

The Group Psychologist

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A Newsletter of Division 49 of the American Psychological Association

Newsletter Format Changes:

We are excited to share some changes to the

format of our newsletter. Previous issues of the newsletter were published in HTML format.

APA recommended a format combining HTML & PDF to offer members a visual and printable newsletter. This will enable us to have some highlights on our webpage via HTML but also allow the entire newsletter to be downloaded and read in a PDF format. We hope this helps you read it all, share it with colleagues, and even share it with students. Let us know your feedback about the new format. If there's one thing we all know for sure, it's that change is

constant. whatever the change, we can bet it will impact Division 49 members. Let us know your thoughts, reactions, to the updated newsletter format by emailing us at

ttreadwe@pennmedicine.upenn.edu.

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President's Column

AmyNitza, PhD

We Need New Models

As I was thinking yesterday about what I wanted to write about in this column, a colleague called and said “Amy, we need to send someone to meet with and support the mental health needs of the staff who have been responding to the Buffalo shooting.” My immediate response was “Great. We are in. But... what would this person do? What is the intervention?” We sat in silence for a moment. This colleague and I have been collaborating on disaster mental health and emergency response work for a number of years. And in that moment, it struck us, again, that there is something missing in our tool kit.

We both knew that it needed to be a group intervention. A primary effect of interpersonal trauma is the disruption of social relatedness and attendant isolation of the victim. Relatedly, we know that one of the best predictors of outcome following a disaster is the amount of social support and connectedness



people perceive themselves to have. Group interventions offer the cohesion, universality and related therapeutic factors that promote connectedness and healing.

At the same time, rates of depression and anxiety across the country are at peak levels and the demand for mental health services has skyrocketed. Wait lists for therapists in my own county in New York are as much as 400 people long. Individual therapy is not a viable solution to getting people access to the help they need. Furthermore, these mental health concerns, particularly as they have arisen during the pandemic, are largely interpersonal in nature, making group interventions potentially both more efficient and effective. Yet group interventions in private practice are quite underutilized, which compounds challenges with equity and access.

These issues are just two of so many we currently face that illustrate what members of our division know well: groups are an intervention of choice for addressing many of the social and psychological problems we face as a country and a planet. Yet I am not convinced our current models of group intervention and training have kept pace with need and demand. I offer here just two quick examples of opportunities for advancement that I see in my work and my role as Division President.

1. In a column for this newsletter that I wrote as President-Elect, I said:

In my day job, I am the Director of the Institute for Disaster Mental Health at SUNY New Paltz. As a long-time ‘group person’, I came to the field of disaster work with some clear ideas about the role of groups in disaster recovery, yet the confluence of the two fields is not near where it should be. Among the many lessons of the past year, we have learned that disasters will be an increasingly common factor

in our world, and that groups have a major role to play. As just one example, the sheer numbers of people impacted by disasters around the globe will necessitate the provision of early interventions in groups, yet we do not know nearly enough about how to make that happen. Now is the time to figure it out.

A year and a half later, I am not aware of any solid advances on this front. Yet according to the national Gun Violence Archive, from the day I wrote that column until today, there have been 900 mass shootings (defined as those in which a minimum of four victims were shot, either injured or killed, not including any shooter who may also have been killed or injured in the incident. While the horrific impact on the victims and families is clear, the extended impact on communities is often left unaddressed. The need for an evidenced based group-based intervention to support people in the early aftermath of a disaster remains a gap in our current tool kit. It is urgent we figure that out. It is urgent we figure that out.

2. We need models that increase access to group services. As part of the equity efforts of our division, Martyn Whittingham, Cheri Marmarosh, Pete Mallow and Michael Scherer have been working on a national solution to improving quality and access to mental health care. They currently have an article accepted to a special issue of the American Psychologist that will outline the health economics case for private practitioners increasing their use of group. In it, they make the case the current workforce shortage of therapists is leading to burnout of therapists and the inability of clients to access needed care before it become more chronic and severe. They demonstrate the health economics case for increasing group therapy in private practice. The results of their economic analysis show that if 10% of unmet need was met by groups and not individual therapy, 3.5 million more people could be seen, over \$5 billion saved and over 34,000 less new therapists needed. It also makes the case that group therapy needs to be a required class in psychology graduate programs and that assessment is needed to ensure outcomes – something already happening in Germany, Australia and England. APA Practice Directorate and AGPA are both exploring strategies for discussing this with private insurers and government agencies.

However, for this solution to solve the problem, we need new models of training across the spectrum, from graduate school through to professional development for practicing psychologists. Our emerging Continuing Education program is one avenue for this work that we are actively engaged in. There are certainly others.

These are just two examples. All my years of training and work have cemented in me the belief that what we know and do as group psychologists and group psychotherapists holds so much potential for addressing many of the current challenges are world faces. Let's get together and talk about that! Some of these important topics will be addressed throughout our Division programming when we are together in Minneapolis in August. Topics will include addressing microaggressions in group and in supervision, furthering our understanding of on-line groups in a variety of contexts, advancing the use of groups in private practice, developing sexual assault support groups, and dealing with the death of a group member. In addition to these content sessions, we will have a number of opportunities to (re)connect with each other including celebrating our newest Fellows and award winners, and our first in-person Division 49 Social Hour since 2019. Come join us. I look forward to seeing you there!

President-Elect's Column

Noelle Lefforge Ph.D

Advancing the Group Specialty

The ongoing synergy to advance formal recognition of group psychology and group psychotherapy as a specialty continues to amaze me. Since the formal recognition of APA's Commission for the Recognition of Specialties and Subspecialties in Professional Psychology (CRSSPP) in 2018, many efforts have been underway to solidify, advance, and expand the specialty. We've made considerable progress and have several



achievements worth announcing.

Dissemination of the Specialty – We recently learned that the Education and Training Guidelines of Group Psychology and Group Psychotherapy will be published in *Training and Education in Professional Psychology*. This publication will offer a guide to programs on meeting standards for training students and professionals to become group specialists. Additional information about the importance of the specialty that was intended for a large audience was published as Group psychotherapy as a specialty: an inconvenient truth (Whittingham, Lefforge, Maramarosh, 2021).

Evidence-Base for the Specialty – The literature base underlying group as a specialty continues to grow. For example, *Group Dynamics* published several papers that are likely to be referenced in the next petition including Recent advances in the study of group cohesion (Forsyth, 2021). Efforts are currently underway to compile the group psychotherapy evidence-based treatments into a website for use by the general public, practitioners, researchers, and students. Group psychology and group psychotherapy's dissemination are also gaining broader audiences through endeavors such as the *American Journal of Psychotherapy's Special Issue on Group Psychotherapy*.

Sustainability – The Group Specialty Council shifted its financial model with an eye on sustainability. With a history of financial support from its sponsoring organizations, the Group Specialty Council's focus this year has been to secure annual commitments of significant contributions from each one. We (Div. 49) have are the largest contributor given our ongoing investment in maintaining and furthering group as a specialty. The American Board of Group Psychology (ABGP, the group specialty board of ABPP) also formally approved the contribution that was requested. The American Group Psychotherapy Association will be reviewing the proposal in request of their contribution at their next Board meeting. All three organizations, in conjunction with the Association for Specialists in Group Work and training organizations like St. Elizabeth's, have demonstrated their multifaceted dedication and support for the specialty.

As tempting as it is to take a moment to sit back and enjoy the fruits of our labor, we must keep on going. With the resubmission of our renewal petition due on January 1, 2025, there is no time like the present to amplify the momentum. This truly is a group task. To be successful, we will need to create a whole that is greater than the sum of its parts. We are well positioned to do just that – but we'll need your help.

What Can You Do to Advance the Specialty?

Program Directors, Group Coordinators, and Faculty – If you are involved with a training program at any level (doctoral, internship, postdoctoral) and your program offers training in group, reach out to the Specialty Council for assistance with ensuring you are marketing your program effectively. The Specialty Council will soon be publishing tools on its website to help you evaluate your program and an outreach plan to programs will commence in the fall. We need more programs advertising their specialty training and including evaluation of the specialty in their accreditation processes.

Individual Psychologists – If you are a psychologist with experience in group psychology and/or group psychotherapy, become credentialed in the specialty through the American Board of Group Psychology. For more information visit: <https://abpp.org/Applicant-Information/Specialty-Boards/Group-Psychology/Application,-Specialty-Specific-Fees.aspx>

Students – If you are a student interested in training in group psychology and group psychotherapy, look for programs that offer training that aligns with the specialty. You can reach out to our Student Committee who is working on updating training sites. If you are in a program that offers training in group, help connect your faculty/directors with the Group Specialty Council.

Researchers – If you a researcher in group psychology and group psychotherapy, your publications help promote the underpinnings of the specialty. Notify the Group Specialty Council about your contributions to the literature base.

Learn more by visiting the Group Specialty Council's webpage: <https://www.apadivisions.org/division-49/leadership/committees/group-specialty>

Brown, N., & Lefforge, N. L. (in press). Education and Training Guidelines of Group Psychology and Group Psychotherapy. *Training and Education in Professional Psychology*.

Forsyth, D. R., (2021) Recent advances in the study of group cohesion. *Group Dynamics: Theory, Research, and Practice*, 25(3), 213 – 228.

Whittingham, M., Lefforge, N. L., & Marmarosh, C. (2021). Group psychotherapy as a specialty: an inconvenient truth. *American Journal of Psychotherapy*, 74(2), 60-66.

Past President's Column

Joshua Gross PhD

Turning our Vision toward Continuing Professional Education in Group Psychology and Group Psychotherapy: Providing supply in the face of demand

Having come to Division Trio as a full-time health service provider and long-standing advocate for the specialty I have more than four decades experience with continuing professional education (CPE) to renew my psychology license with my state boards. For the most part we all have a range of CPE in our docket each cycle and many of us need specialty CPE in group psychology and group psychotherapy. Our choice of vendors has been limited, if not generally fairly excellent, in that AGPA and its Affiliate Societies have done the greatest amount of this work over the past twenty years.



Having achieved CRSPPP acknowledgement of Specialty it is essential that we work to teach, train, supervise and produce as much CPE as we can to ensure that there are educational events that uphold and honor the core principles of the specialty and the competencies and proficiencies that come with it. There are so many domains in need of basic and advanced CPE programing that will help psychologists to gain basic skills in the group room as well as understand complex group psychology dynamics and processes that impact a wide range of social, occupational and therapeutic environments.

Take as an example the three infographics developed by our student leadership group about 18 months ago reproduced here and available electronically for anyone who wants to use them. Each of these posters could easily be the framework from which single hour and longer CPE programs may be generated.

I want to strongly encourage all of us to consider producing CPE proposals in our specialty. We need a lot more opportunity and this is an area where our Division can grow in numbers and in value.

Group vs. Individual Therapy



A SERIES OF META-ANALYSES HAVE FOUND NO DIFFERENCE IN EFFECTIVENESS BETWEEN THE TWO MODALITIES OF INDIVIDUAL AND GROUP THERAPY.

FURHIMAN & BURLINGAME, 1994; MCROBERTS, BURLINGAME, & HOAG, 1998)



SPECIFICALLY, THERE IS DATA SHOWING THAT THERE IS NO DIFFERENCE BETWEEN THE TWO MODALITIES FOR...

MOOD DISORDERS, PANIC DISORDERS, PERSONALITY DISORDERS, SCHIZOPHRENIA, EATING DISORDERS, AND SUBSTANCE ABUSE.

E.G. BURLINGAME & JENSEN, 2017; ROSELLO ET AL., 2008; SHARP ET AL., 2008; ARVINDVICK ET AL., 2009; O'LEARY ET AL., 2009; NEVONEN & BROBERG, 2006; PANAS ET AL., 2003)

Group

HAS BEEN HERALDED AS A MORE COST-EFFECTIVE MODALITY OF TREATMENT GIVEN THE STRONG EVIDENCE FOR TREATMENT EQUIVALENCY



MCROBERTS, BURLINGAME, & HOAG, 1998)



SOCIETY of GROUP PSYCHOLOGY
and GROUP PSYCHOTHERAPY

GROUP THERAPY WORKS



RESULTS FROM A META-ANALYSIS SHOWED...

compared to control groups, group therapy treatment for depression had an average effect size of 1.03 (McDermut, Miller & Brown, 2001).



REDUCTION IN SYMPTOMS IN PANIC AND AGORAPHOBIA

A meta-analysis of 15 randomly-controlled trials showed that group therapy had large effects for reducing symptoms of panic and agoraphobia compared to no-treatment control groups (Schwartz et al., 2017).



GROUPS IN WHICH MEMBERS...

report more comfort in discussing cultural identity issues promote better outcomes for members who identify as a racial-ethnic minority.

IN SUMMARY, RESEARCH SHOWS THAT GROUPS WORK...

There is now "good to excellent" evidence supporting group treatment of many disorders including panic disorder, social phobia, OCD, eating disorders, mood disorders, substance-abuse, trauma, schizophrenia, and personality disorders (Burlingame & Jensen, 2017).



APA DIVISION 49:
SOCIETY OF GROUP PSYCHOLOGY AND
GROUP PSYCHOTHERAPY

Early Career Psychologist

On Uncommon Strength

Misha Bogomaz, Psy.D., C.G.P., ABPP

I've been taught that to grow I must identify my growth areas (my weaknesses) and work on improving them. "What are my weaknesses as a clinician? As an administrator?" – I asked myself. I would identify an area and intensely concentrate on it. "I am not that good at details" – I've told myself when I got the Training Director job. I improved, after consciously working it on. I even read books about using checklists! All my efforts



certainly helped me evolve into a better clinician and an administrator.

Apparently, I was not doing it right. To be great at something is not just identifying and improving weak areas. It is mainly about identifying something that you are uncommonly good at and taking it to the Nth degree. Details will never be my strength... much less an uncommon strength. But, I've discovered, my uncommon strength is to see the big picture. I see the forest but struggle to see trees kind of a person. I have learned embrace it.

The session I learned is that by concentrating on improving weaknesses one becomes mediocre. Maybe even a well-rounded good professional with no big peaks and no low valleys. On the other hand, when concentrating on developing something one is uncommonly good at, there will be at least one huge peak. And I am not talking about identifying several strengths you might possess. There are a lot of things we are all good at. I am talking about identifying one uncommon strength. Because it's uncommon, there is typically just one of them.

What was my lesson? Identify my uncommon strength and concentrate on elevating it even further. Don't worry about peaks and valleys. Work on weaknesses that constrain my uncommon strength. That is the path to become a great professional.

P.S.: one caveat is that ethical weaknesses cannot be ignored.

Group Therapy Column

Tevya Zukor, Ph.D.

SELF CARE

It is currently the best time of year to work in collegiate mental health – Summer!! The grind of the Fall and Spring has concluded, and the pace of the job is decidedly more relaxed. For many, it means that the near-constant stream of clients in and out of the office has been replaced with more strategic planning initiatives, catching up on previously-neglected administrative tasks, and; when the stars align just right; increased time for



lunches and catching up with colleagues.

It is the reason many of us enjoy collegiate mental health so much (aside from the fantastic population and ability to really make a lasting difference in young people’s lives). You can set your watch by the busy seasons. The Fall and Spring will always be intense, but the Summer usually provides a chance to recover and recuperate. I often jokingly tell colleagues that I enjoyed my college days so much; I simply refused to leave when I became a working professional.

However, I have realized that this summer needs to have a different focus. With no disrespect to Chet Hanks (OK, check that...with an *appropriate* amount of disrespect to Chet Hanks), who famously sings that it will be “White Boy Summer,” I would like to propose this year be Self-Care Summer – with no discrimination based on either race or gender.

It is easy to feel burned out as a group psychotherapist who works in collegiate mental health. The demand for services has continued to grow, unabated, year after year. The world continues to struggle through a pandemic, even though many agencies and jurisdictions have eliminated all COVID-related accommodations that once made the work more tenable. It is almost as if those organizations have decided that if we just pretend hard enough, the COVID pandemic will be over. It takes the expression “Fake it until you make it” to an all-new, deadly level. In part, as an inevitable consequence of when data and facts do not match up with policy, many people are experiencing rates of depression and anxiety that are unprecedented. And once again, it is the mental health professionals who are asked to work harder (and often for equal or less pay than before) to help alleviate this crisis of stress in the general population.

At many colleges and universities, budget shortfalls only compound the problem. For example, at the school where this humble writer works, the counseling center actually had to reduce the number of clinicians since the pandemic started. Those decisions, even if necessary, only increase the fatigue and burn out of the clinicians who have seen not only their caseloads increase, but the complexity of the work has also increased significantly.

As clinicians who function as part of larger organizations, many of these factors are outside of the employee’s direct control; which further emphasizes the need to maximize those aspects that can be controlled. This is also a good time to note that highlighting the importance of engaging in self-care should not be construed as an excuse for organizations to enforce unsustainable work conditions or to abuse workers. There are many policies, at many organizations; which are primarily designed to increase productivity at the expense of employee health and morale. Those organizations throw around words like “self-care” in an attempt to shift the blame of unsustainable expectations and harsh work conditions to the employee rather than the employer.

That is NOT what is being discussed today. Rather, the focus of the moment is to remind people that actual, true self-care is critical for well-being and is important for maintaining a grounded life.

As an introverted group psychotherapist, many of my most enjoyable leisure activities involve being alone in a group. Baseball players are often referred to as “The Boys of Summer.” I am a life-long Chicago Cubs fan. There is little that I find more enjoyable than spending time at a ballpark; watching a baseball game. Even though I am surrounded by tens of thousands of people, the experience of appreciating the game feels solitary and internal. Just the way I like it.

I also enjoy nothing more than spending some of my days lounging on a beach. I am surrounded by countless other beachgoers, but I sit alone with my towel and chair; reading book after book. The experience is both solitary and relaxing; enhanced by the presence of so many other like-minded people doing almost the exact same thing.

As I plan a trip to the Outer Banks and start selecting the books I want to read on vacation, I hope everyone is able to engage in the types of restorative and recuperative practices that one needs in order to return to the Fall both refreshed and recharged. Our work as clinicians can be challenging and draining (while also rewarding). I hope everyone is able to take some time for themselves and their loved ones. The work we do is vital, but our worth is more than our professions. For all who may be reading this column, I sincerely hope you are able to “take it easy and take care...” at least for a little bit this summer. The work will wait, I promise.

DEIB Column DEIB Diversity, Equity, Inclusion, & Belonging Committee Update

Chen, Ph.D.



With pride I prepared this column during Pride Month— a time for us to celebrate the diverse spectrum of gender identities and sexual orientations. We hope to see you at the APA convention in August 2022 where we will present the 2022 Student Award for Outstanding Contribution to Diversity in Group Psychology or Group Psychotherapy, and the 2022 Award for Outstanding Professional Contribution to Diversity in Group Psychology or Group Psychotherapy.

Consistent with our focus on hearing diverse voices and perspectives, I have invited Elena E. Kim to share her reflection about Diversity, Equity, Inclusion and Belonging (DEIB) related work in the context of group dynamics or group therapy. Like many of our Division members, Elena is a member of the DEIB Committee and a member of, among others, APA Division 36: Society for the Psychology of Religion and Spirituality. Her experience certainly underscores the power within each of us in engaging in difficult dialogues and in effecting change at multiple levels in different contexts.

--Eric C. Chen (Chair) and Aziza Platt (Vice Chair) of the DEIB Committee

Embarking on the Difficult Path Toward Cultural Humility

I always knew that being a committed member of a group that values diversity, equity, inclusivity, and belonging would not be easy. However, it was not until I became part of the Social Justice Task Force of APA's Division 36 that I realized it would be far more challenging than I had ever imagined.

The murder of George Floyd in May of 2020 broke my heart. I was distraught and felt so incredibly hopeless in the wake of his death that I started asking myself, "How in the world can our country still be at this place?" and "There has to be something more that I can do." I spent the next few days taking an honest inventory of my intangible assets and asked myself how I could harness my own power to help dismantle systemic oppression. Through my soul searching, I started asking myself whether I had more power to support implementing change against systemic oppression than I originally realized? So, I sent an email to APA Division 36, where I have been a member as well, to see if others were interested in harnessing their skills, expertise, and power to social justice causes.

In just a matter of weeks, we had more than a dozen committed Division 36 members who began meeting weekly to engage in deep discussions about the identity of our new group and to think of creative ways we could have an impact within our division, our communities, and the world around us. We crafted our identity and values through meaningful, deep, and, sometimes, tense discussions. Through work and advocacy of some of our individual members, we became a recognized Presidential Task Force, received approval for a \$25,000 budget, began disseminating grants for research projects that focused on under-represented populations, and conducted a speaker series to bring more awareness within our area of research.

Although our Task Force has produced meaningful work, the real "work" was exclusive of the tasks we completed, in my view. There were moments of ruptures that could be described as microaggressions. Some of our members were becoming hurt, side conversations began occurring, and imbalances of power were not being addressed. At times I felt powerless and anxious in addressing these interactions. I questioned whether my reactions really mattered and whether my perspective was valid enough to engage in conflict with other members of our Task Force group.

Then a few members decided to raise awareness to these dynamics. They openly shared how the impact of the group's interactions was not inclusive of their cultural identities, they pointed out blind spots of which many group members were not aware and challenged the normative expectations and dynamics of a "working group." I learned a lot from these courageous members.

It was through these interactions that I realized that I not only possessed power and privilege as a psychologist and as a researcher, but also as a person who was a committed member to this group. I realized that throughout my life, I will always have blind spots; however, that should not be a reason to withhold my experience of pain and observations of others' pain within this group. I also learned that my perspective and life experiences as a person of color was valuable to myself and others as well. Sharing with others my experiences as an outsider navigating unspoken and unseen rules in a group helps others examine the expectations and misunderstandings, they may have had with other group members.

Although these challenging moments in our Task Force group may appear to take the group many steps backwards, I believe that we took many steps forwards. These difficult conversations helped to restructure the foundation of our community to be more cohesive, diverse, equitable, and inclusive. Through these difficult conversations, I grew in cultural humility and learned important lessons as blind spots were highlighted and

difficult dialogues were facilitated. Although I still do not have easy solutions on how to conduct these difficult conversations, I believe that when one is willing to be thrown into the “multicultural dialogue fire,” one, as well as others engaged in the dialogue, will be changed as a consequence. I am appreciative to be a member of Division 49, a community that taught me the importance of openness, courage, and dialogue in the group dynamics and processes – all essential ingredients to create a community that embraces diversity, equity, and inclusivity and belonging.

-- Elena E. Kim <elenakim@gmail.com>

Fellowship for Members of Historically Excluded Groups

Giorgio A. Tasca, Ph.D., Editor: *Group Dynamics: Theory, Research, and Practice*

Description

[*Group Dynamics: Theory, Research, and Practice*](#) and Division 49 of the American Psychological Association (the [Society for Group Psychology and Group Psychotherapy](#)) provides a Fellowship for a group psychology or group psychotherapy scholar from an historically excluded group. We encourage applications from individuals early in their career. The Fellow will be paired with Associate Editors or Editor on a rotating basis for a period of two years, after which the Fellow may be invited to join the editorial review board of *Group Dynamics*. The Journal has ongoing efforts to onboard already qualified people from historically excluded groups. This Fellowship is for individuals who want to have an impact on the field through engaging in the peer review process.

“Historically excluded” refers to individuals who identify as not being members of a dominant social identity group. This may include but is not exclusive to individuals who identify as members of the BIPOC and/or the LGBTQ communities.

The Fellow will work closely with the journal’s Editor and/or Associate Editors to develop their editorial skills. With the mentorship of the Editor or an Associate Editor, the Fellow will co-manage approximately 4 to 6 manuscripts over the course of a year. This process will include screening manuscripts for appropriateness, identifying reviewers, making an editorial decision based on reviews, and shepherding the manuscript through to publication if accepted. The successful candidate will also participate in bi-annual meetings of the editors, and monthly meetings with their mentor to ensure goals are met.

The Fellowship term is for 2 years starting on January 1, 2023 to December 31, 2024. The Fellowship comes with a \$500 USD per year award provided by Division 49 of the American Psychological Association.

How to Apply

Interested applicants must submit an academic CV and a letter of intent to the search committee by September 1, 2022. The letter must indicate their goals for the Fellowship and highlight the applicant’s past or current scholarship in group psychology or group psychotherapy. The applicant is invited to self-identify as a member of an historically excluded group. The search committee may interview applicants and will select a Fellow by the end of the calendar year. Send any questions and application materials to: Giorgio A. Tasca, Ph.D., Editor, *Group Dynamics: Theory, Research, and Practice* at gtasca@uottawa.ca.



Group Dynamics: Theory, Research, and Practice and Division 49 of APA (the Society for Group Psychology and Group Psychotherapy) are pleased to offer an editorial fellowship for a group-psychology or group-psychotherapy scholar from a historically excluded group. The fellow will work closely with the journal's editor and/or associate editors to develop their editorial skills. Interested applicants must submit an academic CV and a letter of intent to the search committee by **September 1, 2022**. For more information about the fellowship and how to apply, go to: <https://www.apa.org/pubs/journals/gdn/editorial-fellowship-historically-excluded-groups>

Capitol Insurrection - Special Issue in *Group Dynamics* Journal **Verlin B. Hinsz and Jay W. Jackson, Special Issue Co-Editors**

Research and Practice will be publishing a special issue (Sept 2022) on the Group Dynamics of the U.S. Capitol Insurrection. This special issue aims to describe to the ways the study of groups can help us understand and explain the events associated with the January 6th insurrection. Eight featured articles address and analyze the insurrection from multiple and interdisciplinary perspectives. The Introductory article also provides an overview of the events of the insurrection. Other featured articles take perspectives such as dynamic social impact theory, person-situation interactionism, emergent norm theory, focus theory, communication models, intergroup dialogue, models of crowd behavior, and motivational systems. The special issue concludes with an article describing the relevance of group dynamics for understanding and explaining the insurrection by highlighting additional topics such as group polarization, interpersonal conflict, and shared social realities. We are looking forward to the release of this special issue. As you may have seen through APA PsycAlert, the articles of the special issue are already available online first (a couple with open access) for those having a *Group Dynamics* journal subscription <https://psycnet.apa.org/PsycARTICLES/journal/gdn/onlinefirst>. Please examine the articles of this special issue and promote it to your colleagues to demonstrate the contributions of Division 49 to science, and an understanding and explaining of issues to advance the public's interests.

Two free to read articles available at: <https://psycnet.apa.org/PsycARTICLES/journal/gdn/onlinefirst>

EBGT Project Evidenced Based Group Treatment Project Update **Tate Paxton Ph.D., Brigham Young University**



Division 49, American Group Psychotherapy Association, and German Health Ministry have provided funding and support for the creation of an evidence-based group treatment website. This website will serve clinicians and the public and will be updated and enhanced on an ongoing basis. Right now, the project is in the creation phase, with Drs. Gary Burlingame and Bernard Strauss leading, coordinating, and supporting the multi-team effort.

Currently, web pages for 3 disorders and the associated group treatments are finished. Multiple international teams are working on pages for group treatments of other disorders, with plans to finish by the end of 2022. These teams (and their assigned disorders) include:

- **Gary Burlingame and team – USA**

- - Depression (complete)
 - Schizophrenia (complete)
 - Bipolar Disorder (complete)

-
- **Bernard Strauss and team – Germany**

- - Anxiety disorders, PTSD, and OCD (work ongoing)

-
- **Stephanie McLaughlin and team - USA**

- - Borderline Personality Disorder (near completion)

-
- **Georgio Tasca and team - Canada**

- - Eating Disorders (work ongoing)

-
- **Gianluca Lo Coco and team – Italy**

- - Substance-use disorders (work ongoing)

-
- **Cameron Alldredge – USA**

- - Chronic Pain (work ongoing)

APA Division 49 is beginning the process of hosting the permanent website, with plans to publish as most of the disorder pages are finished. Then, the EBGT website will be a resource freely available to clinicians and the public. APA Division 12 also plans to provide access to the group website through their own evidence-based treatment website, which is undergoing significant revisions. In all, the project is moving forward with a great deal of excitement for additional evidence-based resources for group clinicians.

Experiential Column Action Methods: Treatment for Depression

Scott Giacomucci, DSW, LCSW, CTTS, CET III, TEP

Depression is one of the most common mental health conditions impacting millions of people each year. Studies in the early phases of the covid-19 pandemic suggested that the prevalence of depression tripled in samples in the United States from 8.5% pre-pandemic to nearly 27.8% in 2020 and 32.8% in 2021 (Ettman et al., 2020, 2022). Prior to the pandemic, depression was already a significant mental health concern; yet covid-19 has increased the need and demand for effective interventions in the treatment of depression. Group therapies, including psychodrama, offer practitioners with effective and efficient interventions for treating depression. The demand for mental health services and increased isolation from the pandemic position group therapy approaches as ideal due to their cost effectiveness, ability for one professional to provide treatment to multiple clients at once, and inherent emphasis on social connection. Experiential group methods not only highlight connection but also promote action, spontaneity, and playfulness which many find as important qualities in overcoming depression.

Depressive symptoms include changes in mood and appetite, diminished interest, pleasure, movement, activity, energy, and ability to think or concentrate, as well as an increase in depressed feelings, suicidal ideation, guilt, and worthlessness (APA, 2013). Depression is often paralyzing and debilitating. It impacts one's ability to cultivate meaningful relationships, function in life, and maintain a positive sense of self. The feelings of hopelessness and worthlessness that come with depression are prone to fueling thoughts of suicide.

Prolonged and chronic depression also leads to a layered experience of loss and ambiguous loss in that relationships, opportunities, and time tend to pass by unfulfilled. An individual experiencing depression is weighed down by the heaviness of a disheartened mood, slowed cognitive processing, fatigue, and the lack of interest or pleasure in activities. Depression results in a divorce of spontaneity, a disengagement from life, a rupture in one's relationships with humor, joy, and playfulness.



Group therapy is an effective treatment for depression (McDermut, Miller, & Brown, 2001). There are unique benefits to group work compared to individual work when treating depression as groups offer a multiplicity of social interactions that are absent in individual work. A group for folks experiencing depression offers a sense of normalization, validation, and cohesion that would be tough to cultivate anywhere other than in a group setting. The worthlessness, isolation, and hopelessness related to depression can be alleviated by the connective group process. Groups provide opportunities for connection, cohesion, and solidarity. Group work actively counteracts depressive symptoms through psychoeducation, mutual aid, collective empowerment, and the eradication of loneliness. Groups help depressed clients see that they are not alone. The all-in-the-same-boat phenomenon that emerges in groups initiates existential validation and interpersonal comfort.

Group psychotherapy is part of Jacob Moreno's triadic system – sociometry, psychodrama, and group psychotherapy (Giacomucci, 2021). Psychodrama is primarily a group approach, though it can be used in individual settings as well. As such, the benefits of general group therapy are as present in psychodrama group therapy. Psychodrama psychotherapy, however, includes more active, creative, dramatic, and body-oriented interventions than traditional group therapy. The action methods involved in psychodrama may be particularly useful in combatting symptoms of depression that include a reduction in physical activity, loss of energy, and diminished interest and pleasure in activities. These three specific depressive symptoms are actively addressed through the experiential nature of psychodrama groups which warm participants up to action through

spontaneity training, improv games, experiential sociometry, and role-playing techniques. Moreno's tombstone reads "the man who brought laughter into psychiatry" (Nolte, 2014), a notion which is further supported by recent research findings demonstrating that participants experience the psychodrama groups as fun (Giacomucci & Marquit, 2020). The inherent incorporation of playfulness, humor, and spontaneity in psychodrama treatment may further contribute to its effectiveness in treating depression. The current research literature on psychodrama psychotherapy as a depression treatment supports its effectiveness, though more research is needed (Costa et al., 2006; Dehnavi, Hashemi, & Zadeh-Mohammadi, 2016; Erbay et al., 2018; Giacomucci, Marquit, Miller-Walsh, & Saccarelli, **under-review**; Souilm & Ali, 2017; Wang et al., 2020). Furthermore, some evidence has emerged depicting an inverse relationship between spontaneity and depressive symptoms (Testoni et al., 2016, 2020). While more research is needed in this area, the relationship between spontaneity and depressive symptoms deserves further exploration.

Spontaneity is the curative agent in psychodrama psychotherapy (Moreno, 1953). Spontaneity is defined as an energy that helps us facilitate new responses to old, reoccurring situations, and adequate responses to novel situations. The emerging spontaneity research demonstrates spontaneity's positive relationships to various measures of well-being and social functioning, as well as its inverse relationship to other psychosocial problems or mental health disorders (see summary of the spontaneity research in Giacomucci, Marquit, & Miller-Walsh, 2022). Depression, through the lens of spontaneity theory, would be conceptualized as an absence of spontaneity – stuckness, inability to live freely, and reoccurring response to the often chronic symptoms of depression. The infusion of spontaneity, accessed through a warming-up process, helps patients reconnect to the vitality of life and develop new responses to their inner experience and social circumstances. Spontaneity seems to be a remedy for depression and other mental health conditions.

Spontaneity is only accessed through a warming-up process – this is depicted through Moreno's Canon of Creativity (Moreno, 1953). In psychodrama practice, the warm-up phase of a group most often involves spontaneity games and/or sociometry processes (see Giacomucci, 2021 for a comprehensive overview of experiential sociometry and the Canon of Creativity). Simple sociometry processes, such as locograms, floor checks, spectrograms, and step-in sociometry, can be employed in groups focused on the topic of depression to provide psychoeducation, connection, normalization, and develop new insight for clients. One example is to employ a floor check of depression symptomology. This would entail printing out the symptoms of depression on different pages and distributing them throughout the group room while providing brief psychoeducation (Dayton, 2015). Then, asking participants to physically place themselves at the symptom that answers a prompt – for example, "which symptom do you experience the most often?", "which symptom feels the most disruptive to your life?", "which symptom do you experience least often?", "which symptom do you feel you have gotten better at coping with?", etc. With each new prompt, a new constellation of clustered group members emerges. In between prompts, participants are directed to share with the group-as-a-whole, or to share with each other about their choices. This promotes mutual aid, connection, validation, self-awareness, and group cohesion (Giacomucci, 2020). These sociometry processes can be employed as stand-alone group processes or as warm-ups to a psychodrama or other group activity.

The psychodramatic process has the power to help participants access their spontaneity, address underlying issues, confront their depression, and develop hope for the future. In a psychodrama enactment, patients could externalize the negative beliefs related to their depression to renegotiate their relationship to core beliefs and actively or symbolically replace them with new positive cognitions. Strength-based psychodrama vignettes can help clients enlist their personal strengths and develop new strengths or resources that may be needed to recover from depression and related hopelessness or unworthiness. A client could have a direct

conversation with their depression in psychodrama, explore their relationship and practice new intrapsychic responses to depressive symptoms in the safety of the group with the support of others. Psychodrama allows patients to travel into the future and engage with themselves in remission/recovery from their depression – embodying a new self, living with hope, peace, and purpose. The interpersonal focus of psychodrama and sociometry provides clients with opportunities to practice implementing new social skills, role train for future situations, and experiment with new versions of self in the group.

The very nature of depressive symptoms impacts an individual's sense of interest, pleasure, energy, and physical movement. With this in mind, it makes sense that interactive, engaging, and action-based approaches would be desired in the treatment of depression. Sociometry, psychodrama, and group therapy provide clients with tools for combating the stigma, isolation, shame, guilt, and loss often associated with depression. Experiential sociometry processes allow group workers to bring the process to life through dynamic and engaging psychoeducation and inherently connecting group activities. Psychodrama offers participants with opportunities to externalize parts of self, develop new roles or strengths, practice for future social situations, and envision a hopeful future.

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Division 49 professional listserv

Group psychology and psychotherapy General Membership Communication Listserv



Shana Shala Cole Ph.D.

The new listserv was developed for general members to provide a means to communicate with others in Division 49 around professional issues. Subscribers are welcome to pose questions, provide professional resources, and engage in general discussion related to group psychology and psychotherapy. All who subscribe to the listserv may post here. Members, Fellows, Associates, and Affiliates are NOT automatically added to this listserv. You may request to join this listserv by emailing DIV49-request@LISTS.APA.ORG. Please considering joining to be a part of the group community!

request to join is : DIV49-request@LISTS.APA.ORG, which ultimately just sends me an email request

Future Leaders

Division 49 Results of Candidates

Josh Gross Ph.D.

Division President

Francis Kaklauskas, Psy.D.

Division Secretary

Amelia Black, Ph.D.,

Domain Representative: Early Career

Kathryn White

APA Council Representative

Michele Ribeiro, Ed. D, ABPP, CGP, FAGPA

Student Representative

Rita M. Rivera

Division v49 2022 Spring Board Minutes

Martin Kivlighan, Ph.D.



Division 49 May 2022 Meeting

Thursday, May 26 1:00-3:00PM EST

<https://uiowa.zoom.us/j/94939812979?pwd=OFBOL1BhRTdyZGlicV2UjU3ekkvQT09>

Member	Position	Term
Joshua Gross*	Past President	January 2022 - December 2022
Amy Nitza**	President	January 2022 - December 2022
Noelle Lefforge*	President-Elect	January 2022 - December 2022
Debra O'Connell*	Treasurer	January 2021 - December 2023
Martin Kivlighan*	Secretary	January 2020 - December 2022
Aziza Belcher Platt*	Domain Representative for Education & Training	January 2022 - December 2024??
Misha Bogomaz*	Domain Representative for ECP	January 2020 - December 2022
David Marcus*	Domain Representative for Group Psychology	January 2021 - December 2023
Eric Chen*	Domain Representative for Diversity	January 2021 - December 2023
Nathaniel Wade*	Domain Representative for Group Practice	January 2021 - December 2023
Mary Baggio*	Student Representative	January 2021 - December 2022
Michele Ribeiro*	Council Representative	January 2020 - December 2022
Giorgio Tasca	Editor, <i>Group Dynamics</i>	January 2019 - December 2024
Thomas Treadwell	Editor, <i>The Group Psychologist</i>	January 2018 - December 2020??
Shala Cole	Chair, Membership Committee	January 2020, Open, serves at their pleasure
Vinny Dehili	Program Chair	August 2021 - August 2023
Leann Diederich	Chair, Foundation Committee	January 2022 - ???
Sean Woodland	APA Services, Inc. Liaison	Open, serves at their pleasure

*Voting member per division bylaws

**Voting member only in the case of a tie per division bylaws
 Notes. Quorum >50% of voting members, Passing > 50% of votes.

Attendees Present:	Attendees Not Present:
Nathaniel Wade	Amy Nitza
Josh Gross	Aziza Belcher Platt
Noelle Lefforge	Michele Ribeiro
Martin Kivlighan	Giorgio Tasca
David Marcus	Thomas Treadwell
Mary Baggio	Shala Cole
Eric Chen	Vinny Dehili
Debra O'Connell	Leann Diederich
Misha Bogomaz	Sean Woodland

- **Welcome (Dr. Kivlighan)**
 - Dr. Kivlighan welcomed the board and board members connected with each other.
 - Dr. Gross moved to approve the MWM 2022 minutes, Dr. Bogomaz seconded the motion, and the motion passed unanimously.
- **President (Dr. Kivlighan presented for Dr. Nitza)**
 - Dr. Kivlighan shared information about a recent email from Dr. De Las Fuentes to Dr. Nitza and Dr. Ribiero. Dr. Lefforge provided more information about the email from Dr. De Las Fuentes. The board discussed the role of the division in endorsing APA presidential candidates and the board identified not previously offering endorsements. The board agreed that Dr. Nitza would respond to the email and explain that the division does not formally endorse APA presidential candidates, but we would be happy for her to present a CE event for the division with an understanding that the event would need to group relevant.
- **ACTION ITEM:** Dr. Nitza to respond to Dr. De Las Fuentes' email and explain that the division does not formally endorse APA presidential candidates, but we would be happy for her to present a CE event for the division with an understanding that the event would need to group relevant.
- **Education & Training (Dr. Belcher Platt)**
 - Dr. Belcher Platt sent the board an overview of the upcoming CE events and posed several questions to the board regarding pricing of these events via email. The board discussed pricing of division CE events. Dr. Wade suggested not offering these for free and suggested \$20 for Div49 members and \$45 for nonmembers. Dr. Lefforge discussed the need to have people attend the events to report these numbers to APA. Dr. Lefforge suggested offering these for free for Division 49 members but charging for the CE certificate. Dr. Gross noted that AGPA often charges for their events, but Dr. Bogomaz identified that these are often offered for free now. Dr. Kivlighan suggested offering free CE credits for all institute members and the board agreed to this suggestion. Dr. Kivlighan will follow up with Dr. Cole about this possibility. The board made a final decision to offer CE events for free to everyone, but anyone who wanted the CE certificate would have to pay. The division will

charge \$0 for division members and \$35 for nonmembers. This decision was based on the priority to grow membership and gather preliminary data on attendance numbers to inform pricing for future events. The board agreed to return to this decision after reviewing the number and types of attendees for these initial CE events.

- **Membership (Dr. Wade presented for Dr. Cole)**

- Dr. Wade provided an overview of several ideas to further support Institute members. Dr. Wade reviewed proposed expenses, including \$500 for APA convention travel for all 16 institute members (\$8,000 total), \$60 for a virtual lunch meeting with a board member and institute member (\$260 total), \$2000 for a institute happy hour or lunch in the division suite at APA, and in the future fund a \$500 institute project award and five \$50 awards to support APA presentation costs, such as printing, etc. (\$250 total). All of these proposals would total \$11,710 annually. The board discussed these expenses and were in support of the need to support the Institute and members. Dr. Wade made a motion to spend \$11,710 for institute funding initiatives from the special project line item of the 2022 budget, Dr. Boromaz seconded the motion. Dr. O'Connell suggested changing the total to \$12,00 as this was the total allocated to this line item for the 2022 budget, and Dr. Wade amended the original motion, Dr. Lefforge seconded the motion, and this motion passed unanimously.

- **Convention Programming**

- The board identified the following questions for Dr. Dehili about the upcoming convention
 - What is our APA hotel and has the suite been reserved?
 - Need more information about catering for the social hour
 - When will the 4-hour board meeting be held?
 - Need to cancel the division social through APA
 - Need more information about possible hour for Fellows address.
- Dr. Lefforge brought up the need to discuss awards. Dr. Chen discussed the diversity award and noted that this year the division will offer both the student and professional diversity award. Dr. Chen suggested having the deadline be 6/30 for both awards. Dr. Chen will follow up with Dr. Bogomaz to have the deadline updated on the website and will also announce these awards to the division via the listserv. Dr. Lefforge identified the need to award group psychologist of the year, group practice award, and group training award. Dr. Gross identified a need to send a call for nominations for all awards to the division listserv.
- The board identified that Dr. Dehili will need to email all student poster presenters about the student poster awards.
- The board agreed to extend all award deadlines to 6/30 and Dr. Lefforge noted the need to convene an awards subcommittee in early July to decide awards.
- Dr. Kivlighan identified the need to reach out to the Fellows committee to find out who are the current division 49 fellows for this year and the year previous. Dr. Kivlighan will contact Dr. Dehili and request the APA social hour be changed to the Fellows address hour. Dr. Kivlighan will contact Dr. Parks and ask who the three fellows are from last year and the need to contact them to invite them to give an address. Dr. Kivlighan will also ask Dr. Parks who the fellows are for this year and inquire about announcing these fellows. Dr. Gross noted that the fellows list needs to be updated on the division website. Dr. Kivlighan will reach out to Dr. Bogomaz about this update.

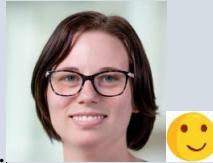
- **ACTION ITEM:** Dr. Dehili to email all student poster presenters about the student poster awards.
- **ACTION ITEM:** Dr. Chen will follow up with Dr. Bogomaz to have the deadline updated to 6/30 on the website for all awards and will also announce the diversity awards to the division via the listserv.
- **ACTION ITEM:** Dr. Kivlighan will contact Dr. Dehili and request the APA social hour be changed to the Fellows address hour.

- **ACTION ITEM:** Dr. Kivlighan will contact Dr. Parks and ask who the three fellows are from last year and the need to contact them to invite them to give an address. Dr. Kivlighan will also ask Dr. Parks who the fellows are for this year and inquire about announcing these fellows.
 - **ACTION ITEM:** Dr. Kivlighan will reach out to Dr. Bogomaz about this update.
 - **Treasurer (Dr. O’Connell)**
 - Dr. O’Connell discussed the need to make a decision on the division’s funding strategy for the investment fund. Dr. O’Connell motioned to take a moderately aggressive approach, Dr. Gross seconded the motion, and the motion passed with six yes, and one abstain.
 - **ACTION ITEM:** Dr. O’Connell will follow up with investment group with the board’s decision.
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Budget-Good Shape

Dr. O’Connell, PhD.

A full summary of Division 49’s 2022 finances as well as an updated financial summary for 2022 will be



included in the Fall issue of The Group Psychologist.

New Ethics Book in Group Psychotherapy

<https://www.routledge.com/The-Ethics-of-Group-Psychotherapy-Principles-and-Practical-Strategies/Brabender-MacNair-Semands/p/book/9780367615611>

Brief Articles

Group Therapy Plein Air: Promoting Agile Resilience through Ecotherapy Schrimmer, Ph.D. Rutgers University

A complex dilemma emerged quickly in the spring of 2020: How can psychologists most ethically serve those clearly not benefiting from telehealth, while retaining the necessary quarantine recommendations outlined by the CDC? In addition to its successes, a few cracks with full-scale telehealth have surfaced. Difficulties became apparent for those practitioners running groups, treating those already challenged with social anxieties or social skills disorders, and working with patients whose careers already contributed to daylong “Zoom fatigue.” For those practitioners having access (and a preference) to an outdoor or “en plein air” experience, a

solution was discovered. The ubiquity of biophilia and the optimistic research supporting nature-based ecotherapy formed a logical response to these telehealth concerns. Five groups were offered a combination of telehealth and ecotherapy sessions across an eight-month period. Anecdotal observations support ecotherapy as a promising tool combating current and future pandemic concerns, in addition to be an antidote to a general disconnection with nature.

Gail's Article can be downloaded at this address: <https://issuu.com/kboertzelsmith/docs/spring2021final>

Strategies for Developing and Supporting Identity Based Safe Spaces in Group Therapy

Markie Silverman, PhD, LP, Michigan State Counseling Center

Michigan State University

From an early age I have had to learn how to navigate in predominately White spaces. As a Black woman professional this has had its benefits and costs. In many of these spaces it was imperative to assimilate to the majority regarding the way I dressed, talked, wear my hair, and even my hobbies. As a young woman in academic and professional spaces, I desired to have spaces where I felt safe to be myself and for me, they did not exist. It has been through my training and professional development where I learned to allow myself to reduce my code switching and be authentically me in professional and academic spaces. Since starting my career, I have been passionate about serving marginalized populations and creating/supporting spaces where these populations can be authentically themselves.

In August 2020 I started my role as Staff Psychologist and Group Coordinator at Michigan State University Counseling and Psychiatric Services (MSU CAPS). In this role I have had the opportunity to not only facilitate identity-based groups but also frame the groups program. When I was reflecting on the success of our group program, one thing I am most proud of is the various safe spaces we provide for students from marginalized populations. It is important to share what has helped us create safe spaces for marginalized populations, so others who are experiencing barriers can identify strategies for creating these spaces in their institutions.

One of the most significant contributing factors have been buy-in from administration and staff. With administration and staff support we have been able to offer a wide variety of identity based groups for Black Women, **Asian Pacific Islander Desi American** (APIDA) Women, Women of Color, Gender Identity and Sexuality groups, Black Men, Students of Color, Latinx Women, and Students of Color who identify within the LGBTQ+ community, amongst others. It would be important to note that these spaces would have been hard to offer if we did not have a diverse staff to facilitate these spaces. I have found that representation is important when creating these spaces.

Administration must value diversity and inclusion, to hire and retain staff from diverse populations. One strategy to increase staff and administration buy-in is by offering internal trainings on group counseling and the

importance of identity-based spaces. Trainings can help others understand the benefits of group counseling, feel more confident in making a referral to group counseling (as the primary treatment modality), and increase confidence in facilitating groups. Before offering group trainings, I found it helpful to survey staff and complete a group program needs assessment. The needs assessment was a strategy I used to help me identify what topics I would focus trainings on and what modalities were most helpful for our staff. For example, our staff found experiential training and didactic training more helpful than training videos and reading articles.

Additional benefits of having a diverse staff is that you have a rich resource of ideas and passions. This has led to me starting a group committee within our department where we discuss changes, new groups, trainings, new policies, and needs. The development of a group committee has also helped with reported increase in staff satisfaction and buy-in. I have also been able to implement a group counseling specific consultation space where staff members can consult regarding group practices/interventions, barriers, and successes.

Another key area of our group program is its integration with our training program. Expanding the involvement of trainees into our group program also improved the number of groups we could offer, the variety of group topics we could offer, and buy-in from staff and administration. Most importantly, trainees can develop their skills in offering culturally competent group counseling at other settings once they successfully complete the training program.

As many group facilitators know, marketing and advertisement is a key factor in recruiting for your groups. We found it helpful to review the wording of our advertisement, the images used in our advertisement, where the flyers were being shared, and the process used to gain access to the group space. With this in mind we also reviewed where our groups were being offered. We have found it helpful to offer groups in spaces students have identified to be safe spaces and in their campus communities. Developing campus partnerships is an important strategy for developing multicultural safe spaces. Part of our marketing and advertisement strategy is to use our community engagement and outreach opportunities to build relationships and share about our group program. In my experience, when students have been able to establish a relationship from a community engagement, they have been more likely to attend groups.

As a group coordinator and early clinician, I have found building my network and attending trainings and consultation groups to be extremely helpful. I have found the group counseling community to be generous in sharing resources, offering mentorship, and providing consultation. If there are any early clinicians looking for a way to develop their group counseling skills and/or senior clinicians new to group counseling, I would highly recommend attending the conferences, attending in-person and/or virtual trainings, finding a mentor, joining the various listservs, and joining a consultation group. By integrating myself into the group counseling community it has made me a better clinician and group coordinator. I have also benefited from group counseling spaces intended for black indigenous, and people of color (BIPOC) clinicians.

While the importance of multiculturalism and safe spaces have had increased attention and support, as a society and discipline we still have room for improvement. As a group coordinator I plan to continue to become more aware of my biases, further my training, and support the development of safe spaces for all the students we serve. I appreciate all the hard work others have done in this field before me, and I hope to continue to help develop another generation of mental health professionals who value group counseling and are skilled to offer culturally competent group spaces. I hope as you are reading this you are inspired to support and/or develop safe identity-based spaces at your institutions. If you are already doing so, thank you for the work that you do.

Sharing strategies on what has been effective in your work is a great way to continue this work and help others overcome barriers. While the larger long-term goal is for all people to feel safe in all spaces, that is not the reality in the current time. Until we get there, identity-based spaces are needed to provide support, increase feelings of safety, and normalize marginalized population's experiences.

Student Article

Adventures of a Participant Observer in Group Psychotherapy

David Chirko, A.B. (humanities/social sciences), Psychologically oriented researcher and author, Sudbury, Ontario, Canada

When I was in university some colleagues of mine, who were completing their BSW's, invited me to engage in *participant observation* within their group psychotherapy sessions at a local mental health facility.

Participant observation is defined as: “a quasi-experimental research method in which a trained investigator studies a preexisting group by joining it as a member, while avoiding a conspicuous role that would alter...group processes and bias...data. The researcher's role may be known or unknown to...other members of the group” (VandenBos, 2015, p. 765). My role was known. Little has been penned about participant observers, although such a method is employed often (Kislev, 2015).

Group Setup, Members' Backgrounds, Dynamics

Many of the facilitators--psychologists, social workers and activities therapists--worked in an area of the facility called “the rug room,” where they and group members sat on a rug laden floor during sessions, which were sometimes videotaped. The therapy group later moved to a downtown drop-in centre.

It was individuals who were being treated and some of the group members were from the inpatient mental health facility. However, most were either outpatients, or any younger person (mid to late teens) who needed a group of sympathetic ears to address their problems¹. The most common entailed drug and alcohol abuse recovery, or family, school, and work, issues. They came from various socio-economic backgrounds. The therapeutic methodology was interpersonal. Yalom and Leszcz (2020, p. 5) talk about how interpersonal, and character, change comes about. They say the mantra in group therapy sessions should be: “*The interactional focus is the engine of group therapy.*”

Also, group is a social microcosm—outside social difficulties arise within it. However, within group one's relations transfer knowledge to the outside for improved relationships (Yalom & Leszcz, 2020, p. 670). In our group, dynamics became more complex as behavior in one gathering differed from another setting. This was evident in school and home situations, although sparse connection existed between teachers and parents with the group.

In the aforementioned microcosm I noticed a bond of trust amongst the facilitators and all group members was incessantly encouraged. Therein they offered hope in improving members' unpleasant situations in life. Stotland (1969, p. 2) defines hope as confidently expecting something a person wants. The potentiality of

expectation in psychotherapy has been spoken of by numerous theorists Stotland (p. 145) claims, like Sigmund Freud (1953, p. 250) who thought that “expectant faith” has a curative influence. In group therapy, when hope is present, the patient becomes more engaged. Through confidence and expectation, one dispels biased negativity beforehand, then personality change can eventualize (Yalom & Leszcz, 2020, p. 13).

Therapists’ Bible(s)

Some members feted the literary elixir of the day--the classic of transactional analysis (TA): *I’m OK, You’re OK*, by Thomas Harris. In fact, one of the facility’s psychologists was a TA specialist, although not present in the group and didn’t endorse universal group therapy. Sigmund Freud’s work sometimes entered interactions, because the argot in group was a skosh psychoanalytic, but only the leaders might be familiar with, say, *Group Psychology and the Analysis of the Ego*. Moreover, there was a countertransference to be managed, as Yalom and Leszcz (2020, p. 3) encouraged.

Criticism

What was being done in group and the people doing it didn’t always sit well with professionals in other organizations. So, are the correct methodologies utilized and are they adhering to proper protocol at the group I was participating in? Yalom and Leszcz (2020, pp. 9-10) explain that some therapists are more effective than others and experience alone does not ameliorate one’s abilities as a group leader. Further, they state that feedback, reflecting on oneself, practice, and empathetic rapprochement are paramount.

Of over 15 group methodologies extant, it appeared that what they employed was a hodgepodge, with no one lucid direction. The entire format was loosely structured, which I had little affinity for. There was a preponderance of the “just let it out” philosophy--advice and feedback occurring anywhere. Subsequently, the facilitators attempted to eschew terminology because they believed it stifled expression of one’s gut feelings. In the end, it was arduous to categorize everything that transpired. Moreover, did the facilitators continuously immerse themselves in the appropriate evidence-based principles and guidelines, Yalom and Leszcz (2020, p. 3) mentioned? Time would tell, because they were relatively new at the game.

Summary

As a participant observer, I found group psychotherapy provides youngsters an ear for the expression of their conflictual feelings. They learn to be interactional, helping others do the same. This all buttresses hope.

Notes

1 Although when group encounters became challenging for some members, they would either enquire about seeing a psychiatrist at the facility, or, even leave the room to immediately obtain a psychiatrist they were seeing privately. Nevertheless, it’s been found that group therapy is as effective as individual therapy (Burlingame, Strauss, & Joyce, 2013, pp. 640-689).

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Division 49 Standing Committees

Division 49 Leadership

<https://www.apadivisions.org/division-49/leadership/committees/index>

COR Corner -APA Council of Representatives



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The Council of Representatives met in late February 2022 in an on-line format and made some strong headway on new business items that are highlighted in the meeting summary below. Following this summary, I will also briefly mention highlights from a recent in-person and on-line summit that just occurred in late May/early June to brainstorm next steps to operationalize APA's plan in moving forward with dismantling systemic racism. Finally, I am deeply humbled and appreciative to be re-elected as your COR Representative from January 2023 to December 2025. Thank you for your support and please don't hesitate to reach out to me at Michele.Ribeiro@oregonstate.edu if you have comments or questions about COR and our role as a division within the larger APA. Thank you!

APA Council of Representatives Meeting Overview

February 25 & 26, 2022

The Council of Representatives received a comprehensive audit of current anti-racism activities by APA, including policies, practices and procedures aimed at stemming racial inequities and promoting equity, diversity and inclusion. This was the next step in a process detailed in a resolution Council passed in October that accompanied an apology for past racist actions and omissions by APA and the discipline of psychology.

“We are trying to do something the association has not done before,” APA President Frank C. Worrell, PhD, said in introducing the audit. “Eradicating racism is not an easy thing ... so this will take a lot of hard dialogues.”

APA CEO Arthur C. Evans Jr., PhD, noted that APA is engaged in a wide array of racial equity activities but until now, they had not been coordinated. “Our members and our leaders want us to have impact, not just activity,” he said. “This is an organizational commitment that we’ve made.”

The audit opens the door to the next phase of APA’s work in this area: creation of a roadmap of prioritized actions aimed at dismantling racism. Those proposed actions will be presented to the Council in August, as directed in the resolution passed in October 2021.

Other key actions during the Council’s meeting Feb. 25-26 included accepting a report by the Task Force on Climate Change; adopting new standards for the teaching of high school psychology; adopting a policy on population health; reaffirming APA’s support for women’s health, including the right to legal abortion; and eliminating a question on the association’s membership application regarding whether an applicant has been convicted of a felony.

Ukraine In response to the escalating situation in Ukraine, the Council quickly drafted and passed a motion voicing solidarity with the National Psychological Association of Ukraine, the Ukrainian people, and colleagues in the Eastern European region, as the Ukrainian nation defended itself against military invasion. The vote was 167-0, with one abstention.

Climate Change

The Council received the report of the APA Task Force on Climate Change, “Addressing the Climate Crisis: An Action Plan for Psychologists.” The report calls on the discipline of psychology to strengthen its capacity to address climate change and collaborate with other fields and sectors for maximal impact. The report was received by a vote of 155-6 with one abstention.

Reproductive Rights

The Council adopted a *Resolution for Reproductive Justice: Affirming Abortion Access*,

committing the association to continuing to work for and support reproductive justice. This includes helping to preserve the right to legal abortion and supporting equal access to affordable contraception, comprehensive sex education, and freedom from sexual violence for women and child-bearing individuals, with particular emphasis on those from marginalized groups. The measure passed by a vote of 145-14 with five abstentions.

Population Health

The Council voted 154-6 with three abstentions to pass a policy regarding psychology's role in advancing population health. The measure calls for working within and across diverse systems to advance population health, which focuses on improving the health, health equity, safety, and well-being of entire populations, including individuals within those populations. The policy also advocates for working upstream by promoting prevention and early intervention strategies. It also urges psychologists to enlist and educate a diverse array of community partners.

High School Psychology Standards

The Council voted unanimously to adopt revised *National Standards for High School Psychology Curricula*, with an increased focus on the scientific underpinnings of the field and the importance of incorporating diversity into understanding mental health. The revised standards promote the scientific nature of psychology by making scientific inquiry and research methods the foundation for content cutting across all units in high school psychology courses, including biological bases for behavior, cognition, development and learning, social and personality, and physical and mental health.

Interrogation of Criminal Suspects

The Council adopted, by a vote of 160-1 with one abstention, an updated resolution regarding the interrogation of criminal suspects. The new measure will strengthen APA's standing as an authoritative voice for psychology by providing more up-to-date scientific evidence on this topic, especially in light of issues related to false confessions.

Poverty and Socioeconomic Status

In recognition of later research into these issues, the Council voted to archive a policy from 2000 and adopt a new resolution recommitting APA to advocate for culturally sensitive and inclusive research that examines the causes and impact of poverty across the lifespan, including structural racism, economic disparities, and related intersectional issues. The new policy was adopted by a vote of 162-0 with two abstentions.

Changes to Membership Policy and Procedures

The Council voted to remove the question on the APA membership form asking if applicants have been convicted of a felony. Proponents of removing the question argued that it was discriminatory, deterred otherwise qualified people from joining the association and needlessly stalled the process of becoming a member. The policy change passed by a vote of 157- 9, with two abstentions.

The Council passed a motion to request APA membership to vote to amend the APA Bylaws to update the mission of the Membership Board and related amendments to the Association Rules.

Additionally, the Council voted to request APA membership vote to amend the APA Bylaws to allow associate members voting privileges after one year of associate membership.

Guidelines Adopted as APA policy

The Council voted unanimously to adopt revised *Guidelines for Assessment and Intervention with Persons with Disabilities*.

The Council also adopted *Guidelines for Child Custody Evaluations in Family Law Proceedings*, which promote ethically informed practice in disputes over decision making, parenting time, and access to children when relationships dissolve. The vote was 162-1 with four abstentions.

The Council adopted revised *Guidelines for Ethical Conduct in the Care and Use of Nonhuman Animals in Research*, which are widely used in the education and training of psychological scientists. The guidelines passed by a vote of 163-0 with one abstention.

And the Council adopted revised *Guidelines for Ethical Conduct of Behavioral Projects Involving Human Participants by High School Students* by a vote of 147-9 with six abstentions.

2022 EDI In Person and Virtual Summit focused on

“Psychology’s Role in Dismantling Systemic Racism”

APA’s Chief Diversity Officer, Dr. Maysa Akbar, and her staff put together an amazing think tank meeting both in person and on-line in late May. I joined a small group of psychologists/mental health professionals who met in Washington DC to begin operationalizing how our work on dismantling systemic racism and promoting health equity will practically look across specific domains that include: Knowledge Production, Health, APA

(organization & psychology workforce), Education (PreK-Grad School), Training of Psychologists, Representation, Diversity and Retention, and Political Advocacy (national and state). We were provided with key documents to inform our thinking which I have included the hyperlinks to below. As the virtual meeting just concluded on June 7th, I don't have a summary of meeting outcomes quite yet but it is clear that APA is committed to health equity and to practices that hold our theory, research, practice and education accountable. Several of these documents have been provided previously so I highly recommend reading the *Historical Chronology* and the *Listening Sessions: Executive Summary* as these have not been (to my knowledge) provided to membership in all divisions previously. All in all, APA is moving into actionable steps quickly, so great ready to see some significant shifts within our organization and new frameworks that will guide our work.

- [APA's Equity, Diversity, and Inclusion \(EDI\) Framework](#)
- [Historical Chronology](#)
- [Listening Sessions: Executive Summary](#)
- [Harnessing Psychology to Combat Racism](#)
- [Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.](#)
- [Role of Psychology and APA in Dismantling Systemic Racism Against People of Color in the United States](#)
- [Advancing Health Equity in Psychology](#)
- [The Racial Equity Audit Report](#)
- [APA Strategic Plan](#)

