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Closing Some Gaps

As you likely know, the hard work and dedication of numerous members of our Division over a number of years resulted in the recognition of group as a specialty in 2018. This recognition represents a major advance in our field. At the same time, it has served to highlight important gaps in training to support the competent and effective practice of group psychotherapy. The tremendous work of the Group Specialty Council, led by Noelle Lefforge following the long-term leadership of Nina Brown, is actively working to close these gaps. As a division, we continue to support the Group Specialty Council in its crucial work, having committed ongoing financial resources to the effort, as well as having representation on the council itself.

Yet, as documented in two important articles published by members of our Division (Hahn, Paquin, Glean, McQuillan, & Hamilton, 2002; Whittingham, Lefforge, & Marmarosh; 2021), point out significant training gaps remain. So, while the work of the Group Specialty Council continues, there are several other important initiatives and efforts underway in our Division to continue to close these gaps.

**Empirically supported group treatments website:** We are in the process of developing a section of our Division website that will summarize and make accessible the substantial research evidence supporting the effectiveness of group psychotherapy in addressing a range of mental health problems. This important project, a collaboration with the American Group Psychotherapy Association, will provide essential support to the dissemination of research to inform training and practice at all levels.

**Increasing group representation in leadership:** At our most recent board meeting, we discussed the need for placing more Division members in leadership positions within APA. Doing so will increase the visibility and representation of group psychology and psychotherapy in key areas in which we are, or should be, stakeholders. Identifying key areas on which we want to focus these efforts, both within and outside of APA, and connecting with other divisions with similar interests to amplify our voices will also be key to this strategy. The more that our collective ‘group voice’ is heard around the table as decisions are being made, the more likely it will be that people will recognize its value. If there is a group-related area within APA or external to it that you would like to see us focus on, or if you would like to serve in one of these roles, please let us know!

**Training and skill building opportunities:** We continue to seek opportunities to share our expertise with psychologists both within and outside our Division. Our Diversity, Equity, Inclusion and Belonging Committee has developed some incredible training resources available on our YouTube channel. Now, having successfully applied to be a Continuing Education provider with APA, we are currently making our
With the Education and Training Guidelines for Group Psychology and Group Psychotherapy on the horizon for publication in Training and Education in Professional Psychology (Brown & Lefforge, in press), it is only fitting that I would find myself back in the classroom teaching group psychotherapy after a hiatus of several years. I had the opportunity to teach the group psychotherapy course for our Clinical Psychology PsyD program over the summer and now I am teaching it for our International Disaster MA program. It’s truly a gift (and a challenge!) to be able to integrate the academic concepts of education and training into action with the next generation of group psychotherapists. As any professor will tell you, it’s harder and harder to hold the attention and interest of students these days, especially after years of Zoom and general destabilization. It is common for us group-oriented psychologists to be islands in our institutions, which is difficult when we are…well, group-oriented. For this last column as President-Elect, I’d like to try to build some community and share what have come to be some of my favorite activities for teaching group psychotherapy.

**Activities for Engaging Students in Group Psychology Courses:**

- I spend a lot of time on teaching students about doing good pre-group orientations to increase patient engagement and retention. I spend a substantial time discussing how to address common pre-group hesitations. I provide a demonstration and then they role-play with one another. For the capstone activity for this skill, I have them generate a handout to summarize and disseminate what they learn. The handout is either intended for use by other clinicians to orient them to key concepts before a pre-group orientation or intended for use by clients and provided during the pre-group orientation. The more user-friendly, the better!

- One of the major graded components of my course is a group presentation in which they present an effectiveness/efficacy study on a particular group therapy and demonstrate a sample of the therapy for the class. This has been a great way to highlight the scientific underpinnings of group while exposing the class to an array of group therapies.

- When teaching therapeutic factors of group, I break them up into small groups and assign a therapeutic factor to each group. For each factor, the group generates: 1) what group leaders do/not do to facilitate the factor, 2) what group leaders do/not do to hinder the factor, and 3) what cultural...
considerations should be kept in mind when working with the factor, particularly in consideration of including minoritized identities in the group process.

• We often watch video of group (e.g., the YouTube series Group that Elliot Ziesel has released) and I have them practice working at all levels of group process. What do they think is happening intrapsychically for the individual members; what’s happening interpersonally among the dyads and/or between individual members and the leader; what’s happening with the group as a whole?

• Perhaps my favorite activity is in-vivo teaching of the “good goodbye”. I borrow from Leann Diederich’s column on Semi-structured termination exercises. They pick the one they want to try, and we adapt it to the classroom. It provides a great opportunity to emphasize the importance and complexity of endings.

I hope that reading about a just few of my favorite classroom activities got you thinking about your own! I’d love to see some posted on our Division listserv: DIV49@LISTS.APA.ORG There will be a lot more to come this year in terms of solidifying group as specialty (see the Group Specialty Council update in this issue) while promoting that health service psychology training programs at all levels provide at least a basic level of training in this much-needed modality.

Past President’s Column

Joshua Gross PhD

Thank you for your vote of confidence in electing me to the Division 49 leadership trio. It has been an honor and privilege after teaching group therapy in the APA accredited doctoral internship service. There are so many psychologists who teach general and specialty clinical practice in the APPIC internship system but there aren’t enough of us teaching Group Psychology and Group Psychotherapy. I do believe that my influencing so many practitioners in my 22 years of internship training service led to my being elected to the presidential sequence. Thank you all for that.

I have also been involved with the issues surrounding our achieving and maintaining our Group Psychology and Group Psychotherapy specialty and there is one big thing that I want to leave you all with. It has to do with the APA training model for clinicians and follows the training taxonomy of Coursework and Practicum, Internship, Post-Doctoral Residency and then Licensed Practice.

We face this challenge most anywhere where doctorates are granted that lead to licenses for clinical practice in psychology. It is also present almost anywhere that practicum training is proffered in preparation for the doctoral internship year of full time practice. It is present in post doc where only some those candidates have exposure to training and expertise in group psychology and group psychotherapy. And finally, it is present in the cohort of licensed psychologists who are working hard to make up for their lack of training and are active in our various professional associations that offer continuing professional education to address this need for essential practice skills.

That big thing is the fact that basic coursework followed by practicum, internship and post doc clinic training in group psychology and group psychotherapy is scarce, intermittent and hard to find. This is wholly inconsistent
with APA policies for the accreditation of training for counseling and clinical psychology candidates which spell out clearly the need for training in the specialties. But if you start looking at the course catalogs of the programs there isn’t much out there across the board save the programs we all work for because we are the ones training the next generation.

I am hoping that the division can enjoin itself in the uniform position that group psychology and group psychotherapy coursework should be present in every clinical doctoral training program in the United States. And we know it does not. Most of us with knowledge and training in group psychology and group psychotherapy got there by luck and good fortune and likely by finding those rare weigh stations where the expertise was present, and the clinic ran groups and trained the candidates. For now, we know that there is a dearth of coursework and training in our specialty and that it leaves us with insufficient numbers of psychologists who are prepared to provide the training or the clinical practice of Group Psychology and Group Psychotherapy when they matriculate to licensed practice.

It is almost as if there is an assumption that Group Psychology and Group Psychotherapy are generalist skills and that all clinicians already know how to practice. This cannot continue, and our future depends upon it. We are already a marginalized specialty and most often last on the list of training priorities.

It is my greatest hope that the leadership of Division 49 will work together with The American Group Psychotherapy Association, The Association for Specialists in Group Work, The American Academy of Group Psychology and other organizations that oversee and advocate for the specialty practice of Group Psychology and Group Psychotherapy to address this insidious and longstanding issue.

Informal surveys have revealed over the past ten years that this dearth is real and longstanding. I hope the Division begins to address this problem which at its core will require lobbying APA Accreditation to ensure that the fundamental skills and techniques of Group Psychology and Group Psychotherapy be present in all stages of the APA Training Taxonomy for all accredited clinical and counseling psychology programs.

Moving mountains takes time. We all stand on the shoulders of those who have served before us. It is my parting hope that we begin to address this longstanding and insidious problem within APA where students train to be clinicians in accredited programs and internships but far too often they don’t get much exposure to Group Psychology and Group Psychotherapy.

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From your editors:

We are pleased to announce a series of essays on *Navigating Academic Departments*. Dr. Nina Brown has devoted much energy in developing a map of group dynamics and group therapy concepts as they apply in academia. Academic departments are ripe for this analysis. They can be posited as conflictual, yet are charged with celebrating teaching and supporting research, while also taking special pride in their capacity to connect thought to action. Meanwhile the interpersonal dynamics between members, with a range of roles in varying degrees of power, create a range of harmful or helpful group dynamics. We are excited to introduce her first essay in this issue of *The Group Psychologist*. In this first one she focuses on laying out group concepts and mapping them onto academic departments. Future ones will focus on the climate, challenges facing department chairs, faculty types, conflict, and managing difficult behaviors.

Tom Treadwell, Ed.D. T.E.P C.G.P.
Rex Stockton: The Life and Impact of a legend in the field

After a long, productive and happy life, Rex Stockton passed away the July 1, 2022 after a series of health issues at 86 years old. Rex was a legend in the field of group therapy, who had a profound impact on the field. His research spanned several decades and was both prolific (over 100 articles and book chapters) and impactful. He received national awards 15 times during his 53 years of service at Indiana University, as well as recognition by the University as a Chancellor’s Professor, the highest accolade given by the University.

Rex was a talented and hard-working researcher, who at the peak of his career, was the most prolific publisher of group therapy researcher in the field. He was one of the first people to actually study therapy groups, and his work was profoundly influential. He once told me the context for his research on feedback. He described that he began practicing and teaching group in the 1970’s, an era of “anything goes” in group therapy, with group leaders encouraging immediate negative feedback of other members and intense criticism and “radical honesty” seen as the ultimate healing process. He described members entering groups and immediately being berated and harshly criticized.

Rex did not believe that this was as helpful as the experts at the time believed and sought to test out the impact of early corrective feedback. His research with Keith Morran, his former student and long-time collaborator and research partner, and their students found that early corrective feedback was unhelpful, leading members instead to dismiss the message as being in bad faith and seeing the deliverer of the message in negative terms. His research also found that members preferred feedback “sandwiched” between positive feedback or frontloaded with positive feedback (Morran et al, 1998). This was a radical finding at the time and led groups to move away from the “anything goes” approach that had hitherto been considered good group leadership and desirable member behavior.

It is hard to overstate the impact of this research. While we now see the importance of the working alliance and group cohesion and understand their impact on premature dropout and client worsening, in those days, these concepts were alien to the field and the subject of debate between those with different theoretical orientations. The radical idea of testing out the premises behind group theories ushered in a
new dawn of research into group therapy processes, which along with his peers of the time, led to the burgeoning field of process-outcome research we have today.

Rex also produced a video series to train neophyte group therapists that has been used to train tens of thousands of leaders in master’s and doctoral training programs. This series became so popular that he became a celebrity at conventions. My earliest memories of him included accompanying him to conventions where students and recent graduates took pictures with him and treated him like a rock star. Rex was always unfailingly kind and generous with his time and always took time to shake hands and welcome those students to the field. He cared deeply that people learned to love group.

Rex was also deeply involved in leadership. He began his career at IU in the Dean’s office and later took a variety of positions at IU, helping with the Foundation Board as well as with the Office of Research. Rex was President of Division 49 as well as taking leadership positions in ASGW, of which he was a founder member.

Rex also received numerous awards for mentorship, and they were well deserved. His students (Any Nitza, Leann Terry, Lorraine Guth, Felito Aldarondo, Rick Brown, myself) from Indiana University’s Counseling Psychology program went on to be very involved in group work. Several went on to become Presidents of Division 49 and ASGW, others became active in leadership in Division 49 and ASGW. I remember Rex meeting two of my former students at a convention and he noted with pride that they were metaphorically his “grandchildren”.

His students meant a great deal to him. Whenever we discussed his influence on us, we noted that he was not only a great teacher but also a great mentor. As an advisor he encouraged us to present and publish, often co-presenting with us until we found our feet. He also showed us how to lead. We often commented that we learned much about how to lead from watching how he did it. He was masterful at managing tricky situations and we marveled at how his unfailing politeness and kindness worked hand in hand with a keen sense of political strategy. Over the years many of us stayed in touch with him, visiting him or calling him. He was a beloved mentor who eventually became a friend and colleague. We were proud to have him in our lives and the better for it.

In his later career, Rex focused on working to improve the lives of those in Sub-Saharan Africa, focusing on educational group work efforts around mitigating the AIDS crisis. He spent twenty years traveling back and forth, mentoring graduate students along the way and building research into his projects to ensure that they were successful. As ever, Rex combined projects that he felt were important with research to assess their merits. He was a true Scientist-Practitioner.

Rex was married to Nancy Stockton, who first worked at and then directed the university counseling center at Indiana University and his daughter, Lesley, son David and three grandchildren.

Rex was a legend in the field. He will be missed dearly and leaves a wonderful and enduring legacy.


Martyn Whittingham, Ph.D.

Arthur Teicher Award
Division 49’s 2022 Arthur Teicher Award identifies a distinguished group psychologist whose theory, research or practice has made important contributions to our knowledge of group behavior. The award was presented to Dr. Verlander Hinsz. Verlin is Dale Hogoboom Professor of Psychology at North Dakota State University.

Navigating Academic Departments-Series-1

*Nina W. Brown, EdD, LPC, NCC,*

**Introduction**

*This is the first in a set of six essays* about academic departments using the framework of many group therapy concepts to describe some of the aspects of an academic department. These essays grew out of my experiences at a university where a few years ago, my department was going through some rough times, and it was during that time that I thought about writing a book on academic warfare which would still be relevant today. I decided that it might be more prudent to wait until I retired before trying to publish it as some of the examples could be easily identified as current faculty and administrators. However, the experiences in that particular department paved the way for a better understanding of academic departments in general which has been supported and expanded with my experiences with the faculty senate at my institution, discussions with faculty attending professional organizations’
conferences and workshops, serving as a faculty mediator for more than six years, and now leading the formation of a faculty ombuds program at the university.

The intended group therapy and group facilitation concepts include perceiving departments as open groups, observing and applying group as a whole concept, observing process as the here and now interactions among faculty and with the department chair, application of some therapeutic factors, the department chair as group leader, how some group characteristics such as establishing trust and safety apply to the academic department and other group dynamics and concepts. Using these concepts will aid faculty in expanding their knowledge and understanding of their experiences in their departments and may even provide some tips and suggestions for how best to navigate these. The discussion will move between individual experiencing and the department (group) experiencing and will be presented from the faculty’s perspective.

This first essay is an overview of group concepts and how they can be used to understand an academic department. The second essay will present the descriptors for an ideal department climate and a toxic department climate along with some suggested personal reflections about how faculty may be making contributions to the climate. The third essay tries to describe the types of department chairs and the perceptual shifts needed for becoming a chair and how the failure to make these shifts can cause difficulties. The fourth essay will present descriptions for faculty types and perceptual shifts that could be helpful for them to make as well as information about working with self-absorbed chairs and colleagues. The fifth essay is around academic conflicts such as faculty to faculty, faculty and chairs, and faculty and staff. The sixth and final essay will be about identifying and managing interactions with the difficult behaviors that can be exhibited by colleagues and chairs that are similar to those encountered in therapy groups such as monopolizing, microaggressions, and so on.

An Academic Department

Reflection: As you think about your department as a group, what images emerge? Just let an image come to mind without evaluating or analyzing it.

Using an image for your department can allow you to perceive how you are reacting to the events and people involved in a nonverbal and non-evaluative way. The image that you visualized can then be associated with descriptors, feelings, and thoughts about how you experience the department as a whole and not focus on any particular event(s) or people. I used this reflection activity when presenting to the department chairs at my university and they responded with images of a ghost town, a poker game, an explosion, islands in an ocean and other such images that could then be associated with the overall perception of the department.

To apply other group concepts, let’s begin with conceptualizing an academic department as an open group. Brown (2014) defines open groups characteristic as being organized around a common theme or purpose, the time parameters and duration may not be specified in advance, new members may be added at any time, members may terminate at different times, inconsistent attendance, screening and/or orientation may not be possible, and members may be voluntary or mandated. There are many similarities for departments and open groups, especially when considering department meetings. Other similarities can be that trust and safety are more difficult to establish, the department goals and individual faculty goals may not be collaboratively determined, it can be more difficult to foster the emergence of group therapeutic factors, and there is considerable ambiguity and uncertainty. Open groups can be very unsettling for both the group leader and members because of unexpected transitions, changes, and shifts. There can also be suspicion among faculty that there is lack of transparency, there are secrets that could affect their professional life, a lack of understanding of what appears to be strange alliances, and so on. In addition to these concerns, in the academic world faculty also have to be aware of what is happening, or being proposed, at the college and university levels as these will affect the department and the individual.
Associating some group therapeutic factors (Yalom & Lecszc, 2021) with your department can provide some valuable information. Reflect on each of the following group therapeutic factors as you experience them for your department.

**Universality** – what are the shared commonalities among the faculty? Are differences emphasized rather than similarities? Are differences recognized and appreciated?

**Cohesion** – Is there general tolerance for differing perspectives? Is there respect and trust shown between and for faculty? Have there been efforts to reduce ambiguity and uncertainty?

**Dissemination of information** – Is there an organized effort to ensure that faculty receive accurate and current information that is related to their productivity and professional lives, or do faculty have to rely on gossip, innuendo, speculation, and last-minute notices?

**Hope** – Do faculty have hope that they will be supported and encouraged in their professional development expectations and efforts? Are they coached in how to apply for tenure and/or promotion? What assistance do they receive in understanding what activities are most worthy of their time and effort? Does the department chair provide faculty with written assignments and expectations for the academic year, such as classes scheduled for each semester, publications, presentations, and committee work? Recapitulation of family of origin issues and concerns can unconsciously appear and will differ for each individual faculty member.

Examples of these can be how the department chair is perceived and related to, the emergence of sibling rivalry, what constitutes acceptable expression of feelings, and other matters that could have their origins in the person’s family. It can be helpful to reflect on the possibility of these issues and concerns affecting the perceptions, attitudes and behaviors of faculty that may be contributing to the department climate.

Additional group leadership concepts that can be associated with the department are how conflicts and some difficult behaviors are managed and group level resistance. As you read these, reflect on your behavior, other faculty behaviors and the department chair’s behavior and the effectiveness of the management style.

General **conflict management** strategies include withdrawal, ignoring, attacking, soothing, confronting, compromising, avoiding, indifference, and distracting. While each of these can be appropriate for the conflict and the relationship, most everyone has a characteristic way of behaving in conflict situations and some of these are more effective than others. What are the goals for the behaviors in conflicts? These usually fall into the following categories: attention seeking, admiration hungry, power and control, revenge for real or imaginary wounding, and fears of failure or inadequacy or of rejection. Very important can be how the department chair manages conflicts between faculty and between the chair and faculty. While both sides contribute to the conflict, it is important that the chair manage conflict in a fair and unbiased way just as would be expected for the group leader. Reflect on how effective and satisfied you are with your characteristic way of managing conflict, and with that of the department chair.

How does the department chair manage some difficult behaviors that are similar to those experienced in some therapy groups? Many of these behaviors seem to occur in meetings and can affect outside the meeting relationships. Examples of some difficult behaviors are monopolizing, story-telling, silence/withdrawal, yes-but, interrupting when others are speaking, attention seeking, hostility, and so on. Managing these behaviors for the benefit of the group while not alienating the member and maybe others is a delicate balancing act and it can be important for the department/group that the leader intervene so as to block the undesirable behavior while still maintaining a positive relationship with that person.

The final concept will be about group level resistance that can also appear in a department. How can this resistance be recognized since each person exhibits it differently and there was no collusion among them to resist? Some identifiers of group level resistance can be unexplained absences to department...
meetings or frequent tardiness, reluctance, or refusal to volunteer input for discussions or tasks, forgetting important assignments, side conversations and socializing during department meetings, and defensive responses. Group level responses can signal that the group leader/chair has failed to recognize something important taking place in the group that has not been verbalized and is negatively affecting the relationships in the group.

All of these factors and concepts will be woven into the future essays and this first essay is the attempt to focus the perceptions and thoughts about an academic department to be associated with some group factors, and some group leadership facilitation tasks. The next essay will have an emphasis and focus on the department climate.

References


Basic Books.

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Group Therapy Column

Tevya Zukor, Ph.D.

The Outsider and the Need for Boundaries

Children learn from an early age the value of fitting in. It feels important to be the same as other kids. Wearing certain shoes, certain clothes; it connotes as sense of oneness and belonging. “Go along to get along” is a message that gets conditioned early in life. One wants the same toys and the same games as their neighbors or they risk being called the worst thing a child can be in their own under-developed mind – Different.

If “fitting in” feels like a warm, embracing blanket; then being on the outside can be the cold, stinging splash of water across the face that keeps one alert and on-edge. There is a certain energy and motivation that comes from being on the outside. As much as people are taught to conform, they are also taught to admire and idolize those who challenge the established norms. Fables and mythological tales are often about the underdog overcoming immense odds to win a nearly-hopeless cause. In the story of David and Goliath, nobody roots for Goliath.
The heroes of Star Wars are the rebel alliance. The audience empathizes with the oppressed minority as they seek to overcome the tyranny of the ruling class. The Galactic Empire epitomizes uniformity, conformity, and the established order. In many ways, the Empire represents everything we are taught to value as children - Certainty and Sameness - while the Rebel Alliance seeks the pluralism and diversity that comes from embracing the perspective of multiple outsiders and disruptors.

The energy of being an outsider can be alluring. People often feel crushed and smothered by the need to conform and fighting against those pressures can bring both excitement and passion to the under-represented.

One way this humble writer experiences that energy is by being Jewish in a Christian world. September and October represent the “High Holy Days” for those of the Jewish faith. It is initially a time of immense celebration as Jews ring in the New Year, which is then followed ten days later with a day of mournful reflection and atonement for past transgressions. If one were to attempt to make a Christian analogy, it might be like squeezing Christmas and Easter into a two-week window. However, depending on the part of the country where one lives; it can also be a challenge to observe these Jewish holidays. The United States claims to be a secular nation, but “coincidentally” most of the holidays and traditions tend to follow a Christian calendar. As someone who works in Higher Education, under the auspices of “Winter Break,” I have always received Christmas as a Holiday. In fact, even when I have wanted, I have been told that I cannot work on Christmas because my employer is closed that day. However, when I need to observe the holidays of my faith, I am told that I have to make special leave requests for the time off of work. While those days off have always been granted, I still sometimes experience social pushback. Because most Americans are working on Jewish holidays, I am the one who has to explain to colleagues why I cannot attend a meeting or schedule an important event during that particular period of time. My Christian colleagues have rarely, if ever, faced the dilemma of either advancing their career OR following the tenets of their religious faith.

While these concerns may be relatively minor challenges of not belonging to the particular de facto religion of the culture, it provides me with immense motivation to be cognizant of religious inequality or persecution. I have an energy and passion for religious injustice in large part due to my standing as an outsider to the dominant religious culture. I fight for my religious freedom with an intensity and passion because I know what can be lost if the established culture remains unchallenged.

Another realm in which people are taught to root for the outsider is in the workplace. There is rarely a colleague more valued than the one who develops a reputation of speaking truth to power. That person is usually respected and admired for their willingness to acknowledge and accept uncomfortable truths even when management will not. Once again, the noble employee is placed in the outsider role; fighting valiantly against the wrongs imposed on them by the faceless company. However, the passion this role produces is often counter-productive to the employee. One of the reasons people admire the trait of difficult candor is because of the immense cost such actions can have; including significant loss of status or even termination. Yet even with such high costs, many good employees have suffered the fate of retaining their morality and integrity at the cost of their livelihood.

There can be immense cost; yet there is also an undeniable power and energy that comes from believing that one is a “noble outsider.” The power of outsider groups is real and can be extremely dangerous. Anyone near the United States Capitol on January 6 can attest to these facts. Regardless of political affiliation; there is almost certainly no doubt that the protesters, both peaceful and violent; likely viewed themselves as “outsiders” to the political establishment and were intent on having their perspective heard. In their hearts and minds, they were fighting for a just cause against an unjust system. The fact that they were objectively wrong meant little to nothing.

As group facilitators, one must always recognize the innate power that can be manifested in a group. Energy can be channeled for any purpose; good or ill; and rarely does a group feel more energized
than when taking on the role of the “outsider.” It is a powerful reminder of why boundaries are so important to a group. The need is for the group to serve as an almost-literal container for the emotions and potentials of that group. If group is truly a social laboratory, it is important to keep any destructive energy from escaping the lab.

Experiential Column Action Methods: Psychodrama as an Effective Treatment for Complex PTSD

Scott Giacomucci, DSW, LCSW, BCD, CGP, FAAETS, TEP

Complex trauma and Complex Post-Traumatic Stress Disorder (CPTSD) are increasingly becoming recognized as commonly presenting clinical issues in group therapy. Though it has not been recognized in the DSM-5 as a mental health disorder, it was recognized in the ICD-11. CPTSD is caused by repeated experiences of trauma and is characterized by disruptions in 1) sense of self, 2) relationships, and 3) emotional regulation – in addition to the PTSD symptom clusters of reexperiencing, avoidance, and arousal, reactivity, and current sense of threat. CPTSD most often manifests because of reoccurring relational trauma in childhood while PTSD is more often caused by single incident traumas and shock trauma such as an experience of violence, a natural disaster, or motor vehicle accident. Preliminary research on CPTSD suggests that it may be even more common than PTSD in some clinical samples (Karatzias et al., 2017).

The unique nature of CPTSD strongly reflects many of the primary concerns of clients who seek psychotherapy and group psychotherapy services – struggles related to sense of self, relationships, and emotional regulation. Chances are good that every group therapist has participants in their groups (and likely also staff on their team) who are survivors of complex trauma and/or experiencing CPTSD symptoms. As such, it is important that clinicians be familiar with the treatment of CPTSD in group settings. In my own experience facilitating groups in inpatient substance abuse treatment and at an outpatient trauma therapy center, the majority of clients seeking services are survivors of complex trauma.

The neurobiology of trauma points to its impact to non-verbal parts of the brain (and body) that are only marginally impacted by cognition or talking (van der Kolk, 2014). Trauma is largely stored in the right hemisphere of the brain and coded in implicit memories. This may be particularly true for complex trauma, relational trauma, and attachment trauma – and especially when the memories are pre-verbal or repressed. Many trauma survivors are unable to remember their trauma or unable to tolerate the overwhelming emotions that accompany retelling the stories. Group therapists are faced with the same limitations of talk therapy in the treatment of trauma and are encouraged to also consider integrating action methods into their group processes.
This article focuses on psychodrama as one of the oldest group therapies (developed in 1921) and the first formalized creative arts therapy or body-oriented psychotherapy. Psychodrama emerged within Jacob Moreno’s triadic system – sociometry, psychodrama, and group psychotherapy – each of which parts can be effective in addressing complex trauma. Group therapy, with its emphasis on relationships and social learning, provides complex trauma survivors with significantly more opportunities to renegotiate relational trauma and what Yalom and Leszcz (2020) describe as the “recapitulation of the primary family group” in their therapeutic factors. This essentially describes the process by which the therapy group, and the matrix of relationships within it, can provide a safe holding environment and corrective renegotiation of internalized relational trauma from childhood.

Sociometry offers various action-based group tools for group leaders that may be useful when working with complex trauma – such as spectrograms, step-in sociometry, locograms/floor checks, and sociograms (which were detailed in previous articles of this newsletter column). Sociometry is intrinsically focused on the nature of relationships within one’s life and within the group itself. Considering that complex trauma primarily is experienced through harmful interpersonal relationships, it makes sense that sociometric analyses and interventions targeting the sociodynamics within groups would be important to consider. Experiential sociometry tools offer participants with a multitude of opportunities to reflect on their social choices, better understand themselves and others, see how others experience them, prevent retraumatization or unhelpful reenactments in the group sociodynamics, and consider the patterns of attractions and repulsions in their social life. Action sociometry provides the group with opportunities to move around the group and interact with each other in new ways while uncovering shared identity and experiences in an emotionally titrated manner that promotes emotional regulation (for a more in-depth description of action sociometry, see Giacomucci, 2021a). The surplus reality of psychodrama affords limitless potentialities for renegotiating complex trauma (Giacomucci & Stone, 2019). Courtois & Ford (2016) outline a three-phase approach in the treatment of CPTSD – 1) safety, stabilization, and engagement, 2) processing trauma, and 3) (Re)Integration. Following this triphasic model of trauma treatment, we might focus initial psychodrama sessions on developing strengths and resources to face trauma, promote affect regulation, and reconnect to a sense of safety beyond the hyperarousal (Giacomucci, 2018, 2021c). Trauma-informed psychodramatic interventions such as the double, mirror, and role reversal directly address CPTSD symptoms including reexperiencing, avoidance, arousal and reactivity, distorted sense of self, disruptions in relationships, and emotional regulation (Giacomucci, in-press). Once phase 1 objectives have been accomplished, psychodrama can be used to revisit moments of complex trauma, psychodramatically undo, then redo the memory in a new and corrective way. This provides clients with an embodied experience of completing survival responses that were unfulfilled in the moments of complex trauma while renegotiating traumatic memory networks with developmental repair and healing (Giacomucci, 2019, 2021b). As part of phase 3 trauma work, psychodrama can be used to envision and embody posttraumatic growth and role train or rehearse future templates for life situations that may trigger CPTSD symptoms. This provides a client with the opportunity to develop new social skills, confidence, spontaneity, and reformulate attachment styles and ways of being with others and the world.

Currently, there are very few research studies on the effective treatment of CPTSD (especially group therapy treatments of CPTSD), however some suggest that research on PTSD can guide our understanding of effective treatments for CPTSD as well (Karatzias et al., 2019). The emerging research on psychodrama as a treatment for PTSD continues to support its effectiveness with various traumatized populations (Giacomucci, 2021b). My own ongoing research on psychodrama and PTSD in an inpatient drug and alcohol center is primarily with complex trauma survivors and suggests high treatment effects (Giacomucci & Marquit, 2020; Giacomucci, Marquit, Miller Walsh, & Saccarelli, in-press). Interestingly, when past treatment outcome data using the DSM IV PTSD criteria are compared with newer (yet to be peer-reviewed or published) data from the same program using the updated DSM-5 PTSD criteria, the treatment effect nearly doubled from a mean decrease in PTSD of 20-25% to a mean decrease of about...
45%. There may be other reasons for this change, but a primary reason appears to be the use of the updated PTSD diagnostic criteria. The primary change in the new DSM 5 PTSD symptomology is the inclusion of a new symptom cluster of “Negative Cognitions and Moods” which appears to overlap with the ICD-11 CPTSD symptoms of disruptions in sense of self, relationships, and emotional regulation. This suggests that psychodrama may be an effective treatment for CPTSD, but more research is needed to validate this hypothesis.

References


Early Career Psychologist
Psy.D., C.G.P., ABPP

On People’s Fit

Misha Bogomaz,

People are on a spectrum from those who are a good fit for us to those who are not. You know it when you met someone who is a good fit! It’s easy with them, something just clicks. The relationship just flows. On the other end of the spectrum, the relationship with someone who is not a good fit can be described as arduous. Nothing is easy, with lots of misunderstandings, and not seeing eye to eye. Yes, how many of us have spent time trying to make a friendship happen with a person who is not a good fit? How many of us have romantically pursued someone who is not a good fit? Most of us.

One of the fantastic reasons for joining group counseling is training oneself to recognize which people are a good fit for us. Just because we like someone or want to be liked by them it does not mean they will be a good fit. Who should we invest our time and energy in our lives? Those that are a good fit.

There is another reason to join group counseling: it helps not only to identify those who are not a good fit but also to learn practical skills on how to deal with them. Most of us don’t get a choice from our co-workers or our bosses. We have to learn to be effective with them! Best way to learn it? Join a process group!

During the orientation for an interpersonal process group, the conversation about people’s fit is something I have with every prospective group member. It’s important to train ourselves to recognize who we are dealing with and how to deal with them. It’s something that I myself found group counseling to be enormously helpful in my life.

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

eric hen, Ph.D.

At the APA convention in August, 2022, The Diversity, Equity, Inclusion, & Belonging (DEIB) Committee presented The Award for Outstanding Professional Contribution to Diversity in Group Psychology or Group Psychotherapy to Jill Paquin, PhD. In addition, Cara L. Solness was the recipient of the 2022 Student Award for Outstanding Contribution to Diversity in Group Psychology or Group Psychotherapy with Rita M. Rivera receiving honorable mention. In this column, we invited both Cara and Rita to share their views about diversity, equity, inclusion and belonging (DEIB) in the context of
group dynamics and group therapy; Jill will offer her reflections in the next issue of The Group Psychologist.

Cara L. Solness, PhD (she/they), recently graduated from the Counseling Psychology Doctoral Program at the University of Iowa and is a clinical psychology fellow in Women’s Behavioral Health at Colorado University Anschutz Medical School Department of Psychiatry. Cara is pursuing a specialization in Neonatal Resuscitation Program psychology with a focus on same sex and gender minority parents. They are a member of the National Network of NICU Psychologists Diversity and Social Justice Committee and former member of the Iowa Psychological Association’s Diversity and Social Justice Committee. Their areas of interest include group therapy for gender minority persons with a focus on therapeutic alliance, internet delivered treatments for perinatal mood disorders, and perinatal mental health for LGBTQ+ parents. Cara has clinical experience working with parents with medically complex children, group and individual therapy with LGBTQ+ populations, and treatment of mood disorders in the perinatal period.

Rita M. Rivera, MS, CTP, is a clinical psychology resident at Duke University and is pursuing a PsyD with a concentration in neuropsychology at Albizu University. She is a Certified Trauma Professional by the International Association of Trauma Professionals (IATP) and a Certified Crisis Worker by the American Association of Suicidology (AAS). Rita is the Chair of the American Academy of Clinical Psychology-Division of Graduate Students (AACP-DGS), Student Representative for the APA’s Society of Group Psychology and Group Psychotherapy (Div. 49) and Past Chair of the Florida Psychological Association of Graduate Students (FPAGS). Rita is also Co-chair of several working groups of the APA’s Interdivisional COVID-19 Taskforce, including the Higher Education working group, and a member of the student committees of the Hispanic Neuropsychological Society and the National Latinx Psychological Association. She is a writer for both the APA’s Society of Counseling Psychology (Div. 17)-SCP Connect Team and her Psychology Today blog, “Physio & Psych.” Her areas of interest include fields that explore the relationship between physiology and mental health, particularly among minority and underserved populations. Rita has clinical experience working with Hispanic/Latinx individuals, trauma, and high-risk populations both in the United States and in her home country, Honduras.

If you have any reactions or if you are interested in participating in the DEIB Committee, please contact Eric <echen@fordham.edu> or Aziza <drazizabp@gmail.com>.

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

Queering Group Therapy: A Mixed Methods Effectiveness Study of Group Therapy for Transgender and Non-Binary Persons

Cara L. Solness, PhD <cara-solness@uiowa.edu>

Thank you to the Div. 49 DEIB committee for selecting me as the recipient of the Student Diversity Award. I am honored and humbled to have been selected and appreciate this opportunity to share some of the insights from my dissertation research project. In line with Amy Nitza’s Presidential address at APA which focused on the importance of diversity, equity, and inclusion in group therapy, my project also highlights this need, specifically for gender diverse persons. It is encouraging to see that more articles are being published related to group therapy for transgender, gender non-conforming, and non-binary persons (TGNC/NB), and there is unfortunately, still a gap in the empirical literature for this population.

My project was a mixed methods single case study design for which Transgender and gender no-binary (TGNB) persons participated in 12 weeks of interpersonal process group therapy. Recruiting for my project demonstrated that there is a large need and interest for groups such as this, particularly in smaller centers where other gender affirming support services may be less available. The potential of tele-health allowed us to expand the reach of the intervention to state-wide recruiting which was facilitated through relationship-building with state-wide gender-affirming organizations. My hope is that other group therapists will expand their reach to gender diverse individuals in the same way. Participants
in this intervention emphasized how important it was to feel seen and heard and affirmed through their participation in the group. They expressed that it was largely the identity-based structure of the group and identity-matched facilitator that allowed them to experience a deeper level of trust and vulnerability compared to the degree of self-monitoring and self-protection that happens in mixed-gender groups. As clinicians, we have to balance the logistics of forming groups with the needs of our participants, however, it may be that forming mixed-gender groups inhibit the therapeutic experience of vulnerability for some.

This work was a starting place; one that I hope others will build upon in terms of expanding the empirical literature base. As a social justice endeavor and an issue of equity, it is imperative that group therapy researchers continue to expand beyond qualitative work, standards of care, and practice recommendations. We must make visible and affirm the unique lived experiences of gender minority persons through inclusion in quantitative and mixed-methods studies. Gender minority persons need to see themselves represented in our ranks and in our work and it is from this that group therapy providers will be able to practice with gender minorities with the best available evidence.

Group Psychotherapy and DEIB in College Counseling Centers

By Rita M. Rivera, M.S. <ritamrivers@gmail.com>

College counseling centers continue to see a high turnout and a significant increase in services. Oftentimes, these settings are the first experience college students have with professional mental health services. This is especially true for students from traditionally underrepresented groups, such as racial/ethnic minorities, gender/sexuality minorities, international students, first-generation populations, and those from low socioeconomic status households. Thus, clientele for these sites tends to be diverse in terms of culture and clinical presentations, placing college counseling centers in the advantageous position of developing, offering, and sometimes even mandating DEIB training.

Furthermore, group psychotherapy continues to be widely used in college counseling centers. Due to this modality's collaborative, engaging nature, group cannot only provide a supportive space for student populations but also expose them to diversity and matters related to equity and inclusion. As such, it becomes a tool for mental health practitioners seeking to integrate DEIB into treatment, as well as for institutional settings committed to DEIB training. Through group psychotherapy, college counseling centers can psychoeducate and support students as these centers are simultaneously in an educational and diverse environment.

It is, however, important to note that DEIB work requires competent training and a space for individuals to reflect, ask questions, and process emotional reactions. Moreover, although the idea of promoting diversity, equity, and inclusion within college populations can be promising, it may also not be entirely well-received or accepted. Nonetheless, the continued demand for services and a reported shortage of mental health practitioners suggest that, as mental health practitioners, now more than ever, we have an obligation to use our platforms to advocate for the populations we serve and the responsibility to hold supportive spaces for the clients we treat. We cannot forget that the spirit of DEIB also calls us to remain empathetic, even with those who may not be supportive of its principles.

Capitol Insurrection - Special Issue in Group Dynamics Journal
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

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

Division 49 Foundation Award Winners
2022 winners from the APF/Division 49 Foundation Group Psychotherapy and Group Psychology Awards:

- **Ms. Linh Bui**, Australian National University, for “Group Integrative Complexity in Team Innovation Processes.”
- **Dr. Joseph Wagoner**, University of Colorado, Colorado Springs, for “Domains of Uncertainty, Identification Processes, and Group Exit.”

Richard Moreland Dissertation of the Year Award:

**Dr. Stephen Cameron** Alldredge, Brigham Young University

“Group Therapy for [pain: A Meta-Analysis]
Brigham Young University

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**Division 49 Specialty Update**

**Noelle lefforge Ph.D., ABPP**

**Specialty Council** - The Group Specialty Council approved the revised taxonomy for Group Psychology and Group Psychotherapy at our July meeting. The revised taxonomy has been submitted to the Council of Specialties for review and approval. Once it is approved, it will be distributed. It will also be included in CoS's taxonomy tools which will assist programs with aligning with specialty standards. The Group Specialty Council has acquired commitments for ongoing financial support from the invested organizations. We are currently establishing the logistics of transferring funds and accounting policies. We will meet again at the end of October. We will also be represented at the annual meeting of the Council of Specialties on November 5 in Washington DC.
## 2022 APA Convention Division 49 Board Meeting

**Saturday, August 6 11:00-1:00PM CST**

[https://uiowa.zoom.us/j/94588477687?pwd=NzNsdXVQeiVvNmEwd0NpQ0J3c3B2UT09](https://uiowa.zoom.us/j/94588477687?pwd=NzNsdXVQeiVvNmEwd0NpQ0J3c3B2UT09)

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**Martin Kivlighan, Ph.D.**

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<td>January 2022 - December 2022</td>
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<td>Aziza Belcher Platt*</td>
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<td>January 2022 - December 2024??</td>
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<td>Misha Bogomaz*</td>
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<td>Domain Representative for Group Psychology</td>
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<td>Mary Baggio*</td>
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<td>Michele Ribeiro*</td>
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<td>January 2020, Open, serves at their pleasure</td>
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<td>Vinny Dehili</td>
<td>Program Chair</td>
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<td>Leann Diederich</td>
<td>Chair, Foundation Committee</td>
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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:
Nathaniel Wade | Francis Kaklauskas
Shala Cole | Vinny Dehili
Eric Chen | David Chirco
Amy Nitza | George Tasca
Misha Bogomaz | Mary Baggio
Martin Kivlighan | Aziza Belcher Platt
Les Greene

Attendees Not Present:
Leann Diederich | Joshua Gross
Sean Woodland | David Marcus
Thomas Treadwell | Debra O’Connell
Michele Ribeiro

Welcome (Dr. Nitza)
- Dr. Nitza welcomed the board.

Membership (Dr. Cole)
- **Membership update:** Dr. Cole gave an update to the board on the current membership and breakdown of membership by demographics (See membership PowerPoint).
- **Membership Discussion:** Dr. Cole raised the question of how to further develop the Institute and increase interest and membership? Dr. Bogomaz raised the possibility of the division having a booth at APA to increase visibility and membership. Dr. Lefforge suggested that we increase our outreach and relationship with the Group Specialty to increase membership with others who are doing group work but not part of the division. Dr. Lefforge suggested that we have the division officially list the program with APA so that suite programming can be searchable and hopefully better attended. Dr. Wade noted that the Institute programming was very well attended and suggested that this programming be offered again at the 2023 convention and bring materials to promote and advertise the division. Dr. Chen echoed this sentiment and suggested that the programming be even more experiential for members as they seem to be excited about this work. Dr. Chen suggested developing a program for 2023 APA convention on DEIB group work that includes an experiential component. Dr. Cole suggested a 50-minute session or 1 hour 50 minute session.

ECP (Dr. Bogomaz)
- Dr. Bogomaz noted that the division website should be updated and asked the board to double check their sections for accuracy. Dr. Bogomaz also noted the most popular articles on the division website and indicated that the three top articles most accessed are skilled based. Dr. Bogomaz suggested that the newsletter editor work closely with the webmaster to be able to produce content that is highly sought after.
- Dr. Bogomaz raised the possibility of a Wikipedia page for the division.
- Dr. Kivlighan noted that need to notify the division members more consistently and timely of board meetings for transparency and to allow members to attend more regularly.
- Dr. Nitza suggested all board meetings be hybrid so that members can more easily access board meetings.
- Dr. Lefforge motioned to approve a $1500 budget line to acquire telecommunication technology to host hybrid meetings. Dr. Wade seconded the motion and the motion passed unanimously with 9 yeses. Dr. Lefforge offered to obtain the OWL and bring this technology to the 2023 WMW.

Group Dynamics (Dr. Tasca)
• Dr. Tasca gave a report on the journal. Across all metrics, the journal is doing very good. Dr. Tasca noted that the journal will be selecting a new AE in Fall 2022 and that they are still looking to award the editorial fellowship. Dr. Tasca clarified that the successful candidate for this role should have some expertise and scholar experience in group psychotherapy or group psychology and come from a historically unrepresented background. Dr. Nitza asked Dr. Tasca about the possibility of creating special issues with the journal to increase the division visibility. Dr. Tasca noted that a special issue that aligns with Dr. Burlingame’s EGBT initiative may be of interest and successful.

• Dr. Tasca noted that the board needs to begin work on the negotiations with APA Press about a new publishing agreement during the MWM. Dr. Nitza clarified that the publication ad hoc committee consists of the following members: Dr. Parks, Dr. Marcus, Dr. Dennis Kivlghan, Dr. Lefforge, and Dr. O’Connell.

• Dr. Tasca also noted the need for the board to strike a search committee early in 2023 to find a new editor who will receive manuscripts in 2024 and take on the role in January 2025. Dr. Lefforge asked for Dr. Kivlghan to identify the minutes from the previous board meeting where the journal editor search committee was established to guide this process during the MWM 2023.

**ACTION ITEM: Dr. Kivlghan will identify the minutes to guide the process of establishing a journal editor search committee.**

CoR (Dr. Ribeiro)

• Dr. Lefforge updated the board on council of representatives initiatives. Dr. Lefforge noted that APA is very focused on belongingness and connection and suggested that the division be at the table for these conversations given our group expertise. Dr. Nitza raised the question, how do we do that as a board and division? The board members discussed the need to foster and develop leaders from the division to run for those positions. Dr. Nitza wondered if the President should be the point person to disseminate calls for leadership positions and recruit members to run for these positions. Dr. Lefforge recommended that the division work with the APA liaison program and other divisions.

• The board reflected on and discussed the question raised by Dr. Ribeiro, Anything the board would like to see me focus or move forward within the Council of Rep? The board suggested that Dr. Ribeiro communicate with the board when APA develops policy so that the board and members can give group-related feedback.

EGBT Initiative Update (Dr. Lefforge)

• Dr. Lefforge updated the board about the progress of the EGBT project and website. Dr. Nitza noted that Dr. Burlingame reported that APA is not able to assist the division with creating and maintaining the EGBT website and that the division will need to complete or outsource this work.

Martyn Whittingham Project (Dr. Lefforge)

• Dr. Lefforge reported that Dr. Whittingham has an upcoming group article in the American Psychologist about group work to reduce healthcare expense burden and increase access. There is concern that this research could be interpreted as suggesting that group services should be largely for minoritized folks and the board should be aware of this concern. Dr. Lefforge also identified that this paper has the potential to be widely read and visible. Dr. Wade also noted that he is planning to meet with Dr. Whittingham to gain institutional knowledge about increasing access and reimbursement for group therapy services.

• Dr. Lefforge asked for help from the board to distribute the remaining award plaques and award funds to winners that were not at convention.

**ACTION ITEM: Dr. O’Connell will send award funds to the two travel award winners.**

CE Discussion

• Dr. Nitza noted that the need to offer CE programming from the division. Dr. Aziza noted that two CE events will be scheduled for August and September. Dr. Nitza wondered if the division would want to run a pre-conference CE event where the division hosted group CE events. Dr. Lefforge also noted the need to draft a speaker contract so that future speakers can receive payment for CE events. Dr. Wade offered to provide a day-long experiential group workshop for CE credits and this could potentially be held the day prior to 2023 convention.

**ACTION ITEM: Dr. Platt will schedule and complete two CE events this fall.**

President Initiatives (Dr. Nitza)

• Dr. Nitza reminded the board that we need to keep group specialty in mind around division needs and initiatives. Dr. Lefforge gave a quick update on the group specialty.
• Dr. Nitza noted the need to discuss the presidential 2-year term and establish clarity around this process and transition from a 1-year president term to a 2-year president term.

• **ACTION ITEM:** Dr. Kivlighan will schedule the next board meeting to be held fall 2022.

• **ACTION ITEM:** Dr. Bogomaz will update the board email listserv with notes from Dr. Kivlighan.

**Adjourn (Dr. Nitza)**

• Dr. Lefforge made a motion to approve the May 2022 board meeting minutes, Dr. Bogomaz seconded this motion, and it passed unanimously with 9 yeses.

• Dr. Nitza thanked the board and attending members and adjourned the meeting.

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**Budget-Good Shape**

Debra O’Connell, PhD.

I am happy to report that our division continues to be in a solid financial position. Our revenue exceeded expectations by $15,000 thanks to the continued success of the journal. A few highlights from this year include 1) the board’s decision to allocate $100,000 to a moderately aggressive investment portfolio, 2) offering webinars with APA-approved CE credits that will be free for all Division 49 members ($35 for non-members) starting this fall, and 3) in addition to our usual student travel awards, we funded travel expenses for mentees of Division 49’s Institute to attend APA. The Budget vs. Actual report for 2021, and the "Year so Far" update for 2022 are attached to this report.

As you will note, most of our annual budget goes to support basic operations of the division. If you have any questions about this report or anything related to our division finances, feel free to contact me at any time.

d.oconnell2@gmail.com

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**2022 Financial Update for Presentation at the APA Convention**

*APA has only released income statements through June 2022, so the "Actual" numbers will likely greatly change before the end of 2022 because of the board's decisions at mid-winter meeting to invest some money and support certain initiatives such as the supporting the Institute mentees travel to the APA meeting. However, we are very much on track to come in under budget thanks to our greater than expected royalties for the year.

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### INCOME DETAILS

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### EXPENSE DETAILS

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Call for Manuscripts 2023 Issue

The Journal of Psychodrama, Sociometry, and Group Psychotherapy is inviting the submission of manuscripts that highlight group workers’ Psychodramatic/action techniques from all corners of the globe. The experiential methods, in particular sociometry and psychodrama and group psychotherapy, have numerous adoptions in addressing multicultural obstacles and we invite manuscripts describing action models concentrating on children, adolescents, adults, older adults focusing on Psychodramatic techniques used to address change. We strongly encourage new authors, graduate students, educators, international colleagues, and authors who identify as Black, Indigenous, and/or People of Color (BIPOC) to consider submitting manuscripts.

Submissions can include original research papers, case studies, theoretical articles, practical articles, and book reviews. The scope of the journal includes content related to psychodrama, sociometry, group psychotherapy and its history, theory, philosophy, practice, supervision, and teaching. Practice areas encompass clinical and non-clinical realms including work with individuals, groups, communities, classrooms, professionals, organizations, and society.

The journal publication plays an important role in embedding psychodrama in academia, institutes, and private practice enhancing scholarly activity. Clinical case studies are encouraged covering individual cases, family therapy, couples’ therapy, group therapy as well as case studies of organizations. We are interested in master’s theses & doctoral dissertations.
The journal regularly publishes 1-2 page book reviews to introduce our readers to new books in the area of psychodrama, sociometry, and group psychotherapy. If you are interested in writing a short book review please reach out to us so we can support you and coordinate.

Please view our guidelines for authors at www.asgppjournal.org

We invite you to submit your manuscript or reach out to us for additional information at journal@asgpp.org

Submission Deadline February 14th, 2023

Co-Editors-in-Chief,
Thomas Treadwell, EdD, TEP, CGP
Scott Giacomucci, DSW, LCSW, BCD, CGP, FAAETS, TEP

Group Dynamics Editorial Fellowship for Historically Excluded Groups

Group Dynamics named Dr. Shanique G. Brown as Editorial Fellowship for our Journal

Please We are very excited that the successful candidate is Dr. Shanique G. Brown an assistant professor in the Industrial-Organizational Psychology Program at Wayne State University. Dr. Brown is an excellent groups scholar who studies how cognitive processes function within teams composed of members with diverse disciplinary backgrounds. For example, see an American Psychologist article that she co-authored on team composition: https://doi.org/10.1037/amp0000305. Here is her university web page profile: https://clasprofiles.wayne.edu/profile/gf2441. The position starts January 1, 2023 to December 31, 2024, and is generously funded by Division 49. join me in congratulating Dr. Brown!

George Tasca, Editor
Research Review

Group Member’s sense of safety and visibility in group therapy

Yifei Du, MS, MExpArtsTherapy
George Washington School of Professional Psychology

Two research studies’ findings resonate with me deeply, given my own experience as an international graduate student living and studying in the United States for the first time. While it may seem that cultural concealment and feedback are two unrelated concepts, they both connect to a member’s sense of safety and visibility in a group. For example, a minority group member who conceals their cultural identity may receive less positive and negative feedback in group (which results in worse improvement), and they are likely to feel unseen. On the other hand, a minority group member may receive less positive feedback and more negative feedback (also leading to less improvement), and they are likely to feel unsafe and attacked in the group based on their identity. In both situations, the minority member may be more prone to hide their cultural self and experience to protect themselves from a negative group experience, which further stimulates an undesirable amount or negative feedback from the group (and less perceived improvement and positive group process). Thus, a vicious loop develops. The two research articles I will describe will support the need for effective strategies for group leaders to incorporate into their practice. By writing this review, I hope that more group leaders and educators will become aware of needs of diverse patients.


With growing awareness and emphasis on multicultural encounters in the psychotherapy space, there has been a surge in the publication of multicultural theories and studies for both individual therapy and group therapy. Nevertheless, few studies investigated the phenomenon and effect of cultural concealment, i.e., clients’ avoidance or non-disclosure of their cultural selves and experiences in therapy (Drinane, et. al., 2018). In their research, Rigg and Kivlighan (2022) sought to explore the correlation between an individual member’s cultural concealment and the group’s cultural concealment norm on members’ perceptions of improvement, group cohesion, and a global therapeutic factor.

Summary of Research & Findings

The study collected data from 341 clients from 81 process groups at 14 university counseling centers. The Cultural Concealment Questionnaire, Patient Estimate of Improvement, Therapeutic Factor Inventory, and Group Entitativity Measure were utilized to measure participants’ cultural concealment degree, the estimate of the improvement in group therapy, perception of a global group therapeutic factor, and perception of group cohesion. Hierarchical linear modeling and sensitivity analyses were conducted for data analysis. The study findings showed that a group member’s cultural concealment in the group is negatively associated with their perceptions of improvement, group cohesion, and group processes. Furthermore, the group concealment norm was negatively associated with members’ perceptions of the group process, but not associated with members’ estimated improvement or group
cohesion. However, no significant difference between group- and individual-level ratings of cultural concealment on clients’ perceptions of improvement and group process is observed. In addition to the original hypotheses, the statistical results also indicated that there are other factors, beyond cultural concealment, influence clients’ perceptions of improvement, group cohesion, and a global therapeutic factor.

**Summary of Study Implications**

The study indicated significant correlations between a group member’s cultural concealment and their perceived improvement, group cohesion, and group process. Therefore, it is important for group leaders to pay attention to potential cultural concealment among group members and to foster an inclusive group environment with space for members to explore their cultural selves and experiences. Several actions could be taken to achieve this group. First of all, it would be beneficial for group leaders to foster positive cultural norms early in the life of the group. Specifically, during the prescreening and preparation meetings, group leaders could talk about potential sharing of culture and respond to group members feelings and concerns. It is also recommended that group leaders set examples for their cultural humility and cultural comfort in the group. Moreover, when negative cultural processes are detected in the group, group leaders can interrupt, name what is happening, and protect group members from microaggressions. In addition, since cultural concealment could be easily missed in groups, group leaders may want to utilize questionnaires, such as Cultural Concealment Questionnaire, to gather data and identify these processes as they occur in group therapy. By using such measures and inviting members to revisit such conversation in the group process, members may perceive more cultural opportunities in the group.

**Comments**

It is interesting to note that only the first hypothesis – a group member’s individual cultural concealment would be negatively associated with their perceptions of improvement and group processes – is supported. Indeed, cultural concealment could be a highly private thing that neither group leaders nor other group members are aware of. For instance, in a group where the majority of the members identified as heterosexual, a group member who identified with homosexual orientation could feel terribly isolated and uneasy to express their cultural self and experience in the group. Others in the group, however, might not be aware of the circumstance and might even feel that the group is LGBTQ friendly. Therefore, group-level cultural concealment may not necessarily reflect each group member's feelings or their estimate of improvement or perception of the group processes. Neither was a contextual effect supported. Only a client, themselves, know their cultural concealment the best, and group leaders should respect and validate their feelings, non-defensively, as the bottom line.


Feedback is considered an essential therapeutic intervention in various theoretical frameworks. In group therapy, feedback is a key tool to facilitate interpersonal learning, particularly in groups that focus on interpersonal processes. There are, however, few studies exploring examining the ideal amount of feedback, specifically positive and negative feedback, for client outcomes or personal growth. In their research, Kivlighan and his colleagues (2020) explored whether perceived congruent and high levels of positive and negative feedback among group members correlate with group members’ perception of group cohesion.

**Summary of Procedure & Findings**

The study recruited 168 participants from 10 university counseling centers that offered interpersonal process therapy groups. Participants perceived amount of feedback, group cohesion, and improvement
were gathered by a two-item questionnaire, the Group Entitativity Measure (GEM) for group cohesiveness, and the Patient’s Estimate of Improvement, respectively. Polynomial regression and response surface analysis were conducted for data analysis. The results showed that participants perceived greater amounts of positive feedback compared with negative feedback, at 4.03 and 2.78 out of 5 respectively. Moreover, the average rating of cohesion and improvement among participants were at moderate levels. Among the four independent variables, significant between-group variances were observed for members’ perceptions of positive feedback, group cohesion, and improvement. Members’ perceptions of positive feedback were significantly related to members’ perceptions of group cohesion and improvement. Additionally, members perceived high group cohesion when their perceptions of positive and negative feedback are congruent and high. Nevertheless, when members perceived high positive feedback and low negative feedback, the perceived group cohesion is the highest. On the other hand, estimated improvement is at its highest when the perceived positive and negative feedback are congruent and high. The estimated improvement is also high when perceived positive feedback is high and negative feedback is low. However, estimated improvements are lowest when members’ perceptions of positive and negative feedback are congruent and low, or perceived positive feedback is low while negative feedback is high.

Summary of Clinical Implications

The research provided several clinical implications for group leaders. First and foremost, group leaders are recommended to work to create a group environment where group members can share both positive and negative feedback. For the best possible group cohesion and improvement, positive-negative and positive-negative-positive amount of feedback are advised. Group leaders may consider group preparation, including discussion on the role and benefit of both positive and negative feedback, model giving and receiving feedback, and establish norms regarding giving and receiving feedback early in the life of the group to help foster a feedback-encouraged environment. In addition, it would be beneficial to explore potential obstacles when little feedback is provided among the members.

Limitations of Research

This research provided a preliminary indication of the significance of having balanced and high amounts of positive and negative feedback or discrepant high positive feedback and low negative feedback in interpersonal process group therapy. So far as I am concerned, there are three things that need further consider. Firstly, the accuracy of participants’ perceptions could be influenced by individual biases since all of the data are self-reported perceptions. A group member who feels awkward receiving positive feedback, for instance, might perceive that more positive feedback was offered by other group members than actually occurred. As a result, there could be a discrepancy between the ideal level of feedback amount the group leaders intended to encourage, and the level of feedback group members actually felt they received. Secondly, as the paper noted, Stockton and Morran (1980) identified seven factors influencing the feedback process, namely sequence, sender characteristics, focus, timing, amount, receiver characteristics, and group atmosphere. The correlation between feedback and group cohesion and outcome could be impacted and complicated by each group factors listed above. Further investigation that takes these factors into account would therefore offer the matter more sophistication. Last but not least, group composition and group heterogeneity – including differences in age, culture, functioning level of group members, etc. – can also have an impact on the outcomes. In this study, participants are all undergraduate and graduate students who may present at a relatively high level of functioning. Would the same results be replicated in groups with more heterogeneity and/or consisting of members with lower functioning levels? It is hard to say. Therefore, a close look at group composition and group heterogeneity would also add more perspectives for clinical ramifications.
Running Group Therapy Without Training: My Experience As A Group Leader While Working As A Psychiatric Technician

By Cara Judkins, BS
George Washington School of Professional Psychology

Abstract

In 2018, the American Psychological Association (APA) recognized Group Psychotherapy and Group Psychology as specialties, which require specialized education and training. The definition of group therapy has expanded over time to include various models of therapeutic approaches. However, a comprehensive definition includes any group dynamic that is used for prevention, training, counseling or guidance (Barlow, 2018). Regardless of the setting, leading a therapy group involves experience in working with certain populations, repairing ruptures, assessing for microaggressions, and understanding that the group is a microcosm of the real world. The purpose of this brief report is to reflect on my experience working as a Psychiatric Technician with the responsibility of leading therapeutic groups on inpatient units without specialized education or training, and the implications that can have on patients and the group as a whole.

Before starting graduate school for my Doctorate in Clinical Psychology (Psy.D.), I worked as a Psychiatric Technician at a local inpatient mental health hospital where I gained experience working with adults, adolescents and elderly populations, all presenting with a diverse range of diagnoses. Despite this wide variety of presenting problems, personality styles, disorders and levels of organization, one job duty remained the same across house: leading group therapy sessions. Whether working as a technician on the day shift or night shift, the responsibility was the same—facilitating either an AM or PM group session. These sessions were shorter than the standard psychotherapy group session, usually lasting a maximum of one hour rather than the standard hour and a half psychotherapy group.

As Psychiatric Technicians, it was our job to provide a specific protocol for each patient attending the group session:

1. Mood rating sheet- prompting the patient to (1) rate mood from 1-10 with 1 being the lowest and 10 the highest;
2. list any personal goals for the day;
3. list aspects of healing or personal growth the patient wished to improve on;
4. list any resources the staff or hospital might provide for those goals; and
5. list any comments, concerns or questions that needed to be addressed.

During onboarding, supervisors advised me that this sheet was a type of outline to follow that should help guide the patients, but the therapeutic approach and direction of the group discussion were within my discretion.

Before going further, I think that it’s important to outline a few of the patient populations the hospital served. My home unit, which was known as the Adult “high-functioning” unit, consisted of adult patients from the ages of 18 years of age to mid-50s, living with depression, anxiety, OCD, mood disorders or as of recent, certain personality disorders. Other units where I worked were child and adolescent units, which treated children from the ages of 13-17, a Geriatric unit that worked with patients usually older than 60, with patients sometimes presenting with neurocognitive disorders like Alzheimer’s or Dementia, as well as other psychological disorders like depression or anxiety. There was one main Substance Abuse Adult unit that dealt with both drug and alcohol abuse and patients with comorbid psychological diagnoses. Finally, there were two acute units that housed patients with more severe mental illness, like schizophrenia and psychosis.

Despite these ranges of patient populations, and oftentimes varying patient demographics and identities within each unit, psychiatric techs routinely led groups (except on the more severe mental health unit). Automatically, this presents an issue for patient improvement as successful and efficient groups often screen
patients for level of functioning to ensure that people with the same diagnoses have the ability to participate in group. As a psychiatric tech, within the hospital, we could not do this. Another issue that arises from varying function levels, diagnoses, and diverse, layered, patient identities is that you have people with the same diagnoses suffering with more severe symptoms, the possibility of new medications interfering with the ability to remain present in the group, and certain systems and structures of oppression and privilege at play, resulting in microaggressions made by group members or group leaders, that may cause harm, ruptures or fear.

Oftentimes, I saw how these consequences from lack of training, preparation, and screening, both with my own experience as a group leader and an observer of other tech-led groups, resulted in an unsafe space for certain group members. When I brought up this issue of lack of training to lead group sessions with little direction and no supervision to my supervisors, I was met with answers like “that’s just how it is” or “watch how other techs lead groups and learn from them.”

Solutions such as these are rooted in error because specialized training and education is essential for a group leader so that we develop expertise (Barlow, 2018). Simply “learning from other techs and their methods of leading group” is not sufficient because in my experience, those techs also lacked formal training on group leadership. This idea that group therapy skills can simply be observed and then implemented without training or education perpetuates the idea that group therapy is less effective than individual therapy, where the latter does require formal education at multiple levels, training and practice with supervision, and licensure. Also, meta-analytic studies have shown that group therapy is just as effective as individual therapy (Barlow, 2018) and if that’s the case, should be treated within the same regard and realm of specialty.

While leading groups without training or supervision, I found myself constantly worrying about whether or not I was creating an unsafe space, and struggled with navigating difficult topics and feelings of patients and I was experiencing, like suicidality and topics that implicated social issues affecting identity. Many times, ruptures were created, which although is an inevitable process of any therapy, without training, I usually did not know how to repair them.

Something that makes group dynamics so distinct is the idea that a member is both the “receiver of help” and “giver of help”; that the group setting is both interpersonal and intrapersonal (Barlow, 2018). Group therapy falls into this category because many times, I would see patients try the role of “therapist” by offering advice or going a step further to attempt to empathize with their prospective members by sharing a similar experience or struggle and how they managed/intervened with it. Despite good intentions, this exercise would sometimes be off-putting or land on someone in an opposite manner than intended, causing a rupture within the group dynamic. Because group therapy in inpatient hospitals is vastly different from group therapy in a practice or counseling setting, these ruptures, if not repaired, would be carried on outside of the group during other therapeutic activities or structured down-times.

Lastly, staff shortages and lack of consistency in group leadership due to staff changes, and with group dynamics constantly changing week to week with new admissions and discharges, training becomes that much more necessary to deal with the associated effects of these uncontrollable situations that arise in hospital settings. Since techs had control over what was talked about, who could attend group (usually not based on diagnoses), and group leadership, to help mitigate and repair for ruptures or other issues that may arise. At the hospital I worked at, of the social work groups were led by social work trainees and were supervised by licensed social workers. This policy should be extended to techs, especially because unlike social-work trainees, not all techs possess a background in psychology or a psychology-related field. Furthermore, a screening process should take place during intake to assess which type of group a patient might be better suited for. This solution proposes multiple groups to be run on a unit, which is possible, considering techs and nurses work in 12-hour shifts, and at the hospital I worked at, only about 4-5 hours were dedicated to meetings with the psychiatrists, social workers or expressive therapists, and the rest of the shift was appointed.
for meals and “down-time.” Again, for this solution to be successful, more training would be necessary to lead specialized, diagnosis specific groups.

Patient treatment and care should be the number one priority, and as a former tech and current graduate student taking a Group Psychotherapy course, it’s important that all techs and staff tasked with leading a group should be offered some type of training or education in order to do less harm and promote patient improvement.

Reference

Brief Article 2

A parallel process: the silencing of racism in the work place, group and supervision

Yewon Kim, M.Psy.

George Washington School of Professional Psychology

Abstract

This paper analyzes the group dynamics of a womens’ trauma group in a training program where there are three participants, two leaders (one licensed white clinician and one graduate student of color) and two observers (both graduate students of color). In particular, it explores how the power dynamics of having a sole white licensed clinician and three graduate students of color disagree on the possible racism a group member is describing at her work place. It shows how the group member who is experiencing racism is also the sole black individual in the group, and she struggles to name racism as a contributing factor until it is named by a student leader of color. It concludes by reflecting on how a silent group observer can change the course of a group and challenge the silencing of racism but is faced with consequences for challenging white heteronormativity.

In January 2022, I was invited by a professor, Dr. A to be the second observer of a womens’ trauma group. Dr. A was a cis-white woman who had more power than the average professor within the school and the clinic due to her seniority and her role as a clinical co-director of the Clinic. Despite the clinic’s efforts to be discrete, it was very clear to everyone in the clinic that the students Dr. A favored were given the more coveted and reputable clinical assignments and supervisors. I am a cis-female graduate student who is Asian and of immigrant status in the U.S. At this time, I was a second year student at the school, and I was desperate for additional opportunities. Consequently, I accepted the opportunity without much hesitation as I knew that there were limited spots to observe a group. Group observers were often chosen to be group leaders at the training clinic, and I hoped that volunteering my time would be rewarded by getting the position of being a group leader in the future.

As I was taking on this new role, the group also transitioned online because of COVID-19. The group consisted of three members, Ms. X, Ms. Y and Ms. Z, two leaders and two observers, one of them being me. All the participants were also in individual therapy. Ms. Y and Ms. Z were cis White women and Ms. X was a cis Black woman. There were two leaders in the group Dr. A and another grad student Ms. B. Ms. B was an Asian
graduate student much like me but was one year senior. The other observers was Ms. C, and she was half latina and half white..

When I joined to observe the group, Ms. C had already been observing for the few months that Ms. B and Dr. A had been leading the group. I was introduced as a second observer briefly at the beginning of a session, and for the rest of the sessions, I and the other observer had our cameras and audio off. As observers, we were just black boxes on everyone’s screens. About two months into observing group, after I had understood the group dynamics, Ms. X brought up a struggle she experienced at work. She worked as a waitress at a restaurant where the rest of the servers were predominantly white. She described that she was being called out for not being fast enough even though she worked longer hours and was given less tables than the rest of the staff. She shared how her coworkers who were on their phones at work didn’t get the same feedback as she did even though she was always attentive at the job. During the group session, the other members of the group were supportive and tried their best to ask questions to explore her struggles deeper but didn’t seem to get any conclusive answers as to her unfair experience at work.

During the supervision with the leaders after the session, I brought up the possibility that racism was a contributing factor to her being singled out for being slow at work. I shared how being slow has been a common stereotype for Black people. Dr. A responded to this comment by stating that she knew Ms. X better as she had worked with her longer. She hypothesized that Ms. X had been the cause of her conflict at work as she had run into similar problems at her previous workplaces that had more people of color. In essence, Dr. A appeared to dismiss my suggestion that racism was contributing to Ms. X’s experiences at work. In response to that, I noted that racism could still be a contributor regardless of this history as people of color can internalize racism and project that onto Ms. X who was darker skinned and had a visible facial scarring. Dr. A acknowledged my comment, but I felt dismissed when she stated that she wanted to use this opportunity to address Ms. X’s intrapsychic tendency to victimize herself. This comment infuriated me because it reminded me of how racism systemically works to place the blame on people of color but I recognized the power imbalance between us so I decided to refrain from pushing this further.

In the following session, it appeared that Ms. X’s difficulty at work got worse. Ms. X described how she was now asked to do extra shifts at the last minute and was not given the tables that had higher tip potential. She described how despite the fact that she was working more hours than everyone else, she was still being singled out for not pulling the weight for the rest of the staff. As the other group members attempted to explore her problem again, I noticed how the group was exploring every possibility except for racism. I felt infuriated because it reminded me of all the times in my life when white people were blind to the power of racism. As a woman of color, it was very clear that racism was a big contributing factor to her experience of exclusion and scapegoating at work. In the heat of the moment, I messaged my fellow observer, Ms. C to reality test my thoughts, and she agreed. This peer acceptance was what gave me the courage to push this further despite Dr. A’s rejection of my hypothesis in the previous supervision session. As Ms. X continued to answer various questions posed by the two white participants and Dr. A about the possibility of her role in the discrimination she was experiencing at work, she appeared more and more apologetic. She seemed shameful of herself as she tried to answer questions such as, “what do you think you did to make them have negative judgements about you?”. The more I listened, the more I felt infuriated. My anger towards the reenactment of racism towards Ms. X exceeded the fear I had for the possible consequences of disobeying my role as an observer.

After much hesitation, I decided to reach out to Ms. B, the group leader who was an Asian graduate student and the only person who could intervene in the group aside from Dr. A. Through private chat, I pleaded Ms. B to bring up the possibility of racism to Ms. X. Ms. B understood without further explanation, she agreed, waited for the right time to ask Ms. X, “Do you think racism is playing a role here?”. Ms. X’s face lit up at that moment and proclaimed, “Yes, definitely!” and she continued to share how many of her coworkers were white
and scapegoating her to make her work harder and receive less credit. At this moment, the white participants’ and Dr. A’s demeanor changed. They came to a moment of realization that confirmed that “those in the majority tend to be unaware of their privilege” (Debiak, 2007). The group members started to express their sorrows for her experiences and admitted to not having personal experiences with racism. When racism was acknowledged in the room, the focus of the group’s attention changed. The onus of the responsibility moved from Ms. X to her workers, and the question went from “What can Ms. X do to fix the situation?” to “How can Ms. X protect herself from experiencing further racism?” The nuance in the change may appear slight to some, but the impact was drastic. Ms. X’s emotional experience also transformed during the group. Ms. X appeared visibly more comforted and less self-effacing. She was also able to express more of her frustration and anger explicitly without apologizing or making excuses for herself.

During the supervision after the session, Dr. A thanked Ms. B for bringing up racism and noted the drastic change it made in the group discussion. Ms. B acknowledged my contribution to this question, and this created an awkward dynamic as it reminded Dr. A that I had brought up this intervention in the previous session, which she had rejected. I wonder if it was awkward for Dr. A because she had been corrected for her whiteness by a younger, less experienced, minority graduate student. It was certainly awkward for me because I had found a way to intervene despite being an observer. I was worried about being punished for disobeying the boundaries of my role in the group, but I felt ethically justified in my decision to help this group member and comforted by the support of my fellow POC graduate students. We were powerless as individuals but we had strength in numbers. To my surprise, Dr. A acknowledged that she had been wrong and admitted to being corrected. I wanted to use this opportunity to explore the role of whiteness further but noticed her swiftly shift topic-, perhaps her white fragility kicking in.

In hindsight, there was a parallel process in the group. As Ms. X tried to cater to her fellow white participants’ worldview and appear receptive to their attempt at empathy, the leaders and observers were also trying to compromise their differing worldviews. Both groups, the supervision group and the therapy group, were being absorbed by the dominant force- whiteness. This is a prime example of how a group is a microcosm of the society (Yalom & Leszcz, 2020) and how groups can “easily replicate oppressive conditions in the larger society” (Hays, 2001). Hence, racial-cultural identities must never be overlooked when understanding the interactions among members in psychotherapy groups. This example shows that even in a group that has one minority group leader, and two minority observers, having one white licensed psychologist with more power still made whiteness the dominating force. Despite there being three minorities and one white person that were running the group, the supervisory power the white person held trumped the number of minorities that were in the group. The sole licensed psychologist in this group, Dr. A held the most power within the group and among the students and had exercised her whiteness in ways that silenced all the minorities intertwined in the group. This silencing of racism can be loud to minorities who have the experiential knowledge to empathize with the denial of racism but remain unnoticed by people who hold whiteness within the larger society. The good news is that through having the courage to speak up, even when not holding the privilege of being a leader, one can make a difference. Even though there was the denial of white privilege and racism in the beginning of the group, the women of color were able to speak up and change the outcome of the group. This is an important lesson on changing systemic oppression and how it is possible, even when only being a small black box on a screen, to make rippling changes in group members’ lives and address racism in groups.

These dynamics also play and mirror the macrolevel dynamics of group processes. As Layton (2019) and Comes-Díaz (2016), highlight, there are ways that the normative unconscious reorganizes towards coloniality logics. Unfortunately my attempt to correct whiteness came at a cost, in which I was not provided an opportunity to lead group despite the months of free labor I provided as an observer. As a woman of color in academia, I was unsurprised to find out that the disobeyal of Dr. A resulted in a chain of silent consequences.
behind the overt performance of political correctness. The power of whiteness lies in silently correcting those who challenges whiteness (Oluo, 2018): just as Ms. X was “corrected” at her workplace, I was too being “corrected” at my school.

Citations


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Brief Article - Professional

The Psychology of The Gestalt Prayer

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I do my thing, and you do your thing.
I am not in this world to live up to your expectations
And you are not in this world to live up to mine.
You are you and I am I,
And if by chance we find each other, it's beautiful.
If not, it can't be helped.

Origins of the Creator of the New Prayer and Its Therapy

German born psychiatrist, former psychoanalyst, and psychotherapist Fritz Frederick Salomon Perls, M.D., Ph.D. (1893-1970), had (by 1952, with his wife Laura, and Paul Goodman) developed “Gestalt Therapy,” which some say revolutionized psychiatry as much as Sigmund Freud’s approach. He had earlier ratified the South African Institute for Psychoanalysis and, later, institutes for Gestalt Therapy in America. For some time, he was engrossed in the monitoring of conduct and recording of Gestalt Group Therapy seminars and workshops (Perls, 1981, p. 298).

How Gestalt Therapy Works

Denise Winn (1980, pp. 110-112), explains Gestalt Therapy is a humanistic approach to therapy that highlights a client’s wholeness as more than the sum of their parts, whether mentally (through their personality), or somatically. It is employed frequently in encounter group sessions, where the client becomes a focal point under the observation of therapist and group members. Here the client develops an awareness of their barriers and defenses, erected to combat the world through what they think, say, and exemplify via body language and where they place themselves spatially. These are reproved in group when they perform dialogs--playing and challenging two roles pertaining to themselves. This is followed by articulating what they think and emoting so that subsequent behaviors can be understood. Gestalt Therapy focuses on the present in lieu of what transpired in youth, although it is acknowledged that what a client may psychologically still contain from earlier on is essential. What becomes relevant therein is coping with not why, but how, something happened to them. Here Winn alludes to The Gestalt Prayer, that the client must accept totally who they are, not what they believe anyone else expects them to be.

Divisions in the Use of The Gestalt Prayer

As Perls departed New York City for California in the 1960s, a division in the Gestalt Weltanschauung transpired, involving him and some associates on one side, with colleagues in New York and Cleveland on the other. The latter viewed Gestalt Therapy as a promising new advancement, not as a way of life beyond the group gathering or consulting room--as signified in The Gestalt Prayer. This because the Prayer states it is paramount to go out into the world and live by focusing on individually responding to one’s needs, without interference from others, who can also be helped. Thus, bringing about a reciprocal contact that is genuine. They then “…’find each other,’” and “’it’s beautiful’” (NWE, 2017).

Prayer Theologically and Psychologically Defined

In its theological context, prayer is a “Devotional…or spiritual exercise in which man acknowledges a relationship between himself and God, submits…to…divine will, and offers adoration, thanksgiving, penitence and petition” (Jones, 1982, p. 188). A psychological source similarly states that prayer is “communication…with…deity…for…praise, thanksgiving, supplication, or self-examination…to seek forgiveness, guidance, and serenity” (VandenBos, 2015, p. 818). Further, that it can be an escapist defensive mechanism against psychic pain, and a variant of magical thinking (belief that one can influence others’ behavior through their thought or performance of an action [VandenBos, p. 617]). Ultimately, prayer can make awareness more meaningful and be efficacious in therapy for those with pertinent religious beliefs. Therapists and clients have prayed together to acquire forgiveness and healing, and ascertain clients’ problems in living.

A Definition of Perls’ Prayer
When Perls used the term “prayer,” it must have meant something other than the theological, because he was, since his pubertal years, an atheist (Clarkson & Mackewn, 1993). As per definitions above, petition or supplication, that is, the making of a request for something, and penitence, which is being remorseful for committing an offense, fits in here. In Perls’ prayer a request is made for acceptance. It appears that Perls, using the word “prayer” metaphorically, is asking clients to look into themselves. By thus becoming who one really is, the overcoming of guilt, shame and, naturally, remorse, can be achieved. Thanking and extolling someone, and seeking peace, are other facets of prayer that occur in group sessions. Being enlightened and liberated from anxiety provides group solidarity.

**Gestalt Prayer in Group**

How the Gestalt Prayer is utilized is demonstrated by Fritz Perls in a 1969 session from Vancouver, British Columbia, Canada (Who knows who, 2016), as he leads one of his groups in reciting a variation of it. He concludes with “amen.”

A husband and wife then have an exchange. He first speaks about her expectations of him, which he can’t acquiesce to, and which she gainsays, but he persists in his belief. She states that she tries to share herself with him but he doesn’t reciprocate. She adds that she endeavors to be “I” and precludes him from being himself. Also, that the more she tries, the more input from her is required. He says that it’s not his problem how she feels. She then avers that she worries too much about what he is, instead of where she is.

Perls then interjects, explaining that in the interaction he arranged for them there is no talk about their current experiences and what’s occurring. Fritz further says the game of “Mindfucking” or blaming and not staying with the “now,” which is based on a dearth of honesty, ensued. He entreats them to try again, speaking aloud what they’re thinking and experiencing precisely, candidly and spontaneously, sans any filtering to manipulate the person they’re addressing.

They commence again and she apprises him that he appears nervous, and looking for something to utter. He concurs. He said he wanted to make it look like she didn’t concern him. Fritz comments that what he feels is what he wants to exact upon her, adding that she incessantly grimaces, while he “wears a professor’s face.” He instructs them to discuss one another’s faces. The husband says she smiles, reflecting an uneasy feeling. She acquiesces, but Fritz notes that this is an interpretation that doesn’t allow her to express how they feel. She confesses to smiling to hide how she feels and not offend anyone. Also, that she may be overly dependent, requesting something he doesn’t wish to offer. Fritz says being aware and very frank leads to communication and employing “I” and “you,” over “it,” which takes total responsibility. Yes, prayer works!

**Conclusion**

The Gestalt Prayer, devised by Fritz Perls, is germane to what he coinvented: Gestalt Psychotherapy. It is based on faith in, and awareness of, oneself. Honesty, something biblically revered, is always paramount, to present one’s true self in group. Acceptance is ratified, allowing people to do their own thing, without entertaining unrealistic expectations from someone else, and fostering growth in the human personality. As Jesus once asseverated, “Everything you ask for in prayer, if you have faith, you will receive” (PNT, 1969, Matt. 21: 22, p. 47). Amen.

**Notes**

1 Without facilitating the “Either you dig me or you don’t” credo.
When I was with APA Division 36, Society for the Psychology of Religion and Spirituality, this modality was exercised, but not for radical fundamentalists, because they were dissuaded from even considering such treatment, condemned by their leading cohorts, like anti-psychotherapy advocates Bobgan and Bobgan (1996).

References


COR Corner -APA Council of Representatives

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

The Council of Representatives meeting returned to its prior timing this year, which occurred three days before the APA annual convention started. Minneapolis seemed like a quiet town the few days before convention, but I could feel the energy shifting by the first full day of COR; and by the second, it seemed like a garden bearing fruit in the summertime...bountiful! Hope many of you were able to enjoy the many offerings of this year’s convention either in person or via the on-line platform. It certainly was wonderful to re-connect with friends and colleagues and have the chance to meet new ones.

Before going into a summary of the Council meeting, I did want to share two things including:

- An upcoming Town Hall meeting opportunity on **Friday, November 4th from 4:00-5:00 PM ET**. The session will focus on the Policy & Planning Board’s engagement with elected and appointed leaders across
the Association over the last year and provide open space for dialogue on recommendations. There is an advance registration for the meeting at: https://zoom.us/meeting/register/tJwkce6hqjkuHNECLdGzgwdlf12mzxy_RYrj

- A recent open call to provide comments to the "Indigenous Apology Work Group: An Offer of Apology.” Please visit here to provide any feedback.

Now, for a recap of Council and then the Council Meeting Highlights below. The COR meeting continued in its hybrid format, which seemed to offer access and meet the various needs of those attending. The first day started with an evening meeting and covered some important topics, including a chance to hear from the APA President-Elect candidates. If you have not already voted you have until the end of October to get in your vote. Please check your email for the ballot. For more information about the candidates please visit here. I endorsed Dr. Cynthia de las Fuentes for President-Elect and Dr. Luz Garcini for the Board of Directors slate due to their strong commitment to advance equity and inclusion and continue with a psychology for all.

Another important topic was receiving an update on the revisions to the APA Code of Ethics. If interested, please check out the slides here.

Additionally, I am sharing the direct link https://www.youtube.com/watch?v=BJKQs7_xoGg to the video “Psychology: Answering the Call” for those interested to see all the great things happening in and through our organization.

August 2022 Council Meeting Highlights

APA’s Council of Representatives held a hybrid meeting, with most Council members convening in person in Minneapolis, coinciding with APA 2022, the association’s annual convention.

**APA adopts racial equity action plan, outlining next steps to operationalize racism resolution**
The APA Council adopted a Racial Equity Action Plan that outlines the next steps the association and psychology should take to prioritize and operationalize the commitments made in the association’s 2021 apology for its role in contributing to racism. Council approved the plan by a vote of 149 – 8 with 2 abstentions.

“The Racial Equity Action Plan affords the opportunity to utilize racial equity as a critical lens to drive APA’s strategic priorities and measure the magnitude of APA’s impact,” according to the agenda item introducing the document. “This plan allows the work of racial equity to be embedded and sustained throughout all aspects of the association’s work.”

The plan is divided into five sections: Knowledge Production; Health; APA/Workforce; Training of Psychologists; and Education. Each section lays out priority actions and concludes with a summary of social impact and innovation. The full report is available on the APA website.

**Task force report calls for psychology to transform education, practice and research to address equity**
Psychology must take concrete steps to expose and mitigate the impacts of systemic and structural factors that affect physical and mental health, according to a report accepted by the APA Council by a vote of 161-2.

Structural racism, which influences the circumstances in which people live and work and is intensified by political, economic and social influences, is a key driver of health inequities, according to a report from APA’s Presidential Task Force on Psychology and Health Equity.
The task force report lays out a roadmap for actions by APA, psychologists and others to address health inequities in education and training, research, publications and professional practice. Task force members were appointed by APA Past President Jennifer F. Kelly, PhD.

The report recommends developing strategies to increase the racial and ethnic diversity of the psychology workforce to better address the mental health needs of communities of color – noting that more than 80% currently identify as white. It also calls for creating outreach and recruitment programs aiding communities of color, implementing more flexible training programs to support students with multiple life demands, and promoting culturally relevant methods and principles for health equity research in all psychology programs. The full report is available on the APA website.

**APA adopts resolution limiting death penalty to offenders ages 21 and older**

The APA Council passed a resolution by 161-7, with 1 abstention to limit the application of the death penalty based on scientific research indicating that adolescent brains continue to develop well beyond age 18 (the current constitutional limit), and that people’s ability to exert good judgment in times of heightened arousal is not realized fully until sometime after the age of 20.

“There is clear evidence of prolonged development far beyond the age of 17 and into the mid-20s, so that the psychological capacity of members of the late adolescent class to exercise a mature sense of responsibility, and to resist outside pressures is still very much in process,” according to the “Resolution on the Imposition of Death as a Penalty for Persons Aged 18 Through 20, Also Known as the Late Adolescent Class.” “The significant structural and functional changes in the brain at this time corroborate these findings.”

The resolution notes that there are more than 3,000 laws and government regulations restricting the behavior and actions of people under age 21 in the United States, such as being legally permitted to buy alcohol or tobacco, obtaining a license for a concealed handgun, becoming a foster parent, or obtaining a credit card without a co-signer. The resolution may be accessed on the APA website.

**Police reforms aimed at curbing use of force, protecting marginalized populations**

APA Council adopted a wide-ranging resolution on policing that seeks to expand training programs to include de-escalation techniques, build stronger relations with mental health service agencies, minimize targeting of people of lower socioeconomic status and encourage officers to restrict when they use force. The Resolution on Psychology’s Role in Addressing the Impact of, and Change Required with Police Use of Excessive Force Against People of Color and Other Marginalized Communities in the United States passed by a vote of 165-1, with 2 abstentions.

In adopting the resolution, the Council noted it “is tied directly to psychology’s significant potential to contribute to the dismantling of racism and the promotion of racial equity, by helping to remediate conditions and situations that engage individual, systemic, and institutional sources of racism.”

“The overarching goal of this resolution is to promote the safety, health, well-being, and fulfillment of the human rights of those community members who are most vulnerable -- Black Americans and other people of color, and members of other marginalized communities who are affected by excessive use of force - and those who work in law enforcement,” it states.

The resolution commits APA to “advocate for the development, implementation, and evaluation of empirically rooted, culturally informed policies, programs, and practices that eliminate the use of excessive force by police against people of color and other marginalized communities” and “for law enforcement standards and practices within police departments to reduce the detrimental impact of police misconduct and use of excessive force, and to promote a healthy relationship between police officers and their communities.” The resolution is available on the APA website.

**Psychology Week**
Council passed a motion designating the third week of April be proclaimed Psychology Week, an annual celebration of psychology that includes "Psychology Day," recognized by the United Nations community and certain other institutions. APA will share information about Psychology Week with the psychology community and broader audiences leading up to and during that week. APA will also provide information and tools/visuals that other organizations can use to join the celebration. Council approved the business item by a vote of 166 – 2 with one abstention.

Practice Guidelines adapted as APA policy

Guidelines for psychological practice with women with SMI
APA Council adopted as APA policy the Guidelines for Psychological Practice with Women with Serious Mental Illness and approved December 31, 2032 as the expiration date for the Guidelines. The motion was passed by a vote of 158 – 1 with six abstentions. These practice guidelines serve to guide professional behaviors and decisions of psychologists who work with women with SMI, and provide a "culturally responsive, trauma-informed approach to clinical engagement" with a focus on offering equity of access and outcomes. Moreover, these guidelines strive to be "informed by recovery-oriented care models." They offer support for treatment and efficacy considerations of "working with women with serious mental illness, who are particularly prone to the intersectionality of oppressive experiences and who are at disparate risk for marginalization and stigma."

Council effectiveness and association operations

Resolution to add a graduate student member seat to selected APA Boards and Committees
Council approved a series of motions to add a graduate student member seat to selected APA Boards and committees. In accordance with the APA Bylaws, the amendment to the Bylaws will be forwarded to the APA Membership for a vote in November 2022. If approved by the APA membership, an additional seat dedicated to a Graduate Student will be added to the boards. The Membership Board will not add an additional seat and instead will allocate an existing seat to a Graduate Student. If the Bylaw changes are approved by the APA membership, beginning in 2025, graduate students would be seated on selected boards and committees included in the Bylaws changes.

Presidential Citations and Awards
APA President Frank C. Worrell, PhD, honored two psychologists for their contributions to the field. Rosie Phillips Davis, PhD, ABPP, 2019 president of APA, received the 2022 Raymond D. Fowler Award for Outstanding Member Contributions. Jason Cantone, PhD, was presented with a Presidential Citation.

As always, please don’t hesitate to reach out to me as your Div 49 Council Rep with any questions, comments, and/or concerns.

Thank you! Michele.Ribeiro@oregonstate.edu
Division 49 Continuing Education (CE)

APA Division 49
Continuing Education

EXAMINING AND ATTENDING TO SOCIAL IDENTITIES IN GROUP PSYCHOTHERAPY

Presented by Michele D. Ribeiro, EdD, ABPP, CGP, FAGPA
(Click here to learn More about Michele D. Ribeiro, EdD)

DATE & TIME

NOVEMBER 3, 2022
12:00 PM – 1:30 PM EST
(11:00 AM – 12:30 PM CST; 9:00 AM – 10:30 AM PST)

REGISTER

CLICK HERE TO REGISTER.
ZOOM LOG-IN INFORMATION WILL BE PROVIDED ONCE YOUR REGISTRATION IS COMPLETE.

COST
FREE

CE CREDIT
1.5 CE CREDIT AVAILABLE

$0 FOR DIVISION 49 MEMBERS,
$35 FOR NON-MEMBERS

ABOUT THIS PROGRAM

Dr. Kimberlé Crenshaw writes “intersectionality, or interlocking systems of oppression, is an analytic sensibility, a way of thinking about identity and its relationship to power.” As group facilitators we hold power in what is named or passed over within our spheres of influence (e.g. therapy groups, consultation groups, organizations, etc). What awareness do we as group facilitators have of our own power, privilege and/or marginalized identities? This presentation gives an overview of the necessity to locate group members’ and group leaders’ positionality to dismantle systems of oppression as they pervade inside and outside of [therapy] group experiences.

This beginner-to-immediate level presentation will use didactic and experiential learning, to explore how to incorporate anti-racist and liberatory practices within your groups.

LEARNING OBJECTIVES
1. Identify different stages that a group therapist can move through in being less and more anti-racist in their practices.
2. Identify one difference between a multicultural framework and one in which the group therapist works to combat white dominance.
3. Name one way that social identity can impact how safety is experienced in a therapy group.

APA Division 49 is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 49 maintains responsibility for this program and its content.
Division 49 Standing Committees

Division 49 Leadership

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