

THE GROUP PSYCHOLOGIST

The Newsletter of Division 49 of the American Psychological Association



SOCIETY of GROUP PSYCHOLOGY
and GROUP PSYCHOTHERAPY

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November 2013

President's Column

Increase Visibility of Group Psychology

Maria Riva, PhD

Hi everyone, this has been a busy year so far and I will continue to work energetically for the Division in the last 2 months of my Presidency. I am honored to serve in this role.

The APA Convention was quite successful and there was considerable energy around group practice and research. My Presidential Address focused on the urgent need for more training and supervision in group leadership.

Along with a greater emphasis on training and supervision, we need to continue to increase the visibility of group psychology and group psychotherapy as a specialty. Regardless of the strong research support for the effectiveness of group for many different problem areas, as well as research that shows that group psychotherapy is as effective as individual therapy in many situations, there continues to be considerable resistance in the field to seeing group psychotherapy as a primary form of treatment.

At a conference for behavioral health providers, I talked to many agency personnel who were absolutely supportive of group treatment yet they discussed the difficulty of getting group programs started or firmly planted in their organizations.



Maria Riva, PhD

Several people agreed that one way to make changes in how people see group treatment is to focus on legislation.

This is an area that we will need to consider going forward especially with regard to increasing the reimbursement rates for group treatment, encouraging federal and other grant sources to *specifically* include group treatment as an emphasis, and messaging about the effectiveness of group treatment.

As a small Division, we need to collaborate more with the many other APA divisions and other organizations that emphasize groups. We also need to see our skills as essential both in small and large group situations. With the

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From Your Editors

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



**Thomas
Treadwell, EdD**

It was nice seeing many of you at the APA Annual Convention. Generally, we had an extremely successful gathering and a great deal of work was accomplished.

The early career psychologists' embarked on a focused start and are interested in adding to the Society's vitality.

There was a successful use of Google Hangouts on Air to host "Hot Topics in Group Research" (<http://www.youtube.com/watch?v=i8e6Vc1-Eb4>) and "Best Practices for Teaching Group Theory or Practice" (<http://www.youtube.com/watch?v=-58A-6GahBY#at=12>).

Check out the recordings if you haven't done so already. Thanks to everyone who contributed to make that a success.

In this issue, President Riva's address focuses on the urgent need to continue to increase the visibility of group psychology and group psychotherapy as a specialty.

We are excited to share more about President-Elect Lee Gillis, who has the vision of promoting a 2014 Convention

Theme of "Experience Group/The Group Experience." According to Lee, the theme will encompass experiential programs that may occur during the convention where attendees can be part of a group, as well as programs and posters that support practice based evidence on both process and outcome research as a result of a group experience. Of course, Lee is collecting undergraduate and graduate group psychology programs, so if you know of any or are part of one please send Lee a note to this address: lee.gillis@gcsu.edu.

We have added a new column for this issue and would like your feedback—a research column reporting on various research projects doctoral students are involved with.

Articles or brief reports and news items can be e-mailed directly to Tom, Letitia, Noranne, and Leann at ttreadwe@mail.med.upenn.edu, as can Letters to the Editor. We would also like to include book reviews, DVDs, videos, and on-line group interactions as part of the newsletter.



**Leann Terry
Diederich, PhD**

Reviewers for *The Group Psychologist*

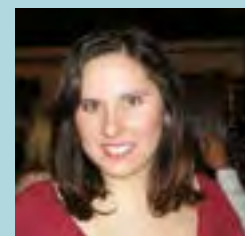


**Letitia
Travaglini, MA**

Letitia Travaglini, MA, former research assistant to Aaron T. Beck, MD, at the University of Pennsylvania, and fourth-year doctoral student at the University of Maryland, Baltimore County's Human Services Psychology program. Student affiliates are encouraged to send brief reports, comments, and ideas to Tisha at tisha.travaglini@gmail.com.

Noranne Kocher, MA, LPC, is a Readjustment Counseling Therapist with the Department of Veterans Affairs Medical Center in Coatesville, PA. She currently works with dual diagnosis clients in an extended inpatient rehabilitation setting, but has spent several years focusing on veterans with severe and persistent mental illness.

She obtained her BA and BM from Oberlin College and Conservatory of Music and her master's degree from the University of Maryland/Bowie State University, and most recently completed a certificate towards Pennsylvania counselor licensure (LPC) at West Chester University.



**Noranne
Kocher, MA**

Memorial

Roy MacKenzie, MD



**Gary Burlingame,
PhD**

*Gary Burlingame, PhD
Brigham Young University*

Recollections about one of the leaders in our field ...

Roy MacKenzie was a psychiatrist who was very active in the group treatment literature. He was primarily involved with the American Group Psychotherapy Association but he did have many friends in our Society. He

recently passed away. What follows is a tribute to him that will be published in the AGPA Group Circle and I thought I'd share it with members of the Society as well.

As I thought about the core characteristics of Roy, it seemed fitting that he would call on the "group" to share their thoughts and feelings about who he was and how he affected personal and professional lives. Given the shortness of space, I'll begin with select professional facts about Roy and a few personal recollections. I turn next to Denise Wilfley, who is a co-author of Roy's second most cited publication. Roy had a significant impact on group treatment in Europe so I end with comments from Steinar Lorentzen and Per Anders Oien, who describe Roy's impact in Norway.

Gary Burlingame—Roy was a Professor of Psychiatry at the Universities of British Columbia, Calgary, and Texas. He was a prolific writer, a careful scholar, and effective clinician. I met Roy in 1980 when I attended AGPA for the first time. I'd already heard his name and read his work but when we met at the Research SIG I was struck with the importance Roy gave to integrating clinical practice and clinical research. As a graduate student, I was keen on both and Roy graciously took me under his wing as an equal, a life changing experience for an inexperienced graduate student. Indeed, the friendly, inviting and encouraging relationship that he developed with me helped set my own professional course. I've seen Roy's keen intellect help groups get unstuck, produce a creative solution to a gnarly set of research findings or creatively lead to a

chorus of psychotherapists gleefully singing a German song celebrating the city of Ulm. When Roy retired, he passed along decades of group journals to me that still sit on my shelves but more importantly he passed along his passion for group psychotherapy, not only as a powerful treatment but also as a worthy object of scientific study. We've lost one of our giants.

Denise Wilfley—In the late winter of 1997, Roy sought me out to work on a book project that later became *Interpersonal Psychotherapy for Group*. Roy and his wife Carol came to San Diego in the summer of 1998 so Roy could work extensively with my husband (Rob) and me on this project. I will

always look back on that special time with Roy and Carol with fond memories. Not only did we spend many hours working on the book, but also spent much pleasurable time getting to know Roy and Carol personally. For example, while rollerblading around Mission Bay one afternoon, we learned that Roy was a champion speed skater in Canada! As we struggled to keep up, we instantaneously were able to then give ourselves a break. We also learned of Roy's love for the outdoors and for his family. Roy was such a pleasure to be around. I think what was most impressive was Roy's passion for his work; he was willing to be a student with us, while at the same time serving as mentor. As time goes on, I



Roy MacKenzie, MD

realize how rare it is to have such times in your life that you can be honored with the presence of such a genuine, gentle, gracious, humble, passionate, persistent, and diligent human being. Roy was a quintessential researcher and clinician, and it was a once in a lifetime opportunity for me to have been around him and to have had the opportunity to learn from such a master. Above all Roy was an all-around special human being. I feel honored to have known him professionally and personally. He will be sorely missed.

Steinar Lorentzen (SL) and Per Anders Oien (PAO)—I (SL) met Roy MacKenzie for the first time at the AGPA annual meeting in 1987. He and Robert Dies conducted a workshop on the use of AGPA's Core Battery. The quality of this test battery and the simplicity in Roy's arguments for their clinical usefulness convinced me that most of the measures easily could be integrated into my own clinical practice. Years later

I produced several papers on data collected using the Core Battery, from several analytic long-term groups. There has been a strong interest in group therapy within the mental health services in Norway since the 1960s, which was accelerated in the 1980s when the Norwegian Medical Association started an extensive training program in dynamic group psychotherapy, which led to the establishment of the Institute of Group Analysis in 1992. (PAO) Roy was invited by this Institute to a seminar in Oslo in 1994, which was a success. The message was clinical research in groups, and his input was as usual clear, updated and valuable, and many started to use clinical measures in their group practice. This was the first time I met Roy and I was caught by Roy's presentation on the therapist role in a group: "Do you want to look like mummies?" he exclaimed, advocating the active therapist who was tuned in with everyone in his group, followed the patients' needs, who spoke a language everyone in the group could understand, but all the time challenging the group members on aspects in their own lives. I was the clinical director at Modum Psychiatric Clinic and when we were about to compare the effect of Cognitive Behavioral and Interpersonal group

therapies with social phobics, I invited Roy to come, spend some weeks in Norway, and to teach and supervise staff in the use of group oriented interpersonal therapy (IPT-G). Roy's work with patients (which took place in English) helped them to let down their shoulders, breathe more freely, focus on how their phobia influenced their lives, with a back drop of "small talk." His mantra continuously popped up: "What about your relationship to other people?" His impact on the professional milieu in Norway consists of a combination of the lectures and workshops he gave in Norway, his books and papers, a few weeks' stay at Modum Bad psychiatric clinic, and not the least, the personal friendships that were built. He was a warm person, open about important existential questions, engaged in important issues in society and culture, including music.

I have pages and pages of comments from others who were affected by Roy as a clinician, researcher and human being. I hope the above comments remind those of us who knew him of how delightful and rare a human being he was. And, for those who didn't I hope these comments bring a perspective to an author who you will undoubtedly read as you explore the group literature.

Research Column

The Outcome Questionnaire and the Group Questionnaire

*Kaitlyn E. Whitcomb and Sean C. Woodland
Brigham Young University*

The individual outcome literature is full of examples using feedback to inform treatment progress and outcome in what has been termed a *patient-focused* paradigm (Howard, Moras, Brill, Martinovich, & Lutz, 1996). Since the introduction of this paradigm there have been several quality assurance systems created that all strive for continuous monitoring of patient outcomes, and turns this information over to the clinician; often, this feedback is even delivered in real-time. The most empirically supported feedback system is the OQ-Analyst online software program (Shimokawa, Lambert, & Smart, 2010). Indeed, the OQ-A is the only outcome feedback system with sufficient empirical support to be formally recognized by the National Registry of Evidence-based Programs and Practices (NREPP; SAMHSA, 2012).



Kaitlyn E. Whitcomb



Sean C. Woodland

The use of OQ-Analyst feedback has been shown to improve subsequent client outcomes through both randomized control trials (RCT) and meta-analyses, especially in clients at risk for treatment failure (Harmon et al., 2007; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert et al., 2002; Berking, Orth, & Lutz, 2006; Shimokawa et al., 2010). This is salient because therapists have been shown to be poor predictors of their clients' outcome status (Hannan et al., 2005), and poor predictors of their clients' experience of the group (Chapman et al., 2012). As such, using a similar feedback system for group-relevant outcomes ought to result in a similar effect on patient outcomes. It is under this premise that the BYU Consortium for Group Research and Practice (C-GRP) has developed a feedback delivery system for group therapy using the OQ-Analyst with the Outcome Questionnaire (OQ-45) and the Group Questionnaire (GQ; Krogel et al., 2013).

While the OQ-45 provides feedback to clinicians about client symptom distress, interpersonal problems, and social role functioning, the GQ provides feedback about the client's experience of the helping environment of the group. The measure assesses clients' experience of the group relationship by tapping constructs that have been linked to client improvement and premature drop-out (Burlingame, Fuhriman, & Johnson, 2002; Burlingame, McClendon, & Alonso, 2011). Specifically, clinicians can use the GQ to understand how clients feel about their relationship with the group leader, the other members in the group, and the group as a whole. Across each of these domains, the feedback provides information about the clients' sense of positive bond (cohesion, engagement, and emotional bond), positive work (common treatment goals), and negative relationship (conflict and empathic failure) (Krogel et al., 2013). Thus, the group leader can stay in tune with important processes that predict client outcome, using this process feedback as well as outcome feedback to guide their therapeutic interventions.

So, does using GQ feedback improve group members' perception of the therapeutic relationship? To answer this question, the C-GRP is currently conducting a two-year, multisite efficacy study including over 60 counseling center groups, including general process, anxiety, trauma, and sexual concerns. The results of this and future replications will shed further light on the importance of using the OQ-Analyst and other patient-focused feedback systems in group psychotherapy.

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Membership Update

Robert K. Conyne, PhD, is serving as the William A. Allen Endowed Chair & Distinguished Professor, Seattle University 2013-2014. In addition, he is continuing as Professor Emeritus, University of Cincinnati.



Society of Group Psychology & Group Psychotherapy APA Convention Program Poster Winners

Sean Woodland

FIRST PRIZE

A Culturally Responsive Program for Immigrant Latina Women

Delia Avelar, MA, Afroza Ahmed, MA, Louise Baca, PhD, Greg Shrader, PhD, and Jared Chamberlain, PhD

Immigrant Latina women are a vulnerable population with a high risk for negative mental health outcomes including depression (Shattell et al., 2008). Mainstream psychotherapy promotes individuality and does not comprehensively address the unique needs based on shared collectivistic experiences of immigrant Latina women. The goal of this study was to provide a culturally responsive program through a group therapy format that attends to the unique collectivistic needs of immigrant Latina women.

A culturally responsive program for the prevention of depression was designed based on the process model of empowerment (Cattaneo & Chapman, 2010). Participants included six immigrant women from Mexico who had a mild range of depressive symptoms based on the Beck Depression Inventory II (BDI-II).

This pilot study used a mixed method of analysis. Pre and post treatment results on the BDI-II indicated a decrease in depressive symptoms after participation in group therapy $t(5) = 6.90, p = .01$. Pre and post Group Session Rating Scale scores $t(5) = -5.47, p = .01$ indicated a therapeutic alliance with participants. Qualitative data was examined using grounded theory and NVivo software to examine themes that emerged from the participants' subjective experience. Master themes that emerged included internal resources to cope, affect, family, self concept, loss, immigration, and cultural values impacting the identity of Latina women.

Culturally adapted interventions that integrated collectivistic values were more compatible with immigrant Latina women and decreased their symptoms of depression. Group sessions addressed the value of *familismo*, *confianza*, *respeto*, *personalismo* and gender role expectations. Trust and alliance facilitated a safe environment where participants processed feelings related to loss and grief. Participants were also able

to form strong emotional attachments and enduring relationships that created a stronger sense of community.

For more information regarding this study, contact Delia Avelar: delia_avelar@yahoo.com

SECOND PRIZE

Mindfulness-Based Stress Reduction for Female Inmates: A Group Curriculum

Alia Warner, EdS, and Sabrina Di Lonardo, EdS

Female inmates experience higher rates of mental illness than women in the community setting. As the rates of incarceration are rising, the mental health of female inmates is of growing concern. Mindfulness-Based Stress Reduction (MBSR) has been found to be effective in reducing a variety of presenting concerns, including anxiety and depression, which are among the most commonly reported symptoms by female inmates. Little research has been conducted on treatment efficacy with female inmates. Therefore, in attempts to research the utility of MBSR with inmates, a modified group curriculum was established, which accommodates the restrictive environment of prison, to pilot the group curriculum. Using major MBSR texts, key themes and techniques were pulled and modified to create a detailed 8-week curriculum. Major themes include mindful eating, breathing, sitting meditation, hatha yoga postures, body-scan technique, and walking meditation. The curriculum, as an outcome of this research project, provides detailed and structured material, which facilitates future research with female inmates. The researchers are planning to utilize the group curriculum to pilot a future study to research the efficacy of MBSR with female inmates.

For more information regarding this study, contact Alia Warner: arw10d@my.fsu.edu

THIRD PRIZE

Assessing Change Patterns of the Overly Accommodating Subtype within Focused Brief Group Therapy

Michelle Sobon, PsyM, and Martyn Whittingham, PhD

The present study is a pilot study of the "overly accommodat-

ing” clinical presentation of clients participating in Focused Brief Group Therapy (FBGT; Whittingham, 2010) within a college counseling center with a diverse student body. Within FBGT, clients’ problematic interpersonal styles are identified in the screening process by utilizing the Inventory of Interpersonal Problems-32 (IIP-32; Horowitz, Alden, Wiggins, & Pincus, 2000) measure. Identified areas are targeted throughout the eight weeks of group therapy. This study analyzed Scale 6, the “overly accommodating” presentation, which is typically associated with difficulty asserting one’s needs in interpersonal situations, thereby exacerbating mental health symptoms. Results suggest that FBGT increases client interpersonal flexibility and decreases total interpersonal distress. Group-level analyses indicated that

FBGT is associated with significantly lower Scale 6 scores, whether or not Scale 6 is specifically targeted. The largest effect size was for the scale targeted by the treatment model. This suggests the intended goals for treatment are met. Future directions include analyzing reasons for attrition within this specific clinical presentation. Additionally, future research could identify most common diagnoses and course of change throughout treatment as interpersonal styles shift within this population.

For more information regarding this study, contact Michelle Sobon: michelle.sobon@gmail.com.

Listserv and Division Membership Renewal

The **Society for Group Psychology and Group Psychotherapy**, Division 49 of the American Psychological Association, will begin updating its listserv to members-only access on November 15, 2013.

The listserv, div49@lists.apa.org, is used to send division news to the membership, such as links to *The Group Psychologist* newsletter, convention programs, calls for committee participation, etc. New members are automatically added to the listserv. This is an important benefit of membership in the Society. This is a moderated listserv, all messages are monitored, and the number of emails is limited. Members preferring not to participate in listservs may utilize the opt-out link at the bottom of all messages. We do, however, encourage you to stay on the list so you get the division news.

As the renewal process for the January-December 2014 membership year has begun, we will at this time keep anyone who has membership in Division 49 for 2013 or 2014 on the list. **If you do not have a membership for 2013 or 2014, please renew by October 31 in order to retain your listserv privileges.** About November 15, we will remove those who do not have a 2013 or 2014 membership in Division 49.

Note that you are not required to belong to APA in order to participate in Division 49 or in the Division 49 listserv. Division 49 has categories for APA Members, Associates, and Fellows, as well as Student Affiliates and Professional Affiliates (professionals with no membership in APA.)

Renewal notices for 2014 have gone out. **APA Members, Associates, and Fellows** can renew membership in both APA and Division 49 online at <http://www.apa.org/membership/renew.aspx>. **Student Affiliates and Professional Affiliates** can renew membership in Division 49 online at <http://memforms.apa.org/apa/cli/divapp/>.

Please show your support for the Society and renew your membership early! Thank you if you have already renewed your membership for 2014!

We also encourage you to invite your colleagues to join the **Society for Group Psychology and Group Psychotherapy** at <http://memforms.apa.org/apa/cli/divapp/>.

Group Psychotherapy Column

Sparky Speaks to His Self About a Particular Countertransference Issue in Group Psychotherapy: A Metalogue

John “Sparky” Breeskin, PhD

Sparky: Self, we need to talk.

Self: Go for it.

Sparky: Are you patronizing me?

Self: Whom, may I inquire, is asking the question?

Sparky: It sounds like you are using your New York Mouth.

Self: It takes one to know one.

Sparky: Moving right along ...

I have been seeing a number of clients these days in group therapy who have been sexually abused as children. The percentage, among my clients, of these people, is perhaps as high as 30%. Since I've specialized in treating PTSD for more than 50 years, I am not unfamiliar with such concepts as:

1. Secondary PTSD,
2. Survivor's guilt,
3. Therapist burnout, and even
4. Some identification with the role of the aggressor, although, as a defense against such thoughts, I found myself breaking into a chorus of “It Ain't Me, Babe.”

Of course, the grandiose part of me tries to tell me that if I had been the client's initial lover, this disaster would never have happened. My good common sense suggests that I not share such thoughts with my State Licensing Board as they would not conceivably understand.

The part of this equation that gives me the most difficulty is the fact that I am capable of taking on the client's physical and emotional pain at being violated. I can clearly see that a

woman therapist talking to a woman client would have this clearly empathic reaction, but I am a guy and that tends to shift the equation in an unfamiliar direction.



John “Sparky” Breeskin, PhD

Since I have obtained much of my sexual education by riding the New York Subway System where I was subject to frottage (nonconsensual paraphilia or in this case of ephebophilia) in addition to being patted by the Deans of private schools or even public high school principals, I would not at all be considered naïve. Since I thought such behavior was absurd, I was easily able to ignore it. Did such learning experiences delay my loss of virginity until I was 23 years old? Perhaps, but I quickly caught up for any lost time with willing partners.

Now, to get back to the matter at hand (pun intended) I was not at all prepared in my mind and my body to react in this powerful way to my client's traumatic history (or herstory). Is this reaction contributed to my comfortable androgyny? In that specific sense, feeling another human being's pain is not gender specific, in spite of whatever particular stereotypes abound.

Of course, since I strongly care for the client who is telling me the details, my reaction is multiplied, many times over, by my own personal sense of being violated or betrayed. This countertransference reaction caught me by surprise and has become the motivation behind this inquiry of self-examination.

I have looked very carefully, in my own therapy, as to the possible existence of events like this with which I might be able to identify and can find none, so that explanation is not applicable.

The strategy, which is most obvious to me, when I am aware of this countertransference event, is to self-disclose my feelings to my client so that the two of us and the other group members can work together on the issue and that is what I have decided to do. What will come out of this current piece of new learning is, as yet, unclear, but I am sure that the end product will leave all of us in the group both sadder and wiser, in that order.

Group Psychology and Group Psychotherapy Diversity Column

Diversity Committee Symposium at the 2013 APA Convention

Eric C. Chen, PhD, Chair, Diversity Committee
echen@fordham.edu



Eric C. Chen, PhD

At the 2013 APA convention, the Diversity Committee organized a symposium, in close alignment with Division 49's conference theme of "Group Psychology and Group Psychotherapy Around the World: Research and Practice" and in response to the Hawaii context where the 2013 APA convention

was held. This 50-min. symposium consisted of four paper presentations and aimed to highlight the complex process of "border crossing," with special attention to the interplay of multicultural competence and social justice within the context of group counseling: (a) "Themes on Multiculturalism and Social Justice in Group Counseling Research" by Jill D. Paquin and Joseph R. Miles; (b) "Multicultural Groups and Social Justice Issues with Transgender Native Hawaiians" by Rick

Trammel and Patrick K. Kamakawiwo'ole; (c) "Ethical and Legal Considerations in Group Counseling for Undocumented Immigrants" by Allyson Regis, Kourtney Bennett and Eric C. Chen; and (d) "Group Counseling with Undocumented College Students: Supports and Barriers" by Gary Dillon, Jill Huang, and Eric C. Chen.

Even though this symposium was held on an early Saturday morning, more than 30 individuals participated in the symposium, reflecting a strong interest in this topic. Below are condensed versions of two of the paper presentations. If you are interested in any of the four presentations, you can contact the presenters: Jill D. Paquin, JPaquin@chatham.edu; Rick Trammel, dr.rick.trammel@gmail.com; Allyson Regis, aregis2@fordham.edu; or Gary Dillon, gdillon@fordham.edu. In response to the feedback received, the Diversity Committee will similarly develop a symposium for the APA 2014 convention. If you are interested in participating in the symposium or if you have any suggestions, please contact me at echen@fordham.edu.

Group Counseling with Undocumented College Students: Supports and Barriers

Gary L. Dillon, Jr., Jill Huang, and Eric C. Chen
Fordham University at Lincoln Center, New York

Since 1982, when undocumented immigrant youth were granted the right to a K-12 education in the United States by the ruling of Supreme Court Case, *Plyer v. Doe* (Olivas, 2005), they have longed for legislation to expand to include higher education. In 2010, The DREAM Act (Development, Relief, and Education for Alien Minors), legislation that would afford U.S. citizenship for undocumented immigrant youth through a two-step process and ultimately give them access to higher education, failed to become law. Most recently, in August 2012 President Barack Obama signed the Deferred Action for Childhood Arrivals (DACA) memorandum, a discretionary grant of relief by the Department of Homeland Security, granting undocumented immigrant youth access to higher

education, work permits, and temporary social security cards.

Many undocumented immigrant youth are socialized in American society and have lived in the United States for the majority of their life (Passel, 2006). Once they graduate high school, they encounter the harsh reality that they have limited career options and channels to become self-supporting. According to the Immigration and Nationality Act (2008), undocumented immigrants that are 18 years old and older, living illegally in the United States are violating federal law. Anxieties about deportation are a reality for undocumented immigrant youth across this country (Hernandez et al, 2010; Dozier, 1993).

Of the school-aged youth living in the United States, nearly 2 million are immigrant and undocumented (Passel, 2006). As these youth assimilate, they inevitably begin to realize

that their lack of citizenship affirms they do not have the same opportunities as their American counterparts (Gildersleeve, Rumman & Mondragon, 2010). One opportunity that is particularly hard to obtain is access to higher education, thereby, the possibility to obtain a college degree. For most undocumented youth, college is deemed seemingly inaccessible for several reasons, including the high tuition cost and psychological and emotional difficulties resulting from their citizenship status and the lack of advocacy and support on their behalf (Hernandez et al., 2010).

However, this perceived inaccessibility may begin to change as a result of the DACA since the number of undocumented youth who apply to colleges and universities across the United States as well as the visibility of those students who already do attend will increase as they will feel more comfortable identifying themselves without fear of legal consequences. As a result, college counseling centers and their staff will need clinical training to deal with the unique issues faced by DREAMers. Group psychologists working with undocumented immigrant students are in a unique position to become social justice advocates for them. Below we give voice to two undocumented college students whom we interviewed to highlight clinical implications.

Methods

Participants were two Latino/Hispanic adults (“Albert” a 22-year-old man, and “Paola” a 23-year-old woman) who identify as undocumented immigrants. One is currently enrolled as full-time college student and the other just recently graduated from college. Keeping in mind that undocumented college students are, at times, considered an “at-risk” or “hidden” group, the research team began to reach out to potential participants through various clubs and groups affiliated with undocumented students and their associated issues, via social networking sites (e.g., Facebook and LinkedIn). An e-mail was sent to members of such groups to inquire about interest to participate. Participants were then presented with an electronic consent form detailing the procedure which they were asked to complete and retain for their records. Participants were then asked to complete a brief demographic questionnaire (e.g., age, race/ethnicity, gender, generational status) and participate in a 60 to 90 minute audio-recorded interview.

Results

The qualitative interviews were transcribed and specific significant statements (quote excerpts) were extracted and

the articulated description of each participant’s perspective and lived experiences were identified along with preliminary themes. The following identified themes (and corresponding sub-themes) are of particular relevance to group practitioners. The first theme pertained to *experiences as an undocumented student* and included **internal pain and discomfort** (participants detailed various instances of feeling inferior, hurt, pain, disrespect, depression, anxiety/fear about coming out, defeat, hopelessness, and being misunderstood), **isolation and dissimilarities** (participants articulated that they often felt like an outsider or second-class citizen and believed that they were treated differently as a result of their undocumented status), and **limitations due to status** (participants acknowledge limitations to which colleges and universities they could apply as well as limits or lack of resources due to their status).

The second theme revolved around *barriers to seeking services* and included **visibility** (as undocumented groups as a whole are not identifiable without self-identification it is difficult to know who can benefit from potential services), **awareness** (undocumented students may be unaware of the services afforded to and geared towards them), **motivation and confidence** (many undocumented students are not motivated to seek counseling services, and furthermore are not confident that they can benefit from such services), **language comfort** (while most undocumented students are proficient and fluent in English, most prefer to speak in their native language when discussing personal issues as a way to feel more comfortable), **trust** (many undocumented students, as a result of their past experiences and legal issues, do not trust people in authority and have difficulty opening up), and **cultural opposition** (undocumented students may have been raised with traditions, customs, and religious beliefs that do not approve of or believe in counseling services). The third theme involved *suggestions and recommendations* and included **getting students in to the counseling center** (participants believed that university staff should aim to be more proactive, conduct more outreach, create “safe spaces,” use clubs as liaisons, create bilingual flyers, and have more announcements about services), **being with and supporting students** (participants reported that counselors and clinicians need to be more empathetic, open-minded, encouraging, vulnerable, courageous, connecting, collaborative, and willing to serve as advocates to better assist undocumented students), and **knowledge of undocumented issues** (participants identified a strong knowledge of the history of, laws and legislation regarding, and opposition against immigration as a uniquely powerful way to connect with, gain understanding of, and work more efficiently with undocumented students).

In conclusion, undocumented students often feel isolated and as if their experiences are unique in a way that no one can relate. They struggle through hardships that leave them feeling hopeless with a diminished sense of self. These students often feel such a sense of mistrust that they develop maladaptive communication and interpersonal skills and have difficulties expressing their strong feelings. These two voices underscore the importance of the group psychologist to develop awareness and knowledge about the latest legislations at the national, state, and local level, and expand skills in reaching out to and working with undocumented college students on campus.

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Website: www.apadivisions.org/division-49/index.aspx

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Journal: You can access the journal, *Group Dynamics: Theory, Research and Practice*, online at www.apa.org via your myAPA profile (even if no APA membership). Log in with your user ID or email and password.

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Brief Articles

Amplification in Group Work

Adam Blatner, MD

How might a facilitator or director address the way many people in groups can lower their voice so that others cannot hear them?

The technique of “**amplification**,” derived from psychodrama, might be helpful in such circumstances. The group leader who sits close to the soft-spoken or mumbling speaker repeats what is said in a voice loud enough so that everyone in the group can hear easily. This serves two functions: First, others can hear and they don’t have to experience the mixed feelings that maybe if they tried harder they could hear, or “doggone it, maybe if I spent more money on these doggone hearing aids I could hear!” or other forms of self-torture.

(I confess that this contemplation was triggered by my being in a group with new hearing aids. The main speaker was allowed to mumble and group members close to him could hear and interact, but I couldn’t. And I tried to edge up close, and I still couldn’t!)

This technique allows the facilitator or director to state to the soft spoken protagonist: “Hey, we’re here to work on whatever you’re talking about” and “This is a thought that has been expressed.” It has been expressed very softly so group members cannot hear, but it shows that the protagonist wants to be understood. Thus the director or facilitator interjects and states: “I’m going to amplify what’s being said so that we can understand.” If I misrepresent him he is free to change it, modify it, think about it, or re-evaluate it.

Discussion/Analysis

Let’s unpack this dynamic further. Speaking almost too softly to be heard is an unconscious expression of ambivalence: One part wants to share it openly, but another part has reservations.

There is a spectrum of disclosure in the psyche. The deepest, most repressed level involves thoughts one cannot at all admit even to oneself. Slightly more accessible are thoughts or feelings that might be admitted to oneself as a secret thought or image, but this is often accompanied by shame. Slightly more expressible are those awarenesses that might be admitted to a group after there has been a good deal of trust established. To say again, these are points along a gradient of disclosure to self and others.

The technique of amplification operates in this gradient to help people who are anxious as to what can be said openly in the group to move from whisper to statement. This activity by the group leader or others in the group reinforces the norm that things can be talked about openly, and that is what the group context provides. This is new territory.

The psychological defense mechanism operating in being almost inaudible is the magical fantasy that if it isn’t heard, it doesn’t count. It can be denied: “I didn’t say that. You didn’t hear me right. I didn’t mean it.” Speaking almost inaudibly is a psycho-somatic and unconscious inhibition. The technique of amplification counters this. It also in effect “interprets” the defensive inhibition.

We should not underestimate the way group members, who cannot hear the group member well, tend to feel uncertain about their right to hear, feeling left out, blaming themselves for being so deaf and dense, as well as annoyed by the soft spoken group member. It’s hard to be sympathetic when voice volume is low and group members cannot hear them clearly.

All this is circumvented by the *technique of amplification*, to be used only when the group facilitator/leader feels it’s more important to move on with the group process rather than pause and help the defensive group member realize speaking softly is itself a defense.

Navigating Group Work on Internship

*Kacey Greening
Wright State University*

After recovering from the internship application and interview process, I am finding much joy in my new role as a pre-doc-

toral intern. I am grateful to have a training director who is so committed to helping interns gain the experiences they are seeking. Right from the start, my placement at the Southern Arizona Psychology Internship Center has afforded me abundant opportunities to engage in group experiences. What has

fascinated me most is how different the experiences are based on the multiple factors that can influence group work and process. For example, questions I have asked myself: “Am I running the group by myself, or am I co-leading?” “Am I creating a new group, or am I working from a pre-existing framework?” Questions, such as the above, need to be clear in one’s mind prior to facilitating a group.

As an intern, it seems that expectations are higher. I know I expect more of myself, and I think co-leaders expect more of interns as well. Internship feels like the perfect time to step up your game, but it’s not always easy because interns are often trying to adapt to a new and more demanding work schedule with more responsibilities. So I’ve been asking myself, how do I navigate the group process? How do I reserve some deliberate energy to hone my skills as a group therapist? I’m learning how to answer these questions as I go along!

From my perspective, the groups that have been the most impactful, in terms of my growth and confidence as a young professional, are groups that have allowed me to do what I love to do. On internship, I chose to emphasize my training in two major interest areas: trauma-informed care and disability issues, which includes co-leading a Sexual Abuse Recovery Group for women and leading an Enhancing Relationships Group for college students with disabilities. I have found that my level of engagement, the amount of group preparation I do, and my energy during the group and during supervision are greatly increased when the group sparks my interest areas. When you’re working with a group that you’re really excited about, the energy seems to come much more naturally.

For me, it has been equally important to find mentors during my internship who have supported my growth as a group therapist. When I became the co-leader for the Sexual Abuse Recovery Group, I was intimidated. My co-leader had years of experience in this area and had been running the group for many years. Next semester, I’ll be flying solo in the Enhancing Relationships Group for students with disabilities. I am noticing that it doesn’t seem to matter if I lead a group alone or with an experienced professional in the room, the same feelings of uneasiness arise. As the anxieties quiet, I have come to appreciate the mentor who shares the space with me in the group room, assists me in developing new skills, and helps me gain confidence in the strengths I already possess. I have also come to appreciate the opportunity to be alone in the group room and rely on my own skills, knowing that a committed

mentor will support and process with me afterwards.

When I think about group work, I often think about the actual group process itself (e.g., being in the room with group members and co-leaders, engaging and connecting group members, and offering interventions). As my internship year has progressed, my supervisors and mentors have reminded me of the importance of professional development and group training. Being in the room and learning as you go along are certainly an important aspect of becoming a group therapist, but attending trainings is just as crucial. In my experiences, participating in trainings helps to foster dialogues where we can learn from each other and practice in an experimental setting, teach new skills and frameworks, and enhance confidence. My internship site encourages interns to attend group trainings. In fact, I plan to attend a Seeking Safety group training this winter.



Kacey Greening

Internship has been quite a change in pace, requiring more energy and more demands than ever before. Even so, I can confidently say that it has already been the most rewarding and transforming training experience for me. For other students who are as passionate about group work as I am, I wish you all the best in finding your own ways to navigate the group process while on internship. The solutions are endless so I hope you can channel your creativity and make your internship the best it can be!

Dissertation Award

The award committee has now made its final decision. The winner of the 2013 prize is Dr. Amanda Ferguson, who received her PhD at the London Business School and is now on the faculty at Northern Illinois University. The title of her dissertation was *When Outsiders Come In: An Identity-Based View of Group Boundary Work and Effectiveness*.

Dr. Ferguson received a cash prize and a three-year membership in the division (along with a subscription to our journal and newsletter).



Prevention Corner

Elaine Clanton Harpine, PhD

Dear Prevention Corner:

I'm a psychology major trying to decide on my career goals. I want to work with teenagers from poor communities and help teens accomplish their dreams. My advisor says that I should look for a school that offers a program in prevention groups. I can't find anything. I also cannot financially afford to change schools right now. Is there any way for me to learn more about prevention groups without moving to a new University?

Signed,

Just Wondering

Dear Just Wondering:

The lack of training programs in group prevention has become a major topic of discussion. We referred to several universities that offer programs in group prevention in an earlier *Prevention* column. This very topic was also discussed this summer at the American Psychological Association's national convention in Hawaii. A panel of experts discussed how some universities offer full semester length courses in prevention, and other universities filter prevention techniques into their traditional courses. Unfortunately, if you are unable to transfer to a university which offers a more prevention or community focused area of study, you might try supplementing your present coursework through continuing education workshops and special training programs in group prevention. The APA convention will be in Washington, DC in August 2014 and always offers several training programs and seminars on prevention. There are books, workshops, and online sites which offer assistance and training for those working in group prevention. You can search the term *group prevention* and find a wealth of information on-line.

I noticed in your letter that you mention helping teenagers to fulfill their goals and dreams. This is a wonderful idea. Be-

If you have interesting ideas to share, we welcome your participation. We invite psychologists, counselors, prevention programmers, teachers, administrators, and other mental health practitioners working with groups to network together, share ideas, problems, and become more involved. Please send comments, questions, and group prevention concerns to Elaine Clanton Harpine at clantonharpine@hotmail.com.



Elaine Clanton Harpine, PhD

fore you can become successful in helping teenagers to fulfill their dreams, particularly teenagers who may come from low socio-economic backgrounds, you must help teens resolve the problems that they confront in everyday life. Prevention with adolescents often takes the role of preventing failure. Most of our adolescent and teenage prevention programs take the form of preventing bullying, drug use, violence, suicide, or academic failure. If you want to help teenagers fulfill their dreams, they must first overcome the problems that bombard them in their community and family settings. As an example, if you want to develop group prevention programs to keep teens from dropping out of school before graduation, you must incorporate effective skill building techniques into your prevention program. By teaching effective

skill building techniques, you can give students the skills they need to pass in school. A teenager with a strong educational background is much more likely to be able to fulfill their dreams than a student who drops out of school before graduation. We cannot simply say, "I believe in you and I want to help you fulfill your dreams." Instead, we must give teenagers the skills they need plus the motivation to fulfill their dreams. Therefore, your prevention program will need to focus on both skill building and motivation in order to prevent failure.

I mention this because as you look for training programs you need to look for training in prevention techniques, group techniques, and also motivation. As I've mentioned before in this column, in order for a prevention group to be successful, it must incorporate and emphasize group interaction and group cohesion. I suggest a course in group process and theory for anyone planning to work in group prevention. You must understand the intricacies of working with a group before you can be successful in group prevention. Group cohesion is your goal, but it is not always easy to obtain.

Good luck to you in your career search. I think one of the best places for students or anyone interested in learning more about group prevention to begin is by reading. There are numerous books available. Search such keywords as *prevention groups, group prevention, adolescent prevention programs, or teenage prevention programs*. You'll find several books which will help you hopefully sharpen your career focus and offer suggestions and help.

Committee Reports

Treasurer's Report



**Rebecca
MacNair-Semands,
PhD**

*Rebecca MacNair-Semands, PhD,
CGP, Treasurer*

Convention costs for Aug. 2013 came in under projected budget this year again by over \$650. We were able to fund a reasonable Early Career lunch for just over \$100 in the suite prior to the Hot Topics in Group Research presentation led by Drs. Gary Burlingame and Dennis Kivlighan (thanks to

Leann Diederich and her clan!). Funds for advertising were purchased to provide attendees the division's programming and to continue to offer Facebook postings with group-related visuals, totaling less than \$200. We funded the poster awards for a total of \$600 and the Richard Moreland Award, with the society contributing \$500 toward that honor. Special thanks to Maria Riva for generously providing donations for some of the costs associated with awards and the suite. And please join me in thanking Kathy and John Ritter, for organizing the food and beverages for the social again this year.

Awards Committee Report



Lee Gillis, PhD

*Dr. Lee Gillis (chair)
Dr. Nina Brown
Dr. Andy Horne*

Recognitions were given at the 2013 Business meeting in Honolulu, HI to the following:

Arthur Teicher Group Psychologist of the Year Award

Dr. Dennis Kivlighan, Jr.

Awards for Service on the Board

Terms ending December 2013

Dr. Scott Conkright
Dr. Cheri Marmorish
Dr. Elaine Clanton-Harpine

Student Poster Award

First Prize

Delia Avelar, MA, Afroza Ahmed, MA, Louise Baca, PhD, Greg Shrader, PhD, and Jared Chamberlain, PhD
Title: *A Culturally Responsive Program to Decrease Depressive Symptoms for Immigrant Latina Women*

Student Poster Award

Second Prize

Alia R. Warner, EdS, MS
Title: *Mindfulness Based Stress Reduction for Female Inmates: A Group Curriculum*
Co-Author: Sabrina M. Di Lonardo, EdS, MS

Student Poster Award

Third Prize

Michelle Sobon, BA
Title: *Assessing Change Patterns of the Overly Accommodating Subtype Within Focused Brief Group Therapy*
Co-Author: Martyn Whittingham, PhD

Diversity Award

Dr. Clayton P. Alderfer

Dissertation Award (sponsored by Richard Moreland)

Dr. Amanda Ferguson

Title: *When Outsiders Come In: An Identity-Based View of Group Boundary Work and Effectiveness*

Presidential Awards

Dr. Craig Parks for distinguished service to the organization

Awards for Service on the Board

Terms ending December 2012

Dr. Kathy Ritter
Dr. Lee Gillis

Early Career Group Psychologist Column

Mindfulness in Groups

Joe Miles, PhD

On August 17, 2013, the Early Career Group hosted another of its successful series of conference calls. This time the topic was mindfulness in groups. The call was very well attended, with over 40 group psychologists having RSVP'd to participate. Participants shared a variety of mindfulness techniques that they have found useful with group participants, including mindful eating exercises, guided imagery and breathing practice (e.g., the "three-minute breathing space"), observe/notice exercises (in the style of Linehan), mindful body scans (in the style of Kabat-Zinn), and mindful walking exercises (when space allows).



Joe Miles, PhD

Participants also discussed when and with whom mindfulness activities might be useful, including when there is a high level of trust in longer-term groups, and when there is a high level of emotion in the group. Several participants cautioned that they have found mindfulness activities to be too triggering or activating for some clients (e.g., those who are very aroused due to trauma). Alternatively, with other clients, some activation may be desired. For example,

one participant shared the use of mindfulness to help group members in an interpersonal neurobiology group to notice symptoms without catastrophizing them. Ultimately, it was suggested by several participants that group leaders talk about the use of mindfulness with group members, and should trust members to decide if participating in mindfulness activities is something that they want to do in group.

A more detailed summary of the conference call is available through the Early Career Group. Additionally, a list of mindfulness exercises and resources that resulted from the call and a pre-call survey to participants is also available. If you would like a copy of the summary and/or the list of mindfulness resources, please email us at div49group@gmail.com. We also welcome additions to this list of resources!

The next conference call was held on October 23rd (groups in private practice) and update will be published in the next issue. For information on how to access this free conference call, please email us at div49group@gmail.com.

Call for Collaborative Group Workshops, Posters, Symposia

Jill Paquin and Joe Miles
Division 49 Program Co-Chairs

The Society for Group Psychology and Group Psychotherapy (Division 49) is excited to announce our 2014 Convention Theme: "Experience Group/The Group Experience."

We welcome submissions for symposia, workshops, and posters related to group work in a variety of contexts, from both research and practice perspectives. Remember there are 3 student poster awards!

In particular, we invite ideas for programming in the following areas: research related to group process, outcomes, and mechanisms of change; research related to facilitating groups across a variety of themes, populations, problems, and settings; research related to group work with diverse and/or marginalized populations; research related to the training of group practitioners; and research-informed pro-

gramming that includes experiential groups (e.g., a "training of trainers" process-oriented group for group therapists) or skills-based workshops (e.g., using motivational interviewing in a group format) for convention attendees who are interested in enhancing their own "group experience," or in gaining additional experience using group interventions.

The deadline to submit collaborative proposals (proposals that include presenters from two or more APA Divisions) is November 1, 2013. The deadline to submit proposals that are intended to be sponsored ONLY by Division 49 is December 1, 2013. All information about submissions can be found here: <http://www.apa.org/convention/proposals.aspx>. Please contact Division 49 Program Co-Chair Jill D. Paquin at jpaquin@chatham.edu with any questions you may have. (Note this is a change from what appears in the current Call for Programs you may have received from APA.)

We look forward to hearing your ideas!

President's Column

(continued from page 1)

recent floods in Colorado, the fires in California and several other Western states, Hurricane Sandy, the school shooting at Sandy Hook Elementary School and many other disasters, group leadership has many important applications.

Likewise, the emphasis on integrative care is really about people working together as a group. This past year, both of my parents were very ill. I was involved with hospitals, nursing homes, assisted and independent living facilities, and Veterans Administration Hospitals. I have experienced both excellent and horrible patient care. The examples of positive care were those when people worked together as a group or team, communicated well across agencies, and saw family and social

support as essential and not an interference. Integrative care is really a group process and it is essential that groups and group training find their way into this complex and crucial treatment avenue.

In the upcoming months, I will work with the APA Practice and Education Directorates to revise or create new messaging on groups that stresses evidence supported group treatment and the wide range of applications that group leadership has in the field. Recently we have been asked to partner with other divisions to collaborate on two APA interdisciplinary grant proposals. It was really positive to have other APA Divisions see our group focus as a necessary component in prevention, training, and supervision. Instead of being overwhelmed, this is a really exciting time for us to more boldly advocate for the importance of group psychology and group psychotherapy. Thank you for all of the group work that you do!

CALL FOR SUBMISSIONS

Special Issue on Violence, Rage, and Aggression in Group Psychotherapy

The *International Journal of Group Psychotherapy*, a leading source of information on group therapy theory, practice and research, will publish a special issue on recent challenges, treatment, research, and practice issues related to rage, violence, aggression, and their manifestations and treatment in group psychotherapy. We invite papers that provide new scientific, clinical, or theoretical findings, as well as literature reviews, which address the role of varied forms of violence and aggression as manifest in the practice of group psychotherapy. Papers may describe evaluations of group treatments or other findings or reviews that have implications for the group treatment of anger or aggression.

We would especially welcome manuscripts addressing issues including, but not limited to, group psychological assessment and interventions with children, adolescents, and adults exposed to interpersonal or community violence or aggression; military personnel and their families exposed to violence; post traumatic stress disorder (PTSD) and other trauma issues; group treatment outcome related to exposure to violence and aggression; and psychological stresses and violence related problems with depression, suicide, isolation, alcohol, and other substance use and addictions. Regardless of the type of article, all should have practice implications for the clinical setting. Queries welcome to the editor: Dominick Grundy, PhD. [grundyd4@earthlink.net].

Manuscripts are due 1/31/14. Manuscripts will be peer-reviewed and should be approximately 6,000 words, although the journal also considers shorter articles. Manuscripts should be submitted electronically to the AGPA office at info@agpa.org. More submission details are at www.agpa.org (Publications).



President-Elect's Column

Lee Gillis, PhD

The grand experiment of live (and now archived at youtube.com) Google Hangouts while at the APA convention was a great learning experience and successful as a first venture into using the Internet to disseminate information about group research and teaching group theory or practice. Many thanks to Leann Diederich, our membership chair and at-large board member, for helping to organize and stage these two events. We received some press in the APA Division Spotlight for our experiment. Special thanks go to Dennis Kivlighan and Gary Burlingame for agreeing to share their wisdom. Both videos are right under an hour and can be found on the Society's Facebook or Google+ page. More of these Hangouts are planned in the coming months and information will be provided to membership using the listserv and other means of contact.

I am promoting a 2014 Convention Theme of "Experience Group/The Group Experience." This theme encompasses experiential programs that may occur during the convention where attendees can be part of a group, as well as programs and posters that support practice based evidence on both process and outcome research on what happens during or as a result of a group experience.

In trying to achieve a presidential year goal of identifying graduate training programs that feature group therapy, I have found, listed in an appendix of Norcross & Sayette (2011), specialty clinics or practica sites in their doctoral programs (see **Table 1**).

I cannot imagine that this is the

most current or complete list (especially since a new edition of the Norcross & Sayette book is expected in January of 2014).

I ask for your help to identify group therapy and group psychology doctoral programs. Please send me any programs you know of in order to gather as accurate a list as possible. The plan is to put the list on our website and keep it current. In addition, I am also seeking internship sites that promote group therapy experiences, so please send these along also. My contact information is lee.gillis@gcsu.edu.

Reference

Norcross, J. C. & Sayette, M. A. (2011). *Insider's guide to graduate programs in clinical and counseling psychology, 2012/2013 edition*. NY: Guilford.



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TABLE 1. SPECIALTY CLINICS AND PRACTICA SITES: GROUP THERAPY

University	Degree	Type
Antioch University New England	PsyD	
Argosy University, Chicago	PsyD	Clinical
Baylor University	PsyD	Clinical
DePaul University	PhD	Clinical
Fuller Theological Seminary	PhD & PsyD	Clinical
George Mason University	PhD	Clinical
George Washington University	PhD	Clinical
Long Island University, C.W. Post Campus	PsyD	Clinical
Marquette University	PhD	Clinical
Miami University	PhD	Clinical
New Mexico State University	PhD	Counseling
Nova Southeastern University	PhD & PsyD	Clinical
Pepperdine University	PsyD	Clinical
Rutgers, The State University of New Jersey	PsyD	Clinical
The Wright Institute	PsyD	Clinical
University of Colorado at Boulder	PhD	Clinical
University of Denver	PsyD	Clinical
University of Illinois at Urbana-Champaign	PhD	Clinical
University of Louisville	PhD	Counseling
University of Maryland-College Park	PhD	Counseling
University of Miami	PhD	Clinical
University of Northern Colorado	PsyD	Counseling
University of Pennsylvania	PhD	Clinical
University of Pittsburgh	PhD	Clinical
University of Rhode Island	PhD	Clinical
Widener University	PsyD	Clinical
Wright State University	PsyD	Clinical

Note. Adapted from *Insider's Guide to Graduate Programs in Clinical and Counseling Psychology, 2012/2013 Edition*, by J. C. Norcross & M. A. Sayette.