tall task to complete in six workshop sessions. However, we can certainly start to plant the seeds for Mindfulness. After engaging with the students in our workshops, and observing the unique and personal processes of each student through these series (particularly our regulars), we learned that one's relationship with mindfulness may evolve in so many different ways, through many different moments, and along many different paths throughout one's life. There is no "right" way to be mindful. It didn't matter if a student attended for one session, for three, or for all six, or whether the student considered him or herself far from "mindful" or a seasoned "meditator." What we learned is that each student found personal treasures in the ideas and concepts that mindfulness presented through these workshops, just as we have found the same through our own lives and our own journey through this series. We were amazed and touched by how each student found a purpose for mindfulness in his or her life. Each workshop member found a unique way to practice, beginning their own journey, or perhaps continuing along their journey with new potential pathways now illuminated.

Among the most valuable insights we have taken - both from our own personal experiences with mindfulness throughout our lives and from this workshop series - is that through our multiple roles, our relentless schedules, our emotionally exhausting work, we do have time for ourselves. We do have time to pause, anchor, breathe, and be here, in this very moment. We can experience patience, non-judgment, and compassion toward ourselves. This mindfulness practice includes not judging ourselves when we notice that critical voice, that impatience, those thoughts and feelings that we try so hard to push away in ourselves. We, too, can breathe, let go and be present for every moment of our journeys.

### Reference

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*Dr. Fredericks has over 30 years of experience working in university settings. She has held senior administrative positions, taught undergraduate and graduate level psychology courses, and is currently a senior staff psychologist at UC Irvine's Counseling Center. As Assistant Dean/Director of the UC Irvine Center for Women and Men from 2000–2004, she developed several new initiatives to address issues of gender on campus, receiving recognition for her contributions from campus organizations. She completed her PhD at University of Southern California, Counseling Psychology Department.*

*Dr. Fredericks is a member of numerous professional organizations, including the California Psychological Association, Western Psychological Association, Association for Women in Psychology, American Group Psychotherapy Association, and the Orange County Psychological Association. She has presented at numerous conferences on several topics in the areas of student development and the intersection of gender and sexuality among college students.*

*Dr. Fredericks' specialties are: mindfulness in psychotherapy, women's issues, human sexuality, college student development, the interaction of gender-diversity and ethnicity, supervision of young professionals, and group psychotherapy models in college counseling centers. She is currently Group Services Coordinator at the UC Irvine Counseling Center.*

*Dr. Sara Hernandez completed her graduate studies in Counseling Psychology at Washington State University, and internship at the University of California, Irvine Counseling Center. As a psychologist, she seeks creative and specialized ways to help others access their inner resources, often incorporating dance, art, and movement. She continues to practice mindfulness in her personal and professional life, and strives to help clients maintain balance and a holistic attitude.*

## Free, First-Year Division 51 Membership

A one year, free membership for 2011 is being offered by Society for the Psychological Study of Men and Masculinity (SPSMM), Division 51 of APA. SPSMM advances knowledge in the psychology of men through research, education, training, public policy, and improved clinical services for men.

### Benefits of Membership Include:

- Free subscription to *Psychology of Men and Masculinity* (the official empirical journal of Division 51).
- Participation in SPSMM Listserv where members exchange information and ideas, discuss research and practice, and network with colleagues.
- Opportunities to serve in leadership roles in Division 51's Committees and Task Forces.
- Involvement with Divisional Web page on your interests and expertise in psychology of men.
- Opportunities to meet, network, and socialize with over 500 psychologists committed to advancing the psychology men and gender.

### For further information about the free membership application process:

Go to Division 51's website <http://www.apa.org/divisions/div51/> for electronic application or [www.apa.org/divapp](http://www.apa.org/divapp) or Contact Keith Cooke at [kcooke@apa.org](mailto:kcooke@apa.org).

# Building a Group Psychotherapy Program at a University Counseling Center: Lessons From the Field

Workshop to be presented at the 2011 Annual AGPA Conference, NYC

*Martyn Whittingham, PhD; Erin Frick PsyD; Dustin Hamilton, BA; Angela Harris, BA; & Jennifer Lotz, BA*



*Martyn Whittingham, PhD*

This presentation will outline how the group therapy program at Wright State University's Counseling and Wellness Services grew by 400% in 3 years. It now utilizes a mixed-method approach to supervision and assessment of outcomes, in which assessment instruments from the CORE-R (AGPA, 2006) are combined with clinical judgment to focus therapy, select clients, inform supervisory conflicts and inoculate clients against premature dropout.

The presenters will outline the systematic steps taken to address problems in service delivery using both best practices guidelines and research evidence. AGPA's Practice Guidelines for Group Psychotherapy will be used to show how implementation of the key ideas can lead to significant change in service delivery.

## Issues addressed will include:

- Fostering trainee therapeutic allegiance to group therapy as a modality.
- Training therapists in working with client resistance during the intake and screening process.
- What is the problem? Tracking data to assess problems in service delivery.
- The development and outlining of the theoretical model used at the center (based on Yalom [2005], Kiesler [2000], and Piper & Ogrodniczuk [2005]).
- The presenters will also outline how use of the CORE-R Battery has informed supervision, screening, process and outcome.

## Outcomes

- Participants will understand principles employed in building a group therapy program.
- Participants will understand how assessment can be integrated into a brief group therapy program to enhance outcomes.
- Participants will explore how a brief group model can be used to focus outcomes and achieve measurable results and improvements in client functioning.

## Committee Reports

### Nomination & Elections Committee

*Chair: Bob Conyne*

*Committee Members: Sally Barlow, Joe Kobos, and Rex Stockton.*



*Bob Conyne*

#### Society of Group Psychology and Group Psychotherapy Election Results

- **2011 President-Elect:** Nina Brown (President: Jan. 1–Dec. 31, 2012)
- **Secretary:** Scott Conkright (Jan. 1, 2011–Dec. 31, 2013)
- **Members-at-Large:** Elaine Clanton Harpine, Dennis Kivlighan (Jan. 1, 2011–Dec. 31, 2013)
- **Student Representative:** Kyle Barry (Jan. 1, 2011–Dec. 31, 2013)
- **Division Representative to APA Council:** Gloria B Gottsegen (Jan. 1, 2011–Dec. 31, 2013)

#### Elective Positions for 2011: Candidates needed

- **President-Elect** (President: Jan. 1, 2013–Dec. 31, 2013)
- **Treasurer** (Jan. 1, 2012–Dec. 31, 2014)
- **Members-at-Large** (2) (Jan. 1, 2012–Dec. 31, 2014)

## American Board of Group Psychology Certification Exam

The American Board of Group Psychology (ABGP) is currently accepting applications from psychologists to sit for the Certification exam in conjunction with the annual APA and AGPA meetings. Mentors are available to assist in preparation. ABPP Diplomates in other specialties have a highly streamlined process for obtaining the Group Psychology credential. Contact Dr. Alaire Lowry at [dr\\_lowry@mac.com](mailto:dr_lowry@mac.com) for information.

# Division 49 Board Meeting, August 13, 2010

Attendees: Gary Burlingame (President), Bob Conyne, (Past President) Lee Gillis (Member-at-Large, Website coordinator), Leann Terry (Member, Newsletter), Gloria Gottsegen (Federal Advocacy Coordinator), Nina Brown (President-Elect Designate, Member-at-Large, Chair Development Comm.), Lynn Rapin (Treasurer), Richard Hayes (Fellows Comm.), Kathy Ritter (Member-at-Large), Andy Horne (Member-at-Large), Jean Keim (President-Elect), Irene Dietch (Member-at-Large), Maria Riva (Member-at-Large, Program Comm. Chair), Elaine Clanton-Harpine (Chair Membership Comm.), Mike Waldo (Co-Chair Diversity committee)

## Past President's Report

Dr. Conyne reviewed the Past President's submitted report.

- Provided updates on openings for upcoming election (President-Elect, Treasurer, Member-at-Large [2])
- Announced and reviewed the change of Division 49 name to the Society of Group Psychology and Group Psychotherapy

## President's Report

### Action Items:

- Discussed the need to replace Dr. Brown (Member-at-Large) because she will become President-Elect on January 1<sup>st</sup>. Dr. Kulic is first alternate and Dr. Marmarosh is 2<sup>nd</sup>.
- Dr. Park's position as Editor is ending and a replacement is needed. Dr. Burlingame agreed to oversee finding a new editor as his Past President's initiative.
- Dr. Gillis revised the website and agreed to provide oversight of the Society's website and email listserv. The Board members discussed how to more efficiently have information posted to the listserv. There are some APA requirements concerning postings on the Web and listserv that will be reviewed. Board members can make recommendations to Dr. Gillis concerning policy about how to post.
- Request for nominations for a Diplomat Chair.
- Dr. Burlingame discussed the posted chart of committees and their contributions to the Society's mission.

## Division Fellows Committee

Dr. Hayes presented report on Division Fellows.

- Dr. Keim discussed information from the fellows' breakfast and the need to review criteria since few people apply. She also reported APA is encouraging nominations. Dr. Hayes provided recommendations to modify the application process. If a person is already an APA Fellow in another division, the process is much easier.
- Dr. Conyne moved and Dr. Keim seconded a motion to create an expedited application process for Society members who are fellows in other divisions. The motion was approved. Those who are fellows in other divisions will not need to complete the entire application process.

## President-Elect Report

- Dr. Keim reported on the Mid-Winter Meeting. It is currently planned for Jan. 8–9. Board members need to send sample airfares for their travel to the following cities: Atlanta, New Orleans, San Antonio, and San Diego.
- She requested members send recommendations for Group Psychologist of the Year to her.
- In order to provide support for early and middle career persons doing group psychotherapy research, Dr. Keim requested establishing a \$2,000 grant. She will put together a proposal for the Mid-Winter Meeting. She believes this will contribute to member retention.
- Update on the Diversity Committee. The following was read to the board: "Division 49 Diversity Committee Mission Statement. It shall be the responsibility of the Committee to focus the science and practice of group psychology and group psychotherapy on: increasing respect, understanding and cooperation between diverse populations; reducing issues of oppression and intolerance; and promoting justice. The Committee will be responsible to develop and recommend policies and programs designed to educate members of the division in this area of their practice, research and training. And it shall be the responsibility of the Committee to promote the inclusion and visibility of underrepresented people in the Division by attracting, fostering, and supporting diversity in the division's membership and activities."
- Dr. Keim stated that in order to begin solicitations for a Division 49 Foundation we need a minimum of \$20,000 in the fund. She requested an additional \$12,500 from the board which would raise the fund to 25% of the \$100,000 required. The Society would be able to begin solicitation of the remaining \$75,000. Her recommendation is that the foundation funds be used initially for the following annual awards, Dissertation (\$1,000), Student Posters (\$300, \$200, \$100) and if approved the Early/Mid career grant (\$2,000). The meeting she and Dr. Brown had with the APA foundation representative provided useful information. The representative stated that about \$5,000 is usually available on a \$100,000 investment. Dr. Keim explained that the foundation would create a lasting legacy for the division. Foundation funds may not be used for administrative expenses.

## Treasurer's Report

- Dr. Rapin handed out an overview of the budget with 8-year comparison figures. Revenue for the journal has continued.
- Good News: Numbers are looking good. The Society did not make as much money as last year due to the economy but is doing well. Regular Member dues are down. No contributions were made this year. The average age is 65.8 with the largest age category 70 and older ( $N = 162$ ). The board discussed whether older members might help to establish the foundation.
- The journal entry is posted on previous year sales. APA provided 80% of the funds based on projected sales in the past. APA changed the process in June. This year they also sent the other 20% of projected revenue. Money from the journal is all in short-term investments. We are pretty stable financially but continue to lose members.

### Publications Report

- Dr. Treadwell in absentia requested that Dr. Terry become Associate Editor of Newsletter. Motion, made, seconded, and approved.

### Program Committee

- Programs this year seem very strong, lots of attendees. The committee plans to continue to figure out ways to have a wider audience.

### Development Committee

- Dr. Brown presented information about new advertising products, decals, etc.
- Dr. Gillis has done a great job of getting the Web site moved; now it needs to get updated. Website should be moved to the Publications Committee

### Membership Committee

- Dr. Clanton Harpine would like to have a membership list available to members. The board agreed that a tab on the society's Web site to the APA 'member's only' section with membership lists should be created.

- Dr. Clanton Harpine brought up Special Interest Groups and whether we should start some. Discussion occurred about special interest groups, committees, Wikis, etc. This will be raised again at Mid-Winter Meeting. She plans to have a membership application in the journal when space permits.

**Committee on Fellows**—see President's report

**Diversity Committee**—see president-Elect's report

**Student Report**—not in attendance

**Nominations and Elections**—see submitted report

**Awards Report**—see President-Elect report.

Committee reports contain additional information and were provided to board members.

## Student Corner

### Division 49's Student Poster Award

*Kyle G. Barry & Gregory T. Capriotti  
Wright State University  
School of Professional Psychology*

This summer marked the first year of Division 49's Student Poster Award. This award is one more way that the students and board are working together to create a warm and welcoming professional organization for students. Thank you to all those involved in creating, organizing, and funding this award! We would like to now publically acknowledge and congratulate the winner, and spend time introducing her to the Division 49 membership. Drum roll please! Allow us to introduce Ms. Rebecca Anne Chamberlain Blood, MA. Rebecca is a counseling psychology doctoral student at Georgia State University.



*Gregory T. Capriotti (left) and Kyle G. Barry*

Rebecca's poster entitled "Experiential Groups' Effect on Students' Personal and Professional Development" was a quantitative and qualitative investigation of perceptions of students involved in a mandatory growth group experience. Specifically, she examined differences in perceptions of self-efficacy and personal growth. Within the sample, master level students participate in groups led by doctoral level students, and the doctoral level students participate in groups led by a faculty member. Ms. Blood's presentation of the material and

findings was professional and evidenced clarity characteristic of well executed research. This group experience is one that most graduate students experience, and is an intriguing area that requires further investigation! Great job, Rebecca!!

We asked Rebecca to answer a few questions as a way to introduce her to the Division 49 membership. As a result of Cynthia Kalodner, PhD, and Jonathan Orrs' PhD interest and passion toward group work, Rebecca became interested in group work. Regarding her desire to be a psychologist, Rebecca stated that she enjoys being of service to others, and is committed and passionate about both research and practice. Rebecca is most interested in serving the military population, and in deepening psychology's understanding of the impact(s) of trauma. Her dissertation is focused in this area, examining the moderating effects of self-regulation, executive functioning, and coping resources on symptoms resulting from

trauma. Rebecca recognizes the importance of group cohesion and group work within the military culture, and would like to apply her psychological skill set to work with the men and women who experience trauma while serving the United States.

*Again we would like to congratulate Rebecca on a job well done!*

## Early Career Psychologist Corner

### One Year, Three Months, and Three Days

*Leann Terry, PhD  
Staff Psychologist  
Pennsylvania State University*

That is the length of time between my first interview and the last interview which succeeded in landing me a permanent position. While 460 days can be a bit shocking and scary to students on the job market, it doesn't do justice to the journey which it entailed. And it certainly doesn't represent the fact that where I am right now, both personally and professionally, is right where I need to be. I did not expect this outcome when I started, but am incredibly thankful it's where I ended up. Let me share a bit more of the story....

When I started my job search, I was trying to relocate to a remote area of the country. My three on-site interviews ranged from 4 to 6 hours away from my ideal location. I interviewed for a senior staff psychologist and a post-doctoral position at university counseling centers, and for a faculty position. It was frustrating waiting to hear back about each interview. But in the process I gained valuable interviewing skills, learned how other colleges and universities functioned, and became better at tolerating an uncertain future without a job.

Ultimately, after making two 800-mile moves and ending a 4-year relationship in between, I started working part-time where I completed my pre-doctoral internship. I focused on finishing my dissertation, and working part-time afforded me some structure and financial support

to do so. I completed my dissertation and walked in the graduation ceremony. One big hurdle completed. Now it was time to refocus on that permanent job "thing." Benefits? Health insurance? Yeah, I missed those. But other aspects of my life were wonderful: I was in a new relationship, settling down in a new house, and remembering what it was like to have free time.



*Leann Terry, PhD*

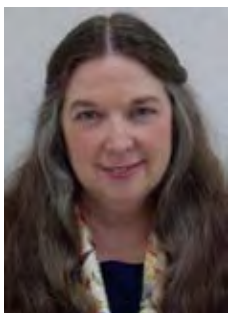
An ideal position opened up, Staff Psychologist and Group Therapy Coordinator, exactly where I wanted to be. I could not have asked for better timing. And so I prepared for another interview. The differences between this one, and the first interview 460 days before, were evident. I was more confident, relaxed, and sure in knowing "*This is where I want to be.*"

Now, a month and a half into the position, I'm on the other side of the interviewing process as we search for candidates for a vacant position. I enjoy the challenges that working at a large counseling center bring. The balance between individual and group therapy, training, and supervision is a great fit. As I look back over the past several years, it has been quite a journey. But it is one that made me recognize the truth to Garth Brooks' song lyric: "Some of God's greatest gifts are unanswered prayers."

*Leann J. Terry is a staff psychologist and Group Therapy Coordinator at Pennsylvania State University's Center for Counseling and Psychological Services. She can be reached at LJT18@psu.edu.*

## Prevention Corner

*Elaine Clanton Harpine, PhD*



*Elaine Clanton Harpine*

This is Part II of our two part series on training programs in group prevention. In response to a student request, I went in search to discover if graduate programs are offering courses in group prevention or incorporating group prevention training in other courses that they offer. The responses received may shock you. I informally surveyed approximately 30 universities and colleges, over a third of those responding stated that they did not offer any coursework in prevention, neither at the undergraduate or graduate level. A few mentioned that they tried to "talk about prevention" in some of their courses.

**I've repeated the question posed by the graduating senior.**

### EDITORIAL QUESTION POSED:

*Dear Prevention Corner:*

*I know that your column usually answers questions from counselors having trouble with students, but at the recent conference where I heard you speak, you said we could ask you anything. My question is about school.*

*I will graduate in May 2011. I plan to go on to grad school, but I don't know where to go. I'm really excited about prevention groups and would like to specialize in prevention programming. Can you tell me which universities offer classes in group prevention?*

*Signed,*

*Searching*

## RESPONSES

As I searched for someone to respond to this question, I discovered, as many have said before: we are truly lacking in courses in group prevention. Therefore, instead of offering a single response to this students' request, I have compiled several responses.

Interest in group prevention is growing in schools, medical settings, business, and community-based organizations. Yet, training in designing and leading prevention group programs is sorely lacking. In our divisions, presidential initiatives, task force, committees, and researchers have called for an increase in university coursework in group prevention. Nevertheless, if you scan through the curricula of even our strongest university group psychology graduate programs, you will find very few if any courses labeled group prevention. Yes, some schools teach a little prevention in their counseling courses and some universities incorporate prevention into their group psychology courses. Let's be honest, though, many schools barely even offer one course in group psychotherapy, much less a course in group prevention. Therefore, it is easy to see how this student is having trouble finding a graduate program which offers a specialty in group prevention.

Is there a need for group prevention specialists? Schools, patient care medical groups, career building and business organizations, as well as many community organizations are seeking evidence-based prevention programs and specialists trained in leading group prevention programs. Many community leaders have estimated that billions could be saved annually in social and community services if prevention programming were enhanced. Therefore, we need to not only train new professionals to lead prevention groups effectively, but we also need to be training graduate students to design effective evidence-based group prevention programs and researchers to conduct quality research on such programs.

In light of the number of groups using prevention techniques, we need to reevaluate course curriculums for our graduate programs. Let's look at what is presently available:



*Bob Conyne*

### Respondent #1:

The Counseling Program at the University of Cincinnati emphasizes an ecological perspective. Training in group work and in prevention represent two key aspects, both at the Master's and the Doctoral levels. Related to prevention groups directly, three group work courses are available and a course in Preventive Counseling. In the introductory group work course, students are exposed to the 4 group types endorsed by the Association for Specialists in Group Work: (a) Task, (b) Psychoeducation (with a prevention focus), (c) Counseling, and (d) Psychotherapy, and to Best Practices

in Group Work. In the Preventive Counseling course, students are exposed to before-the-fact counseling interventions, including prevention groups, and to Best Practices in Prevention. In the latter two group work courses, students apply their knowledge and skills by designing and leading groups, with most of these groups being aimed at preventive processes and intended preventive effects.

*Robert K. Conyne, PhD*

Immediate Past President, Division of Group Psychology and Group Psychotherapy, American Psychological Association  
President, Charting Your Personal Future  
Professor Emeritus, University of Cincinnati  
513-673-1982 (cell)

E-mail: robert.conyne@uc.edu

Web: www.robertconyne.com



*John L. Romano*

### Respondent #2:

The University of Minnesota, Twin Cities Campus has a cross-college interdisciplinary program that offers students the opportunity to pursue a Masters or Doctoral (PhD and EdD) Minor in Prevention Science. Prevention science is defined as the scientific study of systematic efforts to reduce the incidence of unhealthy or maladaptive behavior and to promote health and adaptive behavior across the life span through designing and evaluating interventions, and utilizing knowledge about them. Unique attributes of prevention research are that it (a) is mission-based rather

than disciplinary-based, (b) focuses on approaches and strategies that occur prior to the manifestation of serious problems, and (c) highlights the development, dissemination and utilization of knowledge for policy and practice.

Eleven academic units and six colleges participate in the minor including: Behavior Genetics, Child Psychology, Counseling Psychology, Counseling and Student Personnel Psychology, Educational Psychology, Educational Policy and Administration, Epidemiology, Family Social Science, Kinesiology, Recreation Park and Leisure Studies, Nursing, Psychiatry, Social Work, Public Policy, Psychology, School Psychology, Special Education.

Collaborating centers include: Center for Neurobehavioral Development, Center for Early Education and Development, Center for Excellence in Children's Mental Health, Human Capital Research Collaborative, Institute on Community Integration.

*John L. Romano*

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### Respondent #3:

In my Department at the University of Missouri, we offer preventive group intervention training through three courses: parent counseling

*(Continued on page 22)*

## Prevention Corner

(Continued from p. 21)



Keith Herman, PhD

and consultation course, evidence-based interventions for children and adolescence course, and prevention science practicum. Students in these courses are trained to use well-established prevention groups such as the Incredible Years Series, Coping Power, and Control Your Depression. To become an advocate for expanding prevention offerings in training programs, I suggest that you become familiar with prevention networks. The Society for Prevention Research is the group I look to for leadership in training, research, and practice related to prevention

(<http://www.preventionscience.org>). Additionally, keep yourself up-to-date with best practice reviews and guidelines related to prevention. The Institute of Medicine's recent report on the state of prevention is a great place to start. It's available for free at the following site: [http://www.nap.edu/openbook.php?record\\_id=12480&page=1](http://www.nap.edu/openbook.php?record_id=12480&page=1)

Keith Herman, PhD

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Web: <http://education.missouri.edu/orgs/prevention/>



Jim O'Neil, PhD

### Respondent #4:

I teach a primary prevention course EPSY 6302: Primary Prevention and Intervention in Schools and Education. It is a masters and doctoral level class, but I have had undergraduate students in it also. The course teaches the nuts and bolts of doing primary prevention with an emphasis on activism and social justice issues. The course is team taught with 5–7 professors lecturing on their primary prevention experiences. Prevention concepts and case studies are presented by the faculty.

I have written about this course in the following publication:

O'Neil, J.M. & Britner, P. A. (2009). Training primary preventionists to make a difference in people's lives. In M. Kenny, L.E Reese, A. Horne, P. Orpinas (Eds.), *Prevention: Promoting positive development and social justice*. Washington, DC: American Psychological Association.

Jim O'Neil, PhD

Professor, Educational Psychology & Family Studies  
Neag School of Education  
University of Connecticut  
860-486-4281  
Email: [james.o'neil@uconn.edu](mailto:james.o'neil@uconn.edu)



Sarah Stevens, PhD

### Respondent #5:

Many graduate programs offer coursework in Group Psychotherapy and Counseling, though the focus is likely to be on secondary or tertiary prevention rather than primary prevention (in other words, working with clients who are already exhibiting signs of difficulty in the area or areas for which the group intervention is intended, rather than those who are simply at risk). At the University of South Carolina—Aiken, our Masters students are required to take the Group Psychotherapy and Counseling class, as well as lead groups working with a variety of populations and issues. Effective training in delivering group interventions is a critical skill, and a focus on prevention (primary, secondary, or tertiary) is crucial.

Sarah Stevens, PhD

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Department of Psychology  
University of South Carolina at Aiken  
471 University Parkway  
Aiken, SC 29801  
803-641-3219  
[SarahS@usca.edu](mailto:SarahS@usca.edu)

### Respondent #6:

We do not offer a course on group prevention. Sadly, we do not even have a course focused on prevention (something I expect we'll fix in a few years). However, many of our students are able to engage in preventive groups during practicum in schools and internships in agencies.

Also, our didactic and experiential learning in group theory and practice laboratory course involves experiences in group participation and leadership. This course is intended to expose students to group work, knowledge and skills in the following areas: advantages for clients, ethical guidelines, historical development of the field, research findings and trends, specific theories, application of theories, leadership skills, perspectives on membership, and the developmental stages of group dynamics. The goal of the course is to enable students to attain a comprehensive foundation in group work and prepare them for further training in group leadership.



Michael Waldo, PhD

Michael Waldo, PhD

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If you would like to join this discussion, please send comments, questions, and responses to Elaine Clanton Harpine at [clantonharpine@hotmail.com](mailto:clantonharpine@hotmail.com)

# Call for Nominations for the 2011 APA Division 1 Awards: The Society for General Psychology

The Society for General Psychology, Division One of the American Psychological Association is conducting its Year 2011 awards competition, including the **William James Book Award** for a recent book that serves to integrate material across psychological subfields or to provide coherence to the diverse subject matter of psychology, the **Ernest R. Hilgard Award** for a Career Contribution to General Psychology, the **George A. Miller Award** for an Outstanding Recent Article in General Psychology, and the **Arthur W. Staats Lecture for Unifying Psychology**, which is an American Psychological Foundation Award managed by the Society. In addition, there is an award for graduate students: **The Anne Anastasi General Psychology Graduate Student Award** (see below for details).

All nominations and supporting materials for each award **must be received on or before February 15, 2011. With the exception of the William James Award, you are encouraged to submit your materials electronically.**

There are no restrictions on nominees, and self-nominations as well as nominations by others are encouraged for these awards.

The Society for General Psychology encourages the integration of knowledge across the subfields of psychology and the incorporation of contributions from other disciplines. The Society is looking for creative synthesis, the building of novel conceptual approaches, and a reach for new, integrated wholes. A match between the goals of the Society and the nominated work or person will be an important evaluation criterion. Consequently, for all of these awards, the focus is on the quality of the contribution and the linkages made between diverse fields of psychological theory and research.

Winners will be announced at the annual convention of the American Psychological Association the year of submission. The awardees for the first four awards will be expected to give an invited address at the subsequent APA convention and also to provide a copy of the award presentation for inclusion in the newsletter of the Society (The General Psychologist). These Awardees will receive a certificate and a cash prize of \$1000 to help defray travel expenses for that convention.

For the **William James Book Award**, nominations materials should include three copies of the book (dated post-2006 and available in print); the vitae of the author(s) and a one-page statement that explains the strengths of the submission as an integrative work and how it meets criteria established by the Society. The award criteria can be found at [www.apa.org/div1/awards](http://www.apa.org/div1/awards). Textbooks, analytic reviews, biographies, and examples of applications are generally discouraged. Nomination letters and supporting materials should be sent to Dean Keith Simonton, PhD, Department of Psychology, One Shields Avenue, University of California, Davis 95616-8686; [dksimonton@ucdavis.edu](mailto:dksimonton@ucdavis.edu).

For the **Ernest R. Hilgard Award**, nominations packets should include the candidate's vitae along with a detailed statement indicating why the nominee is a worthy candidate for the award and supporting letters from others who endorse the nomination. Nomination letters and supporting materials should be sent electronically to John D. Hogan, PhD, Psychology Department, St. John's University, 8000 Utopia Parkway, Jamaica, NY 11439; [hoganjohn@aol.com](mailto:hoganjohn@aol.com).

For the **George A. Miller Award**, nominations packets should include four copies of the article being considered (which can be of any length but must be in print and have a post-2006 publication date), vitae of the author(s), and a statement detailing the strength of the candidate article as an outstanding contribution to General Psychology. Nomination letters and supporting materials should be sent electronically to Nancy Felipe Russo, PhD, Department of Psychology, Box 871104, Arizona State University, Tempe, AZ 85287-1104; [nancy.russo@asu.edu](mailto:nancy.russo@asu.edu).

The **2012 Arthur W. Staats Lecture for Unifying Psychology** is to be awarded in 2011 and given at APA's 2012 annual convention. Nominations materials should include the candidate's vitae along with a detailed statement indicating why the nominee is a worthy candidate for the award including evidence that the nominee would give a good lecture. They should be sent electronically to Donald Dewsbury, PhD, Department of Psychology, University of Florida, Gainesville, FL 32611; [dewsbury@ufl.edu](mailto:dewsbury@ufl.edu).

The **Anne Anastasi General Psychology Graduate Student Award** is in its second year and some changes are being introduced. This nomination must be submitted electronically to Harold Takooshian, PhD, Psychology-916, Fordham University, New York NY 10023; [takoosh@aol.com](mailto:takoosh@aol.com).

Please send the Following Cover Sheet:

Candidates for the Anne Anastasi General Psychology Graduate Student Award should submit the following:

1. There are 2 levels of the Anastasi Award: Students with 2 years or less of graduate study and those with more than 2 years of graduate study. Circle the one that best applies to you:
  - a. Two years or less of study beyond the baccalaureate.
  - b. More than two years beyond the baccalaureate.
2. I completed my masters' degree in year: \_\_\_\_\_; or did not complete \_\_\_\_\_
3. Include:
  - a. Name + email:
  - b. Institution:
  - c. A mentor + email:
  - d. Focus of research, title:
4. Send the next three as attachments:
  - a. Research statement on your past/present/future work (2-3 pages, with limited number of important citations)
  - b. Your Curriculum Vitae
  - c. Supporting letter from one mentor, either attached or sent separately

These materials should be sent electronically to the 2011 Chair of the committee, Harold Takooshian, PhD, Psychology-916, Fordham University, New York NY 10023; [takoosh@aol.com](mailto:takoosh@aol.com).

Each of two recipients of this award will receive \$300 and a certificate in 2011. The winner will be decided based on the student's vitae and research plan, plus a supporting letter from the student's advisor.

Requests for further information about Division One Awards may be directed to MaryLou Cheal, PhD, Awards Coordinator, Society for General Psychology, 127 E. Loma Vista Drive, Tempe, AZ 85282; [cheal@asu.edu](mailto:cheal@asu.edu).

**THE GROUP PSYCHOLOGIST**  
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American Psychological Association  
**MEMBERSHIP APPLICATION**  
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**Member:** A member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

**Associate:** An associate member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

**Affiliate:** A non-APA person who has an interest in the scientific advancement of group psychology and/or the professional practice of group psychotherapy.

**Student Affiliate:** A person enrolled full-time in a graduate program or school of recognized standing in psychology with an interest in the science and practice of group psychology and/or group psychotherapy.

**DUES STRUCTURE**

(Includes Society [Div. 49] Journal)

Member .....\$49.00

Associate Member .....\$49.00

Affiliate .....\$35.50

Student Affiliate .....\$10.00

Mail this application with a **check payable to Society of Group Psychology & Group Psychotherapy (Div. 49), APA** to the following address:

Division Services  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*