The board met for a day and a half on January 7th and 8th in Charleston, SC. Many issues and items were discussed and actions taken. Since all of these are in the minutes of this issue of the newsletter and on the website, I’ll only highlight a few here: proposed By-law changes, Group as a specialty, the Foundation, Fellows, Membership and the Policy manual.

The proposed By-law changes are to allow two ad hoc committees, Development and Foundation, to become standing committees, and to incorporate the purpose and function of another ad hoc committee, Research, into an existing standing committee would be retitled as the Education, Research and Training Committee. Ad hoc committees are constituted for one year and must be reappointed by the President for the subsequent year. If approved by the members, the two new committees will have their membership, chair and charge specified, and the other ad hoc committee’s responsibilities would be added to the existing committee.

There was an extended discussion about the specialty designation. We’ve tried several times to attain the designation, but were rejected each time having enough evidence presented to support the designation. Another possibility would be to try for designation as proficiency first, and then go for specialty. After considerable review of the benefits and constraints for the choices, the Board voted to prepare the documents for designation as a specialty. President-elect Maria Riva is heading this task, and if you are interested in working on this please let her know (email: mriva@du.edu).

Past President Jean Keim updated our information about the Foundation. The papers were signed at the convention to set up the Society’s Foundation under the APF (American Psychological Foundation), and when the minimum of $100,000 is reached, we can begin making awards from the earned interest. The Society has contributed $40,000 with a pledge of up to an additional $12,000 per year until the minimum is reached. As President, Jean asked Board members to pledge to the Foundation, and she reported that $7,000 had been given and pledged to date. General fundraising from members is scheduled to begin later this year. However, you don’t have to wait to give. Contact Jean at jkeim@unm.edu for details on giving.

The organization has not proposed new Fellows for several years, and the Board asked that the committee solicit and propose nominations. Sally Barlow is chairing the committee, and we ask that you nominate someone or yourself to be Fellow. Contact Sally (email: sally_barlow@byu.edu) or visit the website for criteria.

The Board divided into workgroups to engage in planning and setting priorities. Each of the three workgroups had membership as the most prominent issue and that is our priority for 2012.

The committee chair Elaine Clanton-Harpine, suggested that the committee have a co-chair and if you are interested, please let both Elaine and I know (email: ElaineH@usca.edu).

One of the challenges that I face is that much of the necessary information is in people but not present in the Policy Manual. In fact, you have to know what person to ask as the information seems to be scattered having happened over the years. The Board agreed to review the current Policy Manual which is a blend of By-law sections, policies, and procedures. It also seems that some policies voted by the Boards have not yet made it into the manual. Review-
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TGP

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Board of Educational Affairs
Cheri Marmarosh, PhD

Early Career Psychologist Committee
Leann J. Terry, PhD
Joseph R. Miles, PhD

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Committee on Women in Psychology (CWP) Network Representative
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THE GROUP PSYCHOLOGIST

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of the American Psychological Association

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Submission Deadlines:
February 15, May 15, September 15

All material for publication should be submitted to the Editor as an email attachment (Microsoft Word format).
President's Column

Continued from page 1

I am excited to be a part of Division 49 and I look forward to working with and for you. I would like to take a bit of space in this Newsletter to talk about some of the ideas that are on my mind as I begin my year as President-Elect. First, I love groups. This includes all areas including practice, training, and research. I know this year will be one that is filled with learning opportunities for me. I also know that much of this learning will come from all of you so I hope to hear from you about what is important to you about Division 49 and what you would like to change. These are 3 things that I have been thinking about.

- I believe that group dynamics occur everywhere and that Division 49 should take a broad view of group psychology and group psychotherapy. Many of our members conduct therapy groups for a wide range of problems, and also facilitate groups for those who want to learn a new skill, or group for prevention. Yet, there are also groups that work to solve problems in the business arena, doctors and nurses who work together in emergency situations, and sports teams that function well because they have a skilled leader who understands how to motivate the team and its members. It is my belief that we use our group skills every day and in many situations such as in organizing family activities and staff meetings. Our skills are beneficial to a broad range of people and situations. What I often take for granted is that most people have these leadership skills, yet in truth I have been in many situations that the group functioned so poorly that much time was wasted, people became frustrated, and collaboration was nonexistent. We do need to honor the fact that we have unique and important skills that benefit others and that are vital in many situations.

- I believe that we need to more strongly connect group practice with group research. We can be confident from the research that groups are effective. What will be important is to help group leaders and group researchers connect with each other more effectively so that research is written in a way that can be translated to practice and that group practitioners can discuss with researchers what they observe that works from their experience.

- I think that Division 49 needs to provide more training for its members and for the field in general. Training is not only for those who have been thrust into group leaderships without much training but also for all of us deepen and widen our skills. Research on group psychotherapy is also another area where training is needed.

How about for you? What ideas do you have for Division 49? I look forward to a great year. Maria.Riva@odu.edu

President-Elect's Column

Maria Riva, PhD

The programming for the 2012 APA convention in Orlando, FL (August 2 – 5) is very exciting. Janice DeLucia-Waack and the program committee has put together an interesting and informative program that will include a panel on ethics, an experiential group, meet the experts, the Group Psychologist of the Year Address by Gillis, had put the manual on a site where we can all review it from off-site. We’ll keep you updated on progress.

Please feel free to contact me, nbrown@odu.edu, if you have questions or desire more information.

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From Your Editors

Thomas Treadwell, EdD, TEP, Editor
Leann Terry, PhD, Associate Editor

Welcome to the spring issue of The Group Psychologist. We are happy to announce that the Division 49’s candidates for office appear in this issue. Voting will take place via ballot from APA, so be sure to look for those in your mailboxes.

Our President, Nina Brown, is asking for suggestions and other ideas to further the Society for Group Psychology and Group Psychotherapy. She has designated three workgroups to engage in planning and setting priorities, and listed numerous initiatives needing the society’s attention. She is asking members what current projects and endeavors you would be willing to join. One such group was appointed to help in developing a story to highlight group psychology and group psychotherapy that is scheduled to appear in the APA Monitor, in the July/August issue. If you are interested in this, please contact Nina directly.

In the President-elect’s column Maria Riva focuses on the unique and important skills Division 49 members hold. She highlights that we need to spend attention on connecting group practice with group research and recommends that Society membership offers more training in groups for its members.

We added a new column last issue and found feedback helpful. As a result, we are going to honor a Society Member every other issue. Check it out in the June Issue, “Catching Up With Notable Member Accomplishments.” We have another column starting this issue, “Group Psychology and Group Psychotherapy Diversity.” Please let us know what you think about it.

As we struggle through the winter season (admittedly which has been quite mild for both of us), we encourage you to take time to reflect on the past year and share your thoughts with 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.

One of our student reviewers, Bambi Juryea, will be leaving The Group Psychologist, as she finished her internship and is focusing on her dissertation. Congratulations Bambi for completing internship! In her place we invited Noranne Kocher, a Counseling Therapist with the Department of Veteran’s Affairs Medical Center in Coatesville, PA. Welcome Noranne!

Articles or brief reports and news items can be e-mailed directly to Tom, Letitia, Noranne or Leann at ttreadwe@mail.med.upenn.edu, as can Letters to the Editor. We would also like to include book reviews, DVD’s, videos and on-line group interactions as part of the newsletter. On-line group interactions would be a newsworthy column, yet we need an editor for this ... there is interest out there and we need your input!

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TO: Members, Fellows, and 5-Year Voting Associates of the Society

FROM: The Board (Nina W. Brown, President 2012)

RE: Bylaw Change to Allow Electronic Voting

The Board approved a bylaw change in January 2011 to allow electronic voting, and this is being submitted to members for their vote. The Board approved the change to expedite responses to issues and to save money. The current bylaws provide only for posting notice in one of the three yearly issues of the newsletter, and mailing ballots which then have to be mailed back and counted. Electronic voting would allow materials to be distributed and returned more quickly, and tallying votes would be almost immediate. In addition, the costs for reproduction, postage, and handling would be eliminated.

The proposed changes are to delete some current language indicated by the strike through, and to add language that is underlined. Thank you for your consideration.

Article X: Amendments
An amendment to these Bylaws may be proposed by a majority of the Board of Directors or by a petition of ninety-three percent (93%) of the voting Members of the Division and presented to the Board of Directors. The proposed amendment shall be either inserted into the next issue of the Division newsletter, or posted on the Division listserv, and mailed or electronically sent. Returned ballots (including membership number) shall be counted by the Secretary or APA sixty (60) thirty (30) days after mailing, or email posting, and the voting period shall then be considered closed. An affirmative vote by the majority of votes cast shall be required to ratify the amendment, which shall be effective immediately.

_____ I approve the changes.
_____ I do not approve the changes.

Signed

Print Name

Membership Number

Date

Mail your ballot to Division 49 Bylaws Vote, Division Services Office, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. Ballots must be received by May 22, 2012.
Candidates for President-Elect

Scott Conkright, PsyD

It has been a real pleasure to serve as Secretary on the Div. 49 Board this past year and I look forward to the next two years of my term. I would love the opportunity to continue on afterwards as president. I have been especially excited and rejuvenated by the creative ways we continue to make this division an important place for group practitioners and researchers to come together for both intellectual and relational sustenance. Group folks need groups too, and Division 49 needs to be one of the primary places that they go to for replenishment.

I had the good fortune at Drake University, during my Master’s training, to be required to receive fairly extensive group training, both experientially and didactically. After getting my doctorate and moving to Atlanta, I got deeply involved in the local American Group Psychotherapy Association affiliate and started to present workshops for them as well as serve on their board. For the past ten years I have presented nationally on various group themes, more recently on applying Lacanian theories to group practice. In addition to my talks, I have also published several articles on the topic and am currently finishing a book that I hope to have published soon.

My goals as president would be to help Division 49 continue to sustain the growing impact of our publications, as well as to harness the power and vitality of the new social media resources that are now at our disposal. Training about group theory and practice is now available via podcast and YouTube and we need to be the leader in this domain. We also need to find ways of attracting the new generation of practitioners and researchers by these same means.

H.L. “Lee” Gillis, PhD

I am honored and humbled by the nomination of President-elect. If, elected, I will serve with passion for the present and a vision for the future of our Society.

My career thus far prepares me to lead our Society for Group Psychology and Group Psychotherapy. I have trained psychology undergraduates for graduate work for the past 25 years, and chaired a department of psychology for the past six years.

As a member at large of the board of the Society 49 for three years and manager of the web presence and listserv, I have more fully understood the challenges and strength of our organization – something I was unaware of as a Division member who attended the convention and read the newsletter.

During last year’s celebration of the founding of the Society, I was amazed at the breadth and depth of knowledge and experience our long-standing members had. I wish to connect early career and later career members together in ways that strengthen the whole. As our membership increases, we insure 49’s legacy. We still have much work to do in order to make Group a recognized and understood specialty within psychology. The Society of Group Psychology and Group Psychotherapy has the potential to have a tremendous impact on our profession.

I am the current chair of psychological science at Georgia College in Milledgeville. I have been here since earning my PhD in counseling psychology at The University of Georgia in 1986. I cut my teeth with a research and practice agenda in group dynamics and in adventure therapy primarily with groups of adjudicated youth in residential treatment; I currently maintain a small private practice as a licensed psychologist. My personal mission within Division 49 is to educate psychologists on the power of adventure-based and active experiential approaches to group psychotherapy.

My goal as president-elect is to harness social networking and face-to-face encounters for Division 49 to link young professionals to the wisdom of the elder statesmen and women of the Society. Our membership demographics require that we attract and retain doctoral students and early career professionals for the Society. Greater web-based presence will help in attaining increased membership. I am prepared to continue the fiscal responsibility of previous years, promote evidence-based group work and continue recognizing current members via fellow status.

If, elected, I will serve you with humility and a vision for the sustainability of our Society.
Candidates for Member-at-Large of the Executive Committee

Leslie Lothstein, PhD

Statement was not received in time for publication.

Rex Stockton, EdD

I am honored to be nominated as Member-at-Large for APA division 49. I have a long history of involvement in the division, starting as a charter member and later serving on various committees and offices including the Presidency of the division. I have been committed to group work since my first group experience as a high school counselor working with underachieving students and later extending to my doctoral work at Ball State University. After coming to Indiana University I taught group classes for many years. Teaching the courses and leading groups myself gave me a base of information that I have utilized to examine, with colleagues, aspects of feedback and other areas in a group research program. Results of the studies have been published in leading journals and have been widely quoted in group counseling books.

Leading groups, supervising group leaders, and researching the area helped me to develop a theoretical model for group work that has informed me in training and research activities. It also guided me to develop a videotape training series entitled Developmental Aspects of Group Counseling Process, Leadership, and Supervision. This series has been widely distributed.

I have been blessed by receiving several major awards. Among these are the American Counseling Association’s Extended Research Award and the Arthur Teicher Group Psychologist of the Year Award. I also have received the Burton Gorman Teaching Award at IU and the ACES Distinguished Mentor Award. I am a Fellow of APA divisions 49 and 17 and Diplomate of the American Board of Professional Psychology. I was honored by being the subject of a special issue (September 2005) of the Journal of the Association for Specialists in Group Work.

I have had a blessed career and, wanting to give back in a significant way, began a decade ago to develop a program focusing on individual and group training for HIV/AIDS counselors in Sub-Saharan Africa. Several colleagues have joined me in this effort.

As one who has had a lifetime of interest in group work, I would be honored to serve as a Member-at-Large for APA division 49 board of directors.

Leann Terry, PhD

Groups: comforting, thought provoking, intimidating, powerful, wondrous, and complex. Groups fascinate me. This led to my specialty in groups throughout graduate school and I have continued a passion for groups in my career. As a staff psychologist and Group Therapy Coordinator at Pennsylvania State University’s Center for Counseling and Psychological Services (CAPS) I am intimately involved in our center’s utilization of therapy groups.

My knowledge and love for groups has been fostered through my involvement in the Society. This is one of the driving forces behind my continued involvement and service to the Society. My past experiences would allow me to step into the role of Member-at-Large quickly. I have served as Chair of the Student Committee, as a member of the Membership Committee, worked with Lee Gillis and APA staff to redesign the website, and worked with the Board to create a formal Student Representative position. I am currently the Associate Editor of The Group Psychologist. With Joseph Miles, I’m co-chair of the Ad Hoc Committee for Early Career Group Psychologists.

Continuing to serve the needs of Early Career Psychologists (ECPs) would be my focus as a Member-at-Large. The first priority that Joe and I have chosen to work on in our committee is to provide a range of resources on our website for ECPs. Providing practical, useful, and timely resources is key to being relevant for psychologists who are in the early stages of their careers. Being a Member-at-Large would allow me to further develop resources, programs, and products that help ECPs.

I have energy and passion to serve the Society. My professional home has been firmly housed in the group world since the beginning of my graduate study with Dr. Rex Stockton. I can’t think of a better way to integrate my passion for groups and my dedication to service than through this Society. Please don’t hesitate to contact me if you have any questions or comments about my candidacy for this position, 814-863-0395 or LJT18@psu.edu.
Candidates for Student Representative to the Executive Committee

Andres Durran
Doctoral Candidate, University of New Mexico

I am deeply honored to be nominated for the position of Student Representative of Division 49 of the American Psychology Association. I believe that we are experiencing an exciting time for group counseling and psychotherapy as it is being recognized as a valuable evidenced-based practice that has the added benefit of being cost effective. This is incredibly important given the reality of managed care systems and their effects on mental health services. Group counseling and psychotherapy is a vibrant and rapidly growing area in mental health and I am thrilled to be a part of it.

As Student Representative I know I will bring my passion for counseling, psychotherapy and group work to the board. As a student at the University of New Mexico I have focused my education on the treatment of co-occurring Posttraumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) using integrated treatment models. I am particularly interested in developing group psychotherapeutic interventions that integrate the treatment of both PTSD and SUDs. I believe that this is an area of group work that requires special attention in the light of the growing field of crisis and trauma intervention and the increasing needs of our nation’s veterans. More than any other therapeutic modality, group counseling and psychotherapy is uniquely suited to provide effective interventions in these populations.

I look forward to serving as Student Representative to Division 49 and growing with this organization during these exciting times.

Sean Woodland
Doctoral Candidate, Brigham Young University

It is truly an honor to be considered for Student Representative of Division 49. Such a position concords well with my career interests, which are broadly focused in systems-level interventions. I believe that the group practitioner has a unique position as a member of two systems, namely the therapy group and the institution to which he or she is accountable. My goal in future years as a member of Division 49 is to facilitate cross-talk between individuals in all camps that deals with systems (industrial/organizational, social, and clinical) in an effort to more effectively and efficiently address human suffering and advance group effectiveness. I believe that being elected as a student representative would help me begin to professionally interface on a multidisciplinary, group-focused level.

So far as a doctoral student I’ve gained knowledge and skill as a group researcher and clinician under the tutelage of Gary Burlingame, who has focused on moving group practice into an evidence-based discipline. I’ve assisted Dr. Burlingame in consulting with state hospital employees and writing projects focusing on group process and conducting psychoeducational groups. I also currently supervise two meta-analysis coding teams as we look at the effectiveness of group treatment for individuals diagnosed with schizophrenia and borderline personality disorder.

I am again grateful for the opportunity to serve, and appreciate your consideration on my behalf!

Group Psychotherapy Column

Voting to Expel a Group Member

John "Sparky" Breeskin, PhD

The event that I am writing about has happened to me three times in 50 years of running groups and, as far as I’m concerned, this is three times too many. I do wish, however, to provide guidance to my colleagues in terms of the issues involved in order to give them a systematic way of looking at this possible event.

Eric, a mid-20s young man, was a member of my men’s group. He sought our help in order to respectfully terminate a relationship that he felt was no longer viable. His soon-to-be ex-wife was not interested in any therapeutic intervention either for herself or for the two of them so the prognosis was terminal.

The group and I laboriously constructed a series of small behavioral steps that
Eric was asked to take in order to bring about the desired termination. Eric agreed with the program in our discussions but found himself unable to follow through on his own over a six-week period.

He would sheepishly report that although he had promised us not to call his wife, he found himself dialing her number in a manner that he called “automatic.” He stated that since they were talking to each other he could not really hang up without seeming rude, and the conversations would end up with the two of them screaming negativity at each other.

Similarly, although he promised not to do this, he “found” himself driving his car past her house late at night and waited for her to come home observing whether or not she had a companion with her or not.

He was unable to explain the contradictions between his agreements with us and his behavior. These events occurred repetitively. Finally, I addressed the group, including Eric, saying the following:

“Eric, this intervention is simply not working. You are failing to keep promises that you are making to us and it is obvious that your behavior inside the group is not matching your behavior outside of the group.

It is time to vote upon the question as to whether or not group is the appropriate therapeutic intervention. I’m going to suggest the following format.

Each member of the group, you and I both included, will publicly vote for your continued attendance. The vote must be unanimous in order to be carried. When we vote, we will tell you the reason that we are voting the way that we do.”

The poll was taken and the results were unanimous, Eric included. He was voted out of the group and continued with me in individual therapy for a prolonged period of time which enabled him to work through his feelings of dependency and abandonment. It took six months before he was able to accept the fact that his marriage was over and it was time for him to move on. The sticky dynamics which caught both he and his wife were both fear of abandonment and negative co-dependency.

The event that precipitated his reaching that conclusion was totally weird. Eric was strongly attached to a pet car that, since he and his wife had not had children was the equivalent of their child. The cat, unfortunately, was run over and killed by a car. The death of the cat in some mysterious way precipitated his ability to appropriately mourn for his losses.

At the present time, Eric is happily married and he and his new wife are raising two wonderful children

This article seriously lacks elegance and any empirical database. Life on the street does not follow a predictable pattern. While the details are, of course, idiosyncratic, I hope that the theme can be discerned.

My name for the theme, following the work of Ervin Staub (2008), is Altruism Born of Sorrow.

Reference
Clinical group practice is commonly guided by the assumption that 11 distinct therapeutic factors operate in psychotherapy groups. This assumption should be closely examined due to the emerging evidence of fewer, more global therapeutic factors. The present study was conducted to continue the development of the Therapeutic Factors Inventory—Short Form (TFI–S) and focused on confirming its factor structure and evaluating aspects of its concurrent, discriminant, and predictive validity. A sample comprising a total of 435 clients from 52 distinct therapy groups at eight different clinical sites in the U.S. and Canada was obtained. Structural equation modeling analyses indicated that a four factor model had a reasonably good fit to the TFI–S rating data, and it provided indications for further refinement of the constituent items. The analyses resulted in a revised, 19-item measure, the Therapeutic Factors Inventory—19 (TFI–19). Three-level hierarchical linear modeling (HLM) analyses demonstrated that the four factors were sensitive to change in member perceptions over time. Significant and meaningful relationships between the TFI–19 factors and subscales of the Group Climate Questionnaire—Short Form provided support for the concurrent validity of the TFI–19. Two-level HLM analyses identified significant relationships between the TFI–19 factors and post treatment status on symptomatic and interpersonal distress, thereby supporting the predictive validity of the TFI–19. The findings suggest that the TFI–19 may be a useful instrument to assess group members’ perceptions of more global therapeutic factors.

Keywords: therapeutic factors, group psychotherapy, assessment

If you would like to use this scale, feel free to contact Rebecca MacNair-Semands at rrmacnai@uncc.edu. The authors are currently planning to conduct an international validation study in Germany with a variety of inpatient, outpatient, and community clinic samples. A further study has also developed a short version with eight items (corresponding author, George Tasca at GTASCA@Ottawahospital.on.ca).

Counseling Center Reflections

Leann Terry, PhD

As I reflect back on the past several months here at Penn State I’m again reminded of the power of groups. Take the “riot” that PSU students engaged in on the evening of November 9th after they found out that our late football coach Joe Paterno was fired. It was described by reporters as a scene where “violence erupted” and it “turned ugly” when several thousand students were on the street. Yet to hear another perspective, it was the TV reporters who incited the students, asking them, “Why aren’t you more upset? Why aren’t you doing more?” It makes a better story to have the story get “violent” with a flipping of a TV van, rather than to have thousands of students out on the streets showing their support for a man who was like a grandfather to many PSU students and alums.

Several days later nearly ten thousand PSU students, faculty, staff, and community members came together for a candlelight vigil to support victims of sexual abuse. It was described as an incredibly
moving experience, one which represented hope despite loss.

Finally, in a show of support, staff at fellow counseling centers (particularly those members of the Association for University and College Counseling Center Directors) wore blue on Friday November 12th. This was in recognition of the Blue Out that students organized for the football game the following day. We felt an outpouring of support at our counseling center when we knew that colleagues across the country (and even Mexico and Canada) were supporting us.

These were just a few of the occasions in the past several months in which experiences were created and emotions were expressed in groups. Smaller groups, those of roommates, or in classrooms, helped students make sense of the news as it emerged. Groups will continue to play a role as we move forward, whether it is the fireside chats, the counseling groups, or impromptu gatherings of students on the Hub lawn. Groups help us feel the inherent fiber of our being, the community and connectedness between us. So in parting, I encourage each of you to look around and take stock of the groups of which you are a part. How have your actions and reactions been shaped by the group? What have you contributed to a group’s development? How do groups help define your identity? Groups abound. We just need to see them. So in closing, here’s to recognition of the power of groups.

An Icon in the Field of Group Psychotherapy

An icon in the field of group psychotherapy has left the stage; on February 4, 2012 Dr. Harold S. Bernard passed away. His contribution to the field of group treatment was enormous. Harold was a fellow in Division 49 of the American Psychological Association (APA), a Diplomat in Group Psychology (ABPP), and the past president of the American Group Psychotherapy Association (AGPA), where he was also recognized in 2006 with its highest honor, Distinguished Life Fellow. Although I was familiar with Harold’s contributions before 2001, I worked side by side with him after 9/11 when he shepherded an AGPA task force funded in part by a multi-million dollar grant from the New York Times Foundation. This task force provided group treatment for survivors of and first responders to the tragedy in New York and Washington, DC. In 2002 Harold began his presidency of AGPA and ushered in a period where AGPA transformed from a guild society to a service provider helping literally thousands of individuals affected by the trauma associated with 9/11.

Dr. Bernard was a consummate trainer of group therapists at New York University/Bellevue Medical Center, where he was the Chief of the Group Psychotherapy Program from 1982 to 1996 and a Clinical Associate Professor of Psychiatry for 30 years. He also offered countless courses and presentations at professional conferences of the APA, AGPA, and Eastern Group Psychotherapy Society and held prestigious university posts, including assignments at the University of Rochester and Harvard Medical School. In addition to his impact as an outstanding trainer, he also contributed to the clinical and empirical psychotherapy literature with 6 books, 14 chapters, and nearly 50 articles and commentaries while also serving on editorial boards of prominent group and psychotherapy journals, e.g., Psychotherapy, International Journal of Group Psychotherapy & Group.

Personally, Harold was simply delightful. He had an insatiable desire to serve his profession, coupled with a twinkle in his eye and a charisma that made working with him a true pleasure. He loved to listen to or tell a good joke, engage in lively conversations about sports, and dance into the night at the annual AGPA Gala. His charm and interpersonal skill was an asset as he advanced the cause of group treatment in a variety of venues. He seemed to have endless energy and was always willing to listen to a new idea that might advance our common professional interest in providing excellent group treatment. His influence, energy, and connections will be sorely missed. We offer sincere and heartfelt condolences to his wife Bonnie Bernard, his daughter Nicole, and son Bradley.

—Gary M. Burlingame, PhD

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Website
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Save the Date!
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Group Psychology and Group Psychotherapy
Research and Practice Abstracts: Part II

1. Megan Wrona, MS, Stephanie Hoover, MS, Alberto Varela, BS, & Jason Burrow-Sanchez, PhD

A Clinical Tool for Assessing the Therapeutic Environment for Adolescents in Group Treatment: The Adolescent Group Environment Scale.

Background

Group treatment provides an opportunity to serve many clients with a single therapist; however, client perception of the group environment is often overlooked in most outcome studies. The implementation of evidence-based treatments in research studies has necessitated the use of treatment manuals, therapist adherence ratings and intervention specific supervision. Somewhat lacking is a standardized means of assessing how clients perceive the group environment in meeting their individual needs. One way to address this concern is to provide clients with post-session measures of how they perceive each group session. This type of information can provide therapists and supervisors with helpful data about the group environment throughout the life of the intervention. Logistically, it can provide therapists with clues about why attendance varies from session to session; therapeutically, these data can provide information to therapists on how group content and process may or may not be meeting the needs of clients.

Some researchers have argued (see Finn & Tonsager, 1997) that assessment can play a role in informing subsequent treatment interventions and influences such things as client attendance. Measures that are designed to track changes at each session have the potential to effectively provide immediate feedback for clinicians to better work with individual clients (Lambert et al., 2001). Although many process measures exist for clinicians working with individual clients (e.g., working alliance) less research has been conducted on developing measures that provide information on the group environment from the client perspective. It is argued that developing these types of measures will expand the type of information available to clinicians in order to monitor changes within a group that may impact outcomes.

Due to the impact of the group environment on the therapeutic change process (Burlingame, Fuhriman, & Joshnson, 2001), a session monitoring measure would need to include items related to the group environment and cohesion rather than simply addressing changes in the individual. A number of adult scales exist, including the Group Climate Questionnaire (MacKenzie, 1983) and Curative Climate Instrument (Fuhriman, Drescher, Hanson, Henrie, & Rybicki, 1986), however there has yet to be a session monitoring measure developed specifically for adolescents in the group treatment. This is surprising given that group treatment is one of the most popular formats practiced in the U.S. today for adults and adolescents.

Participants and Procedure

This poster will present initial results of the development of a post session monitoring measure for adolescents in a group substance abuse treatment: The Adolescent Group Environment Scale (AGES). This measure was developed as part of a larger five-year federally funded randomized clinical trial of a group substance abuse treatment for Latino adolescents. The larger study aims to empirically test a group-based, cognitive-behavioral substance abuse treatment that has been culturally modified to address specific needs of Latino adolescents. Participants in this study were recruited from the juvenile court system and had an identified need for substance abuse treatment. Given the lack of an adolescent group environment measure in the literature, the AGES was developed to fill this need. The AGES is a 16-item measure designed to assess: a) relevancy of treatment content, b) level of member engagement, c) member alliance with therapist and d) member level of motivation to participate in group treatment.

Results

Initial feasibility testing of the measure has indicated that the brief length and the language level to be acceptable for adolescent participants and relatively easy for clinicians to administer and score quickly. Data has been collected from 20 Latino adolescents at the end of each session yielding a total of 167 data points as part of a 12-week intervention. The current data collected from the AGES has provided important information to the study therapists about adolescents’ experiences of group process and informed clinical interventions. In supervision, session-to-session data has been used to discuss potential concerns about trust and cohesion among group members, to modify interventions for enhancing group process, and to monitor subsequent changes in post-session ratings. The current study will present data to demonstrate the variability and change of group engagement, motivation, alliance with the group leader, and value of group content over the course of treatment. This data has been utilized by study therapists to address potential concerns related to attendance, engagement and trust within the group. Additionally, correlational analyses will explore the relationship between the measure’s constructs and other group outcome data such as group attendance and homework completion.

Conclusion

Post session measures can help clinicians identify potential sources of problems within the group to allow the therapist to address problems and make changes within the group in a timely manner. Specifically, preliminary use of the AGES by study therapists sug-
gests that the measure can be used in this manner and adjustments can be made to improve the group environment. Data is currently being collected to refine this measure and develop its psychometric properties. Additionally, future studies will explore the extent to which post session measures are predictive of positive individual changes, specifically reduction of substance use. Implications for using post session measures to inform clinical interventions, including implementation of manualized group treatment, will be discussed.

2. Jocelyn Levitan, MA, Maryam Kia-Keating, PhD, Merith Cosden, PhD, Caryll Sprague, MA, & Jessica Adams, PhD

Latino Children Exposed to Domestic Violence: The Role of Group Cohesion in a Group Intervention.

Latino children are an underserved population (Kataoka et al., 2002) who are at increased risk for experiencing domestic violence (NTCSN, 2005). Thus, it is vital to increase our understanding of the therapeutic factors that may be of particular importance when working with traumatized Latino youth. Group intervention is the most common form of treatment for children exposed to domestic violence (Rabenstein & Lehmann, 2000). As a result, these children may no longer see the world as a safe place, adults as trustworthy protectors, or events as predictable or controllable (Campbell & Lewandowski, 1997). By connecting with peers who have faced similar situations, group therapy can address the shame and secrecy often associated with the abuse, and normalize children’s reactions (Avinger & Jones, 2007; Ehnholt, Smith & Yule, 2005). Group therapy for traumatized children and adolescents has been found to be associated with a reduction of PTSD symptoms (Lindon & Nourse, 1994), anxiety (Carbonell & Parteleno-Barehmi, 1999), and depression (Sinclair et al., 1995). Although some studies have found group therapy to be an effective modality of treatment for Latino children who have experienced trauma (Kataoka et al., 2003), there is a paucity of research exploring the therapeutic factors involved in group treatment for this population. Some research indicates that there is a greater stigma regarding the utilization of mental health services amongst the Latino population (Dittman, 2005), which suggests that perceived group cohesion and connectedness in group therapy may be of increased significance. In fact, for collectivistic cultures like the Latino culture that emphasize cooperation, group approaches may be especially suitable (Stacciarini et al., 2007). Furthermore, the importance of personalismo, the Latino value of developing warm and friendly relationships, suggests that group connectedness could be an integral therapeutic factor in group treatment for Latino youth (Santiago-Rivera et al., 2002). Finally, it is also important to note that many Latino children may be experiencing significant acculturative stress, which may contribute to a greater feeling of disconnection with their caregivers (Mattson & Ruiz, 2005). Thus, when parental or family support is inadequate, children can learn to seek out the support of peers.

Overall, the research on group therapy for children is relatively sparse compared to their adult counterparts and much of this research has focused exclusively on adolescents who have experienced sexual abuse (Foy & Trice, 2001; Glodic & Allen, 1998). There is also a dearth of research on the mechanisms of change involved in children’s groups. Thus, the aim of this pilot study is to fill the gap in research on therapeutic factors in group therapy for children and adolescents who have experienced domestic violence. More specifically, this study aims to examine the role of group cohesion in predicting coping behaviors and mental health. Finally, this study will be one of the first to investigate and assess the therapeutic factors in group therapy for Latino youth who have experienced domestic violence.

Methods. At the time of this proposal, participants include 18 Latino children, ages 8-13, recruited from a trauma-focused community mental health clinic where they participated in a three-month group therapy program for mothers and children who have experienced domestic violence. Data collection is ongoing and it is estimated that the number of participants will increase to approximately 40 participants (at which time further analyses will be conducted to examine the differential impact of gender and development). The domestic violence multi-family group therapy provides multi-family counseling for children ages 5-17 and their mothers who have experienced domestic violence in the home. The 3-month group program alternates between separate child and mother groups, and joint sessions to share their common experiences. Data was collected after the first and last sessions. The following measures were administered: Trauma Symptom Checklist for Children (TSCC; Briere, 1996), the Group Cohesion Scale for Children, and the Children’s Coping Strategies Checklist (CCSC; Ayers et al., 1999). Pearson’s correlations and multiple linear regressions were conducted to ascertain whether perceived group cohesion was related to and predicted group outcomes including increased coping strategies and decreased trauma-related symptomology.

Results. Regressions revealed that children’s perceived group cohesion was a significant predictor of increased support seeking behavior, $F(1, 17) = 9.06, \ p < .01$, and increased use of active coping strategies, $F(1, 16) = 9.87, \ p < .01$, at post-treatment. The “Support Seeking” coping dimension on the CCSC included items that measured a child’s use of other people as resources to assist in seeking solutions to the problem situation and a child’s involvement of other people in listening to feelings or providing understanding to help the child to be less upset. The “Active Coping” dimension includes items related to the child’s ability to engage in problem-solving or engaged in positive reframing of maladaptive thoughts. However, group cohesion did not significantly predict distraction or avoidance coping, or trauma-related psychopathology (anger, depression, anxiety, or PTSD). Finally, coping strategy dimensions were not significantly correlated with psychopathology.

Conclusions. Preliminary data analyses for this study suggest that group cohesion plays an essential role in support seeking and active coping among Latino children exposed to domestic violence. These findings are important as past research has found that the use of active coping strategies is related to higher self-esteem and social competence, lower self-reports of depression, and fewer externalizing problems (Ayers, 1991; Clarke, 2006). However, the current study did not support previous research that has found a relationship between coping and psychopathology. The current findings also failed to corroborate previous research that has found a relationship between group cohesion and psychopathology in adults (Crowe & Grenyer, 2008). These insignificant findings may be due to a delayed effect between the acquisition of coping strategies and...
and their impact on psychopathology. Clinical implications of this study will focus on fostering sense of cohesion, through building trust and enhancing relationships in group therapy for children exposed to domestic violence. Finally, cultural considerations and the role of group cohesion in trauma-exposed Latino children’s groups will be discussed.

3. Dennis M. Kivlghan III, BA, Andrea Salazar, MA, & Gwynneth Schell, MEd


The American Psychological Association (APA) is about the production and use of psychological knowledge by researchers and practitioners. The psychological knowledge within APA is partitioned into areas of specialized knowledge across the various divisions within the association. This specialized knowledge is disseminated across these various divisions of APA through journal publications as well as through the Annual Meeting of APA. Unfortunately, the dissemination of this specialized knowledge may not be shared throughout the organization effectively. Group dynamic researchers refer to this situation as the problem of distributed knowledge. Research about the use of knowledge groups within organizations shows that individuals and organizations often inadequately use the full extent of information available within the organization (Brodbeck, Kerschreiter, Mojzisch, & Schultz-Hardt, 2007). To the extent that knowledge is not equally shared or distributed across the divisions within APA, researchers and practitioners are at a disadvantage. For example, researchers may mistakenly believe that an issue has not been examined because of a lack of research in the literature that they regularly examine; when in fact this issue has been studied in a related area. The present study addresses the issue of maldistributed psychological knowledge by examining how this knowledge is distributed across the divisions within APA. Specifically, we examined the 2010 APA Annual Convention program to understand the extent to which knowledge was shared across the divisions.

This is the first study to examine the sharing of distributed knowledge within the divisions of APA. However, previous research has examined the structure of APA through the patterns of individual membership in multiple divisions. Specifically, Adkins (1954) factor analyzed this multiple membership data to identify the underlying structure of the APA divisions, in which seven factors cut across the existent divisions. These factors were labeled, quantitative, theoretical, experimental, personnel, clinical, social, and developmental. Unfortunately, Adkins (1954) and similar studies only explore organizational structure while overlooking patterns of knowledge distribution and change.

Utilizing social networking analysis, the current study explores these patterns of knowledge distribution and change within the 2010 APA Annual Convention. As described by Krebs (2000; 2010) social network analysis [SNA] is the process by which relationships and flows (e.g. knowledge transference) between people, groups, organizations, computers, URLs, and other connected information/knowledge entities are mapped and measured. In the current study we utilized SNA to examine the flow of information between groups (i.e., divisions) within APA. Within a social network there consists an arrangement of nodes and links. In this case the nodes are the divisions in APA and the links are the patterns of co-sponsorship of programs during the 2010 APA Annual Convention. This study then serves two purposes: (a) to examine the distribution of knowledge across the divisions of APA and (b) to introduce and utilize SNA as a valuable tool for analyzing knowledge distribution patterns in groups and organizations.

Method

Data. We collected the data for this study through examining the various divisions’ co-sponsorship of programs in the 2010 APA Annual Convention. For each division we coded the number of times the division at hand was the primary sponsor for programs with each of the other divisions. For each division we also coded the number of times the division at hand acted as a secondary sponsor for a program with other divisions. This analysis resulted in an asymmetric similarity matrix for all of the divisions.

Analysis. The results of the UCINet analysis described above was analyzed using UCINet (Borgatti, 2002). Utilizing UCINet, we identified and analyzed the nodes (APA divisions) and relationships in the 2010 APA Annual Convention. In addition UCINet was used in order to identify the centrality (the social power of the various divisions, the centralization of knowledge within APA (centralized vs. decentralized), and the cohesion, which is the degree to which divisions are connected to each other).

Results

The results of the UCINet analysis is a social network or network graph which illustrates the links among all of the divisions. In addition we present the network measures described above in table form. Currently we are running the analysis and further results will be presented at the conclusion of the analysis.

Discussion

We discuss the implications of these results for communication across the divisions of APA and we also discuss the future use of SNA to examine knowledge structures within group research.

4. Sean B. Hall, MA & Nina W. Brown, EdD

Indicators of Potential for Harm in Training Groups: A Pilot Study.

Training groups for mental health professionals are highly recommended by professional organizations such as the American Counseling Association, The American Psychological Association, and the American Association for Group Psychotherapists. These are usually implemented in a training program and can have different designations, e.g. T-group, support group, process group, experiential training group, and so on (Yalom, 2005). Two characteristics of these groups can put participants at risk: the lack of screening and the mandate to attend where the penalty for non-attendance or dropping out of the group negatively affects the person. While difficult or toxic groups can occur in any setting, the particular characteristics
of the training program's T-group can present additional difficulties. These difficulties will be compiled from the literature for the study and submitted to a panel of experts in training group leaders from two national organizations.

Purpose

The purpose for the study is to develop a set of indicators of potentially harmful or destructive forces/acts/attitudes/behaviors in a T-group of mental health professionals that can guide group leaders, faculty, and other responsible observers in deciding if an intervention, such as disbanding the group, is needed for group members' emotional and/or psychological safety.

Research Question

What are the indicators that a T-group for mental health professionals is ineffective and potentially harmful?

Participants

Senior faculty in counseling and psychology mental health professional preparation programs currently serving on the Board for The Society of Group Psychology and Group Psychotherapy, and T-group leaders who are members of the American Group Psychotherapy Association will be surveyed. The AGPA group will be composed of psychiatrists, psychologists, counselors and social workers. The prospective sample size is 25.

Methodology

1. A survey instrument was developed from the literature about difficult group members, difficult groups, and experiences with ineffective T-groups. (Examples of items are at the end of this proposal.) Participants will score each item from 1 (not an indicator or a poor indicator) to 5 (extremely important indicator) on its importance as an indicator of potential harmful effects, and the frequency with which it has been observed by the participant as a group leader. Participants will also be asked if they have experienced a T-group that was difficult, disturbing, or was disbanded because of members' behaviors or hints of potential harm to some members. Space will also be provided for participants to write additional suggested indicators.

2. Approval for the research will be sought from the institution’s IRB.

3. Participants will be informed about the study and invited to participate. Consent forms will be provided.

4. The survey will be submitted to participants via Survey Monkey.

5. Results will be analyzed using descriptive statistics.

Examples of Survey Items

Following are some behaviors and observations/feelings that can occur in some T-groups. Rate each from 1 (little or no importance) to 5 (very frequently observed) on the frequency you have observed this happening in a T-group.

1. Group members express continual catharsis without interpersonal or intrapersonal learning also occurring.

2. Many members often make snarky, snarly comments and remarks to each other and to the leader, but are not receptive to the receiver’s response.

3. Members seem to catch each other's negative emotions, and then these begin to intensify.

4. The leader feels like he/she is walking on eggshells most of the time.

References


5. Don P. Trahan, MS & Jeanmarie Keim, PhD

Minority Group Influence: African-American Males’ Participation In and Reports of Task Group Experience.

Research Focus

Minority (i.e., small number of members holding a particular view) influence is defined as a form of social influence that takes place when a majority is being influenced to accept the beliefs or behavior of a minority. Moscovici (1985) determined that minority group influence can happen under certain conditions (e.g., a minority must be consistent, yet not appear rigid or dogmatic). In addition to consistency, other behavioral patterns that members in the minority opinion must possess are confidence, unbiased appearance, and the ability resist social pressure and abuse. This study investigated whether individuals identified as racial minorities convey social influence over the majority in the same manner that minority opinion members exert influence in a group setting. In addition, this study evaluated how minority group members view their group experience.

Method

The current study makes use of qualitative analysis (i.e., content analysis) to explain minority group influence. A total of twenty male undergraduate students taking introductory psychology classes at a southwestern university participated in this study. Participants were divided into groups of four. Each group consisted of three members identified as the majority (i.e., Hispanic-American) and one member identified as a racial minority (i.e., African-American). Participants evaluated the pros and cons of affirmative action and came to a unanimous decision about its relevance in society today. Following the group interaction, participants filled out a questionnaire about their experience in the group (i.e., to what extent did each participant contribute during the group interaction).
Results

As predicted, the results from the study suggest that reasoning, justifications, and support are significant components of racial minority group influence (as they are for minority opinion influence). In all five task groups, when African-American speakers argued in favor of or against affirmative action, they provided reasoning (\(n = 37\)) for their claims. In addition, each time African-American speakers presented a pro or a con (i.e., reasoning) of affirmative action, claims were followed with justifications (\(n = 76\)) to further enhance their position (i.e., claims for or against affirmative action) and gain the support of the majority group. In each task group, the majority group members were supportive of the claims made by African-American participants. Hispanic-American participants used a much greater proportion of support (\(n = 112\)) for African-American speakers reasoning and justifications for or against affirmative action in comparison with counter-support (\(n = 37\)) against their position. However, there was an inconsistency with reports of group experience from African-American participants’ point-of-view in comparison with observational data.

Conclusion

According to Clark (1988), a consistent minority opinion disrupts established norms and creates uncertainty, doubt and conflict. In turn, this can lead to the majority taking the minority opinion seriously and questioning their own views. The results suggest that individuals identified as racial minorities have a better chance of persuading the majority when they use methods that are successful for minority opinion members (i.e., reasoning and provide justifications for claims).

6. Jennifer Bahman, BA, Brett A. Shumway, BA, Tracie Hitter, MS, Ginger Dickson, PhD, & Michael Waldo, PhD

Changes in Group Process Over Time in a Multicultural Training Group.

Statement of Problem

The field of counseling and psychology has moved toward a more multicultural competent model (APA Ethical Standards, 2002). A large body of literature has been devoted to the development of effective multicultural counselor training methods (Knappik & Miloti, 2006; Toporek, 2001; Pieterse et al., 2009). Experts suggest that multiple instructional strategies are needed to promote students’ multicultural competencies (Roisircar, 2004; Tomlinson-Clarke & Ota Wang, 1999). It has been recommended that participatory strategies, such as small group discussions, be incorporated into multicultural counselor training (Dickson & Shumway, in press). Further, studies have indicated the effectiveness of group process on therapeutic outcomes (Burlingame, Fuhriman, & Johnson, 2004). Research indicates that personal growth groups may be effective in promoting multicultural competencies in counseling students (Rowell & Benshoff, 2008). However, a review of the literature reveals that therapeutic factors (defined by Yalom (1995) as “the actual mechanisms of effecting change in the patient” (p. xi)), have not been assessed in a multicultural training group. An understanding of which therapeutic factors occur in multicultural training groups could allow for more proficient and effective multicultural training. This study sought to assess the prominence of therapeutic factors over time in a multicultural training group.

Hypotheses

It was hypothesized that therapeutic factors would be associated with different stages of group development (Waldo, 1985). Therapeutic factors were hypothesized to transition over the span of the group sessions.

Methods

This study explored changes in group process over time in a multicultural experiential and exposure training group. Six participants were recruited from counseling related master’s level graduate courses (5 women, 1 man; age \(M = 24.5\), \(SD = 2.07\)) from a southwestern university. Participants were from diverse ethnic and religious backgrounds. Participants self-identified their ethnicities as: Hispanic (\(n = 3\)) and European-American (\(n = 3\)). The participants self-identified their religious affiliations as: Atheist (one with Christian background and one with Jewish background), one Christian, one Catholic, one non-religious, and one participant declined to answer.

Participants attended eight, one-hour and forty minute group sessions. Upon completion of each group session, participants were asked to complete the Post Session Critical Incident Questionnaire (PSCIQ), which is an open-ended questionnaire used to assess for prominent therapeutic factors as identified by Yalom (1995). Each participant was assigned one session in which they were asked to share their respective personal experiences with their self-identified culture. Approximately 50 percent of each session was devoted to participant delivered information. The remaining approximate 50 percent of each group session was spent in group processing of group members provided cultural information.

Results

Two raters rated each PSCIQ for prominent therapeutic factors. The inter-rater rate of agreement was 87.2 percent. From the original 48 PSCIQs collected from six participants over a course of eight sessions, two PSCIQs were unavailable (one session missed by one participant; one PSCIQ not completed by one participant), and seven were deemed by both raters to be unrateable because the responses were indicative of content from the session and not processes or experiences. Thus, analysis was based on 39 group participants’ PSCIQs. The following therapeutic factors were identified: imparting of information (\(n = 16\)), interpersonal learning (\(n = 6\)), cohesive-ness (\(n = 6\)), catharsis (\(n = 4\)), universality, (\(n = 4\)), altruism (\(n = 1\)), imitative behavior (\(n = 1\)), and socializing techniques (\(n = 1\)). From these therapeutic factors, imparting of information occurred throughout six of the eight sessions with the greatest prominence occurring during the initial group meetings. Interpersonal learning occurred during the first five sessions and was not seen at all during the last three sessions. Cohesiveness first occurred during the fourth session and carried on from this session, with it being the only therapeutic factor present during the termination session.
The other therapeutic factors (e.g., catharsis, universality, altruism, imitative behavior and socializing techniques) occurred sporadically throughout the group experience.

Discussion

The study hypothesized that the group process, as demonstrated through Yalom’s therapeutic factors (1995), would change as the group developed over time. Results of this study partially supported the hypothesis. There was an apparent transition from predominantly imparting of information during initial sessions, to cohesiveness between the group members in middle to later sessions. Although imparting of information continued to be the predominant therapeutic factor overall (n = 16), there was a decrease in occurrence from the first session (n = 5) to the last session (n = 0). Some limitations of this study include the seven PSCIQs that were not rated. As these responses consisted of content from the sessions rather than experiences or processes, these questionnaires unfortunately were not able to be included. In a future conducting of this group, or a similar group, it would be advisable to make the participants aware to respond in terms of group process. Similarly, the responses that were rated were done so based solely on literal inclusion of therapeutic factor terminology. In many instances other therapeutic factors may have been applicable; however, due to insufficient response information, the literal therapeutic factors were analyzed. In future groups, it would be advisable to encourage participants to be more thorough in their responses. Overall, the results of this study indicate that some changes occur over the span of a group experience. Future groups that eliminate some of the identified limitations may provide interesting results on this topic.

7. Qi Shi, MS & Sam Steen, PhD

A Data-Driven Psycho-Educational Group with Middle School English Language Learners: Addressing Personal/Social and Academic Needs.

A data-driven group counseling program with middle school ELL students targeting personal/social and academic development will be presented. Session plans, data collection surveys, homework and processing activities, as well as strategies to collaborate with teachers and families will be highlighted. The results and ideas for expanding this program will be discussed. The goal of the session is to present a data-driven psychoeducational group addressing the personal/social and academic needs of ELL students who are in the early stages of learning English proficiency levels. First, the presenter will briefly provide a background and rationale for using a psychoeducational group to supplement middle school ELL students’ learning while addressing their personal/social (e.g., social skills) and academic (e.g., language proficiency) needs. Next, the presenter will provide the data-driven group counseling program including each session plan, data collection surveys, homework, and processing strategies. Additionally, suggestions for collaborating with teachers and families will be explored. Finally, additional potential activities for more advanced level ELL students as well as all the handouts for this intervention will be provided. From this presentation, the participants will be able to gain the following insights: a) the utility of a psychoeducational group to serve middle school ELL students’ personal/social and academic needs, b) ideas to collaborate with teachers and families when implementing this intervention, and c) opportunities to learn ideas and tactics in regard to using group counseling in working with ELL students through communicating with other colleagues and professionals. The participants will gain strategies for designing, implementing, and evaluating a data-driven psychoeducational group with ELL students, as well as data highlighting the effectiveness of this intervention.


Problem Statement

Group therapy has proven to be as or more effective for the treatment of psychological disorders than traditional individual psychotherapy (Yalom, 1995). These interventions provide a distinct opportunity for self and interpersonal learning, allowing group members opportunity to review the effects of trauma (Nolan et al., 2002; Gill, 1991; Briere & Elliott, 1997). Group treatment has long been understood to be an effective way of facilitating interpersonal awareness, and the instillation of hope and meaning, as group members join with other members on their healing journey (Foy, Eriksson, & Trice, 2001). The literature suggests evidence for significant effects from supportive, experiential, and cognitive-behavioral models; each group intervention generally provides empirically solid interventions (Foy et al., 2001). For older children and adolescents, integrated and cognitive-behavioral modalities are available; to date, however, there is limited empirical support favoring one particular model of group therapy over another (Foy et al., 2001). There is also limited exploration into the use of groups that incorporate creative arts interventions. Experientially-based groups provide important opportunities to create emotional distance in trauma situations, allowing youth the chance to work out complex problems and emotions that affect them (Schaefer & Carey, 1994). Previous research with distressed children suggests that creative approaches to therapy encourage the expression of emotions, increased emotional resilience, reduced emotionally reactivity, increased mastery and increased relatedness to others (Tegner, Fox, Philipp, & Thorne, 2009).

Several approaches to group therapy exist, as varied as the plethora of theoretical orientations abounding today. Among these options, experiential and creative arts and writing therapies exist on one end of the continuum, while more traditional cognitive-behavioral approaches exist on the other end. The purpose of this research is to explore two alternate approaches to group therapy as they relate specifically to building resilience in at-risk youth.

The current study involves three groups of high-risk youth, including one group of adolescents receiving an experiential and creative arts group intervention; a second group of adolescents involved in a structured cognitive-behavioral group; and a third group receiving no intervention and serving as a control group. Each of these three groups is given the Resilience Scales for Adolescents (RSCA) as a
pre and post-test measure in addition to a brief qualitative instrument.

Method

Youth at risk for failure in school, trauma, and/or interpersonal victimization were recruited for participation; these include both males and females, ages 11 to 20. The three groups involve a psychoeducational group for 11 at-risk high school students in an alternative school setting; an experiential arts group for 16 at-risk adolescents from a voluntary residential facility; and 13 youth assigned to a control group. The students from the alternative high school are ages 15 to 19 and are participating in a 12-week structured psychoeducational group, stressing "Safety", "Emotional management", "Loss", and "Future" (SELF). This trauma-informed program integrates cognitive-behavioral concepts while teaching resilience skills in the areas of safety, emotional management, loss, and developing goals for the future. The field of traumatology suggests that these areas should be the focus of treatment for individuals with trauma histories (Bath, 2008; Kruczek, 2006).

The other experimental group involves teens raised by single mothers because of their father’s absence, due to abuse, neglect, death, or otherwise. Based on a foundation of experiential, narrative, and art therapy approaches for adolescents, “Chill and Spill” is a guided therapeutic group designed to empower adolescents through the use of art and creative writing to “articulate and heal from traumatic or difficult issues in their lives,” (Murray & Basham, 2010).

The RSCA (Prince-Embury, 2008) is being used to measure three areas of perceived strengths/vulnerabilities related to psychological resilience—Sense of Mastery, Sense of Relatedness, and Emotional Reactivity. The RSCA Personal Resilience Profile is typically used in individual clinical, school, and therapeutic group settings, and is often used as a screening measure within prevention programs. The 64 items can be compared with other Youth Inventories to connect resilience characteristics with specific symptoms for comprehensive treatment planning. The 5-point Likert scale allows for response options ordered from 0 (never) to 4 (almost always). The self-report scales are written at a third-grade reading level and may be used in combination or as separate global scales.

A brief post-test survey consists of the following: three open-ended questions, two questions on a 5-point Likert scale, and 11 questions using a 4-point Likert scale. The items pertain to self-perceived emotional state before and after intervention, challenges faced by the participant, learning that occurred as a result of the intervention, attitude toward the intervention and facilitator, and usefulness of the intervention for helping to solve life problems.

Repeated-measures ANOVA will be used to compare the effects of the experimental groups with the control group, and to assess the impact of the creative arts intervention group with the more directive psychoeducational group.

Results/Discussion

This (in-process) study seeks to evaluate any differences in resilience scores between groups utilizing distinct modalities. It is hypothesized that both of the experimental groups (cognitive and creative arts) will show significantly greater gains in resilience from Time 1 to Time 2 in comparison with the control group. The results of this study and a discussion of the findings as they relate to previous research and future therapeutic work with high-risk youth will be presented, following the completion of phase 2 of this study.

Future researchers want to understand the deeper implications that contribute to “protection” for children in maladaptive and diverse environments. As studies evolve, researchers hope to develop a better understanding of how processes work within and across levels of analysis to actually produce resilience in children (Masten & Obradovic, 2006). Study of resilience factors, particularly in residential/school settings has the potential for helping children from various backgrounds achieve and perform better, while also allowing professionals to promote these protective factors in vulnerable community settings (Christiansen, Christiansen, & Howard, 1997).

9. Ya-Chin H. Lang, EdD

An Evaluation of the Group Counseling for Domestic Female Offenders.

This study is to evaluate the efficiency of the group counseling that consisted of 12 domestic female offenders involved in a 16-week program in a female jail in Taiwan. It is the first time this jail designed a counseling program for those women who were accused of homicide; specifically, their victims were either their husbands/partners or children. This program was also mandated by the Ministry of Justice as a part of correction education starting from year 2010.

The purposes of the counseling include: 1. to help these women brave all accusers and difficulties they have been facing since they committed the crime; 2. to educate them regarding the knowledge of domestic violence and gender equality; and 3. to encourage them to examine and appreciate their lives and to plan ahead about their futures.

The average age of the 12 females was 36.75, ranging from 52 to 27 years old. All but one of them obtained at least 9 years of education, eight graduated from high schools or vocational high schools, and one had a learning disability. Seven out of 12 killed their husbands/partners, four killed their own children, and another one killed her niece’s son. Ten of them were victims of marriage violence. All of them seemed to have a very miserable and unspeakable past.

A questionnaire was designed to be used as pre- and post test, which contained personal data, ten open-ended questions regarding their marriage life, and 16 statements regarding violence. There were another 43 statements included in the post-test to let them evaluate this group counseling. Additionally, the females’ drawings and observation records by the group co-leader were used in comparison to the results of questionnaires. The analysis and discussion will be submitted to the Ministry of Justice as a reference for the authority to reconsider whether this kind of program would continue for next year.

Since the program was just ended in November, data collection and analysis are still under process. It is expected that the report will be
finished by the end of January, 2012.

10. Joanna C.M. Cole, PhD, Renee Boynton-Jarrett, MD, DSc, & Jennifer Mulcahy-Avery, BS

A Trauma Focused-Cognitive Behavioral Therapy Group Intervention for Black and Latino Adolescents Exposed to Community Violence.

Problem Statement: Empirical research has documented that 85% of youth have witnessed community violence and 66% report direct victimization. Racial/ethnic minority youth and those residing in urban areas experience a disproportionate burden of community violence exposure. In 2010, 65% of Boston public school students reported witnessing an act of violence in the past year. Between 2002-2007, the Boston city homicide rate has tripled. Due to the ubiquitous nature of violence in their communities, inner city youth are at greatest risk for experiencing significant psychological distress, including PTSD, depression, and behavioral problems resulting from trauma exposure.

Despite increasing rates of violence in urban settings, and heightened awareness of the extent to which violence exposure impacts mental health, school performance and health behaviors, there is limited understanding of behavioral interventions that may mitigate the negative psychological effects of community violence on minority youth and optimize health and development. Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) has been recognized as the efficacious individual behavioral therapy for traumatized children. However, due to the large number of exposed youth, the accessibility of individual therapy may be suboptimal. To date, no studies of group treatment using TF-CBT have been conducted with adolescents exposed to community violence.

The utility of TF-CBT for reducing symptoms post-community violence exposure and improving psychosocial functioning when delivered in a group setting is unknown. The current study examined the clinical effectiveness of a 10-week TF-CBT intervention in a small group setting among adolescent boys of color, ages 12-15 years old, with a history of community violence exposure. Specifically, we evaluate the effectiveness of the TF-CBT group intervention on change in PTSD, somatic and depressive symptoms, emotional regulation, and externalizing behaviors. Next we evaluate the acceptability of and satisfaction with the intervention for participants and their caregivers using semi-structured qualitative interviews.

Subjects

The sample (N = 12 maternal caregiver-youth dyads) was drawn from an outpatient psychiatry department and primary care clinic in an urban medical hospital during two rounds of recruitment. Adolescent boys between the ages of 12 and 15 (Mean age = 14.4 years) were referred to the study by their outpatient therapists, medical providers, or self-referral. There were four participants in Group 1 and eight in Group 2. Ultimately, nine youth completed the 10-week group intervention. The self-reported race/ethnicity of the study participants was 66% Black (including Haitian, African-American, Trinidadian), 17% Latino (including Dominican Republic and Puerto Rican) and 17% Other race/ethnicity. The majority of the sample (83%) qualified for Mass Health (e.g., Medicaid) managed care insurance. Although most youth had witnessed a traumatic event (e.g., assault of family member, neighborhood shooting, murder of a family member, witness stabbing), the majority were also direct victims of violence (e.g., physical assault, robbed at gunpoint, gun crossfire).

Procedure

The adolescent participants were screened using the following scales the: (1) Teen Conflict Scale measures self-efficacy regarding conflict avoidance; (2) Kid Cope Scale measures resilient coping with violence exposure; (3) Provision of Social Relations measures social support; (4) Child Depression Inventory; (5) PTSD Symptom Scale. (6) Violence Exposure Screen; and (7) The Emotion Expression Scale for Children which measures emotion regulation.

Maternal caregivers completed the: (1) The Vanderbilt ADHD Scale; 2) The Pediatric Symptom Checklist; (3) The Berkman-Syme Social Support Index; and (4) a demographic questionnaire on psychosocial needs, financial hardships, school performance, violence exposure, and health history of the adolescent male.

Participants received a 10-session TF-CBT intervention delivered via small groups. Techniques were introduced using a combination of psychoeducation, CBT skills, age appropriate and culturally sensitive social problem solving skills, group cohesion games, and safety planning activities.

Primary analyses examined intervention effectiveness using standard multivariate linear regression models to estimate the mean difference in outcome scores between baseline and the end of the 10-week intervention for somatic, PTSD, and depressive symptoms, externalizing behaviors, coping, and emotional regulation. Analyses controlled for group placement. In addition, semi-structured qualitative interviews were conducted to explore program satisfaction and analyzed by looking for themes and patterns of the participants’ and caregivers’ answers. For the violence exposure, psychosocial assessment, school performance, and health history, the mean change in score for each group was calculated and compared. Finally, participation rate will be measured in terms of the average number of sessions attended by each participant.

Results

Our preliminary findings revealed a significant reduction in PTSD and somatic symptoms and externalizing behaviors between baseline and post-intervention screening. Additionally, quality of youth of social support networks increased over the intervention period. Depressive symptoms, however, were not improved. Notably, the level of exposure to community violence remained high throughout the group intervention.

A robust theme that emerged from our baseline, semi-structured interviews with youth and caregivers surrounded the commonality of incidents of violence in daily life, and a sense of helplessness to intervene in response to the emotional needs. Both youth and caregiver qualitative interviews post-intervention revealed greater
self-awareness, sense of trust, improved coping skills, reduced feelings of isolation, improved communication strategies, and school performance among youth. Acceptability of the intervention content was high as was satisfaction with the group.

Conclusions

Our findings suggest high acceptability of a group TF-CBT intervention among minority youth and their caregivers, as well as significant improvement in PTSD, somatic symptoms and externalizing behaviors. Baseline qualitative findings revealed both the commonality of community violence and a sense of helplessness to respond to socio-emotional needs. These findings underscore the need to provide more services and resources for caregivers and at-risk youth that specifically address the impact of toxic social exposures in daily life, such as community violence.

Overall, based on preliminary qualitative findings, a TF-CBT group model seems to be effective in many ways. Changes in participants’ self-perception, in addition to changes in perception of trust in other people, were observed. The group therapy context, in which participants felt respected and experienced credibility coming from the group, contributed to the restructuring of these perceptions. Moreover, the group represented a safe place, in which bonds of trust were developed among participants and co-facilitators, thus promoting a differentiated model of interpersonal relationships that were sustained post-group termination.

11. Ashley K. Piwowarski, PsyD, Karen E. Farrell, PsyD, & Tiffany Keller, PsyD

StronGirls: Creation and Efficacy Research of a School-Based Relational Aggression Group Prevention Project.

This project represents the first attempt to systematically evaluate the effectiveness of the psychoeducational group intervention, StronGirls. The program is designed to address relational issues among all girls enrolled in 7th grade at a private grade school located in the suburbs of a large Midwestern city. StronGirls, rooted in relational-cultural and feminist theories, incorporates these theoretical approaches into an intervention model, making use of psychoeducation, skill-building, experiential learning, and emotional processing. Using a sample of 27 student participants, their parent(s)/guardian(s), and two teachers, a research protocol which examined use of relational aggression and prosocial behavior was implemented pre-, post-, and six months after intervention. Results demonstrated increases in prosocial behaviors and declines in relational aggression following intervention; maintenance of many of these changes was documented at follow-up. The current project contributes significantly to the present literature surrounding school-based social-emotional intervention options, serves as the empirical foundation for StronGirls, and enhances confidence in the effectiveness of our interventions.

12. Michael J. D. Irvine, BA, Krystal R. Gregg, MA, & Michelle Anderson, MS, MA

The Assessment of Therapeutic Factors on Treatment Outcome: An Ongoing Challenge.

We studied how group cohesion contributes to treatment outcome in the inpatient psychiatric setting for individuals diagnosed with Borderline Personality Disorder. Self-report measures for quality of life (ORS) and group cohesion (CALPAS-G) were administered once during the course of treatment. Significant correlations were found between (1) participant quality of life and membership understanding/involvement (2) and participant quality of life and working strategy consensus. The clinical implications of this study are presented in context of this studies limitations.

Ad Hoc Early Career Group Psychologist (ECGP)

The Ad Hoc Early Career Group Psychologist (ECGP) Committee is working on creating a section of the Society website with resources for ECGPs. We hope to include sections on research, teaching, practice, leadership/service, awards, diversity, work-life balance, etc.

We are writing to request your help in this effort. We are looking for resources that Society members might be willing to share on the website. Specifically, we are looking for syllabi from group classes, reading lists, suggested training videos, and class activities that could help ECGPs as they prepare for and begin teaching about and supervising group work.

In addition to resources for teaching, we would also like to highlight research conducted by ECGPs. We invite any ECGPs to share with us references or links to full-text documents of recent group research that they would like to share on the website.

Resources and research can be sent to Joe Miles at joemiles@utk.edu.

Thank you for your help!

Joe Miles
Assistant Professor
Department of Psychology
410C Austin Peay
University of Tennessee
Knoxville, TN 37996
(865) 974-4183
Executive Committee Reports:

President Report: Dr. Nina Brown

Planned meeting and has asked various board members to stay as committee chairs and coordinators. Budget will be given to Rebecca to review and approval will be electronically submitted by the end of January or early February. Budget is difficult to formulate due to journal income fluctuations.

Past-President’s Report: Dr. Jean Keim

Cheri Marmarosh is replacing Dennis who resigned for health concerns. Impromptu committee was created in response to new editor’s family situation. Might have to do new search. Gary, Craig and Don Forsyth will help with this.

President-elect Report: Dr. Maria Riva

Trying to get specialty status for Group through Counsel of Specialties.

Secretary’s Report: Dr. Scott Conkright

Board minutes are now going to be online. A template for Board minutes was created by the Secretary.

Treasurer’s Report:

Reminder to keep original receipts and to make sure that all budget requests be public and approved by the Board

Old Business:

1. There was a concern about who was going to chair the Fellows committee and it appears to be Cheri Marmarosh, Ph.D. Dr. Maria Riva makes motion to ask chair to investigate the feasibility of providing summaries of current research summaries on the website. Goal is to have service to members. Agreed unanimously.

2. It was proposed that the by-laws be changed so that the Development and Foundation committees be changed to standing committees. This was unanimously agreed to and will be presented to the membership for approval.

3. A motion that the mid-winter be done via video conferencing was unanimously declined.

Second motion: Maria - a full day meeting be established with monetary support one day before the 2012 APA (August 1st) convention and then evaluated. Unanimously passed.

Action Items:

1. Fellowship Committee: Need better record keeping.

Motion to vote Dr. Sally Barlow as Group Psychologist of the year. Unanimously passed.

2. Proposed By-Law Proposals

a. Development Committee: A motion was made to make it a standing committee in the By-Laws and was unanimously passed. This will be sent to the membership.

b. A motion to make the Foundation committee a standing committee. Jean provided a description of the foundations. Passed unanimously.

c. A motion to was made regarding a name change to the Education and Training Committee. It will now be called the Committee on Education, Research and Training. Passed unanimously.

3. Nominations and Elections: Requests for nominations will be sent out to membership one more time. The advisement of the Board will be solicited.

4. Procedures for Student Poster Awards: Nina submitted a proposal for guidelines for student poster awards. 4 – 8 poster sessions were suggested. Accepted unanimously.

5. Student Committee Co-Chair: Nina proposing that a member of the Board be a co-chair. Vote passed with one dissention.

6. Proposal for Guidelines for Psychologist of the Year Award: Changes were accepted with one dissention.

Committee Reports:

Counsel of Specialty – presented by Dr. Maria Riva. We need a “synarchy” in order to get specialty designation. The question was
raised as to whether or not we go for proficiency or specialty.

The Board has decided that we will apply for specialty status with the option of changing this to proficiency if sufficient information warrants this. Unanimously approved.

Foundation Committee:

Jean passed out donation forms. Committee needs to do preparation work for what to do with monies once the foundation is fully funded such as types of awards and criteria. Information and access to donating will be put up on the website.

Development Committee:

Dr. Nina Brown, who heads the editorial board, discussed the possibility of starting a book series and that there is currently a search for a publisher by the editorial board. Decision needs to be made about royalty split.

There was discussion of what sorts of training we should provide as a Division. The committee will provide a report at the next meeting.

Membership Committee:

Dr. Elaine Clanton-Harpine reported that APA membership is up but that division membership is down. Most successful membership campaigns by other divisions focus on early career professionals. Elaine suggests that we have a breakfast reception for them at the APA convention.

Elaine would like us to consider that there be a committee for early career professionals and asked for approval for a co-chair.

Jean motioned that she be given $2,000 to put together a breakfast reception at the upcoming APA convention. Unanimously approved.

Program Committee:

A tentative schedule for APA 2012 and was reviewed and tweaked by the Board.

Adding brunch on Friday morning, board meeting on Sat from 9-12. Social will be on Sat night.

There was discussion of how best to use suite.

Board suggesting dropping “speed mentoring” and to add hour on ethics. Other workshop suggestions were offered as well and there was talk of getting CEUs.

Publications Committee: Dr. Craig Parks was skyped in from Washington State as he was not able to attend due to difficulty finding a flight. He gave an update on the new editor, as well as informing us that we have a new associate editor. Pub Med has declined to list the journal but it will likely get accepted when the application comes up again in three years.

President created ad hoc committee for Development and the Board unanimously approved it.

Need to update committee listing and roster for the website. Lee pointed out various new features of the website. Considering early career professionals tab.

The Group Psychologist (Leann): want shorter articles, and need more subject areas and writers. Don’t need to publish minutes there as they are available at the website.

Budget:

Dr. Rebecca MacNair-Semands raised the question of what to do with expenses related to liaison and/or representative work to other organizations. She is going to see what reasonable and normal costs guidelines are available.

Mid-Year Financial Summary

Rebecca MacNair-Semands, Ph.D.

The Mid-Year Financial Summary for the board was provided by Dr. Lynn Rapin as our outgoing treasurer. The Finance Committee now consists of the new treasurer, Dr. Rebecca MacNair-Semands, Dr. Maria Riva (Pres.-Elect), Dr. Jean Keim (Past Pres.), and Dr. Nina Brown (Ex-officio).

With our 2011 income of just over $40,000 and expenses of over $65,000, we ended the year with a net income loss. However, we were able to provide the Foundation fund gift of $40,000 and we have additional investments/assets of just over $50,000. Convention costs for 2011 were slightly higher due the 20th year anniversary celebration and member dues were slightly down, consistent with recent years. Discussion around whether to lower our dues to increase membership met with some support and will be voted on during the convention meeting. The final 2011 report will be posted on the website.
Finding My Way into the Group Therapy World

Kacey D. Greening, Wright State University

As a new student member, it’s hard for me to believe there was a time when I didn’t know Division 49 existed. Not too long ago, I was a first-year graduate student trying to find my way in a strange new world. I wasn’t quite sure where I fit in or how I was going to become this “competent professional” that everyone was talking about. Over the course of my graduate program, I remember a mixture of feelings. I was thrilled by group work and terrified of it at the same time. On one hand, group provides so many opportunities for interpersonal learning and growth, but there are so many variables to manage and attend to in group work. I remember thinking to myself, can I really do this? Despite my initial self-doubt and anxieties, I told myself that I would persist in exploring group work. I told myself that I would give it a fair chance rather than backing away from the challenge.

So I took a group therapy course with one of my professors, Dr. Martyn Whittingham. While taking this course, my interest in group therapy grew immensely. This was the first time I’d heard anything about pre-group preparation and group assessment. It was the first time I’d heard anything about the interpersonal theories underlying process groups. Dr. Whittingham’s teaching style and his mentorship doubled my curiosity and my enthusiasm for group work and improved my confidence as a clinician-in-training. In the past three years of graduate training, my allegiance toward group work has increased exponentially.

In closing, I’m very excited to be a student member of Division 49. I’m grateful for all of the opportunities provided by excellent mentorship, such as Dr. Whittingham, and everyone else out there who is taking the time to mentor their students. Graduate School can be both exciting and scary for new students as they try to find their path, and one of the most meaningful aspects of my graduate experience has been having mentors to support me and walk with me on my journey. From a student’s perspective, the value of mentorship cannot be underestimated. Just knowing that there are “professionals” and “experts” who are willing to welcome you, teach you, and link you to resources is such a wonderful feeling! For me, it has made all the difference in the quality of my training. I find myself willing to take more risks, challenge my comfort zone, and I just feel more valued and affirmed at the end of the day. So I’d like to send a big thank you to all of those wonderful mentors out there!

Masculine Ideology and Group Process: Using the Psychology of Masculinity Literature to Guide Practice

Sean B. Hall, MA

As I look back, I can see that my passion for group has always been a part of me, but I didn’t have much support or supervision to flourish until I came to Wright State University. Currently, I’m writing a book chapter with Dr. Whittingham on group work in college counseling centers. When he first asked me to write with him, I couldn’t believe it. I was so excited! Writing a book chapter might become pretty typical for seasoned clinicians, but for many students like me, it’s a monumental moment and a great honor. I’m also kept very busy working on my dissertation, and of course, my dissertation topic is related to group work! I’m using a mixed methods approach to study change in college students who participated in Focused Brief Group Therapy. In fact, Dr. Whittingham, myself, and another student from Wright State University are eagerly preparing to present our research at the American Psychological Association Convention this August.

To the emerging leader, group dynamics offer a unique blend of confounding, observable, and unseen forces that can either impede group progress or propel movement forward. Often, graduate students and early career psychologists are asked to lead various types of groups across a number of different settings. Combined with skillful supervision, each unique experience offers developing professionals an opportunity to expand both group leadership and clinical conceptualization skills. Still the process to become a skillful group leader is long and intentional. Expertise seems to develop through directed attention toward research, training, and applied practice. As with any new experience, emerging professionals may encounter moments where they feel overwhelmed and ill-equipped to manage the intricate dynamics that occur during session. Undoubtedly, developing an awareness of these potential forces may provide emerging professionals with a framework to guide intervention. The aim of this column is to review and discuss current trends, issues, and concerns facing emerging group leaders. Columnists will review the relevant research in an effort to help leaders navigate the subtle and intricate network of factors influencing group interaction. Finally, in an effort to better understand the unique experiences of male group members, for this edition we will introduce this column by reviewing some of the research examining...
the psychological processes that may affect men’s interpersonal relational style.

Within groups, the experiences of male members appear to vary. While some men show a willingness to form deeper, authentic bonds with the group, other men display resistant behaviors such as silence, tardiness, and emotional restriction. Because of this variation, it is important for group leaders to draw from research to explain how the unique psychological characteristics of men may affect group dynamics. By understanding these characteristics, emerging leaders may be better able to detect, explain and structure interventions to help the group move forward. In the professional literature, there is a growing field of inquiry that specifically examines the psychology of men. This body of knowledge is a useful resource to group leaders seeking to learn more about the science behind male identity development.

As children develop, they learn to recognize socially held expectations for traditional gender roles and their self-concept becomes intertwined with a particular gender schema (Bem, 1981). Gender roles are thought to represent socially constructed rules, attitudes, and expectations and strongly influence how we behave and communicate with others (Bem, 1981; Englar-Carlson, 2006). It is thought that men form an understanding of ideal masculine characteristics through gendered social learning experiences (Courtenay, 2000). Current theorists regard masculinity as a multidimensional construct informed by culturally influenced stereotypes and norms (Addis & Mahalik, 2003; Courtenay, 2000; Levant, 2011; Tokar, Fischer, Schaub, & Moradi, 2000). A number of indicators have been combined in the literature to measure masculine characteristics such as restrictive emotionality, aggression, focus on achievement and success, power, control, and ignoring physical health symptoms (Courtenay, 2000; O’Neil, 1981; Thompson & Pleck, 1986). Although each of these characteristics embodies the traditionally held idealized image of masculinity, such attributes may be ill suited for effective communication during group.

Although the degree to which each of the above indicators is endorsed differs among individual clients, men learn that deviating from traditional values could lead to criticism and rejection from significant peer groups (Addis & Mahalik, 2003; Englar-Carlson, 2006; Levant, 1996; Pleck, 1995). In our modern era, men are facing increased social pressure to move away from traditionally held gender roles and adopt a more sensitive, tender, and emotionally expressive relational style (Levant, 2011). Unfortunately, men experience dissonance when characteristics of the environment force them to adopt new roles, attitudes, values, and behaviors that conflict with their ideal image of masculinity (Englar-Carlson, 2006; Levant, 1996; Levant, 2011; O’Neil, 1981; Pleck, 1995). Such dissonance may become apparent during group if men strongly align with a traditionally held masculine ideal that devalues emotional expression and considers help-seeking to be a display of personal weakness.

Although, the psychology of masculinity literature is still building, the knowledge that has currently accumulated can be useful to new and emerging professionals seeking to conceptualize sources of resistance observed in male group members. Group leaders may use this knowledge to inform clinical decision-making during the pre-screening process, and to guide interventions should problematic member behaviors emerge within the group. By enhancing our knowledge of the psychology of masculinity group, facilitators may be able to derive frameworks for unpacking some the unseen forces affecting group dynamics.

References

PREVENTION CORNER
Scheduled for next issue

Newsletter Deadlines
February 15
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September 15
All material for publication must be submitted to the Editor as an email attachment (in Microsoft Word format).
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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 ..........$13.50

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