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Society of Group Psychology & Group Psychotherapy

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Presidents Column

Noelle Lefforge Ph.D. ABPP



Leadership

It is hard to believe that I am halfway through my term President of DIV49, and what a journey it has been. I got started with the Society as membership chair which a great way to quickly get a sense of our organization. I remember that my first meeting was in Cincinnati during Martyn Whittingham's presidency. I have been awestruck both then and now to be surrounded by titans of our field.

Those of us ending our terms have one last hurrah to look forward to at APA Convention (August 3-5 in Washington DC along with remote/hybrid events). Vinny Dehili, our program chair, has taken the lead on putting together a wonderful program to highlight group. For the first time, we will have an official social and a session of training process groups. We will soon be distributing the flyer to summarize all the events and we look forward to seeing many of you.

I want to take a moment to thank my fellow outgoing leaders for their service. They are David Marcus (group psychology), Eric Chen (diversity), Nathaniel Wade (psychotherapy), Shala Cole (membership chair). I know our investments will continue to benefit the Society long after we are gone. In particular, Shala Cole and Eric Chen, along with former program chair, Lisa de la Rue, founded [The Institute](#), which is now a jewel in the crown of DIV49.

It is much easier to leave knowing the knowledge, talent, and dedication of those who are coming in. We just finished our elections, and I am pleased to announce the following incoming/returning officers:

- President-Elect: Joe Miles
- Treasurer: Debra O'Connell (continuing for another term)
- Domain Representative - Psychotherapy: Jill Paquin
- Domain Representative – Diversity: David Songco
- Domain Representative – Group Psychology: Ronn Johnson
- Membership Chair (appointed): Stacy Graves

Additionally, we are currently in the search process for an Editor of *Group Dynamics*. Giorgio Tasca is ending his term after leading major advances to increase the impact factor and revenue generation of the journal. Many thanks to George for his service.

I hope to be involved with the Society long after my departure from office. I know that Francis Kaklauskas (incoming President) has a wonderful vision for us. His focus on bringing together people will keep me engaged, and I look forward to being on that journey with you all.

President-Elect's Column

Francis Kaklauskas, PsyD

Mentorship



Mentorship

He wasn't so much interested in the individual but more the collective. He believed in "constant creative formations", not playing and simply moving away – but always being involved.

Danilo Pérez on his mentor Wayne Shorter

In a recent morning meeting, I found myself captivated and haunted through a conversation with a student studying loneliness, isolation, and lack of meaningful lasting connections in our contemporary culture. Later the same day in I group I lead of mental health professionals, a newer clinician lamented having limited elders helping them in navigating their career and that it feels that no one ever extends unconditional generosity towards them. To join their feeling, a mostly retired research psychologist lamented the increased isolation and emptiness she feels since losing their partner to covid and leaving academia. A third group member jumped in, likely overwhelmed by their distress and thinking they were helping, and pathologized some aspects of each of their relational styles that they felt may contribute ads to their unmet needs. Both become angry and confronted the third member who holds many dominant identities that his views may be formed from his privilege and for him “to start owning his projective bullshit.” Members began to discuss how they each experienced external bias and sense fear from others, as well as how potentially past severely injurious experiences may have limited their current relational risk taking. A fourth member offered a reframed that this lack of connection and fear is a too common cultural phenomena, particularly between people with identity and generational differences. The group continued and the eventually the conversation moved away from theories to the emotional impact of varied collaborative mentorship relationship in their lives. After the group with my own feelings still stirring, and I embarked on personal reflection, more discussions with colleagues, and a google scholar search journey on this topic.

Mentorship has been long highlighted as a necessity in our field. In 2006, then APA president, Gerald P. Koocher, developed a task force to increase successful mentoring with APA. However, in the seventeen years since this initiative, many professionals confront this relational yearning. Across discipline the research on mentorship remains positive (Cooper, 2018; Wyatt et al., 2019). Mentees report having more satisfaction and commitment to their professions, and may earn higher performance evaluations, higher salaries, and faster career progress than non-mentored individuals. On the other side, being a mentor has also shown increases in life satisfaction and purpose, and even increases one neuropsychological health (Inagaki et al., 2016).

Many of us have been assigned mentors as part of our journeys in the form of advisers and supervisors. Likely some of these matches have been positive, while others more challenging. As we move forward in our careers, we have more choice about our mentorship relationship, but from both sides we need to have the courage to ask and offer. No one mentor fulfill all our needs and desires, and different relationship can bring our unique parts of ourselves and of the other person.

The old hierarchy models have been replaced with a more bidirectional approach towards learning from one another and with one another (Lester et al. 2019). Each mentor's and mentee's life are unique, but ideally this relationship embodies shared enthusiasm, experiential empathy, and respect and openness for all similarities and unique differences that each person brings. For the mentor, continual encouragement and normalizing challenges is understood as essential, awhile also providing constructive comments and explorations with care and sensitivity. For mentees, the obstacles may include risking vulnerability by asking for support and being honest above impression management with some we respect. A mentee can expect to be offered ideas, guidance, support, and some irreverent stories. Contemporary models have moves away from the strict hierarchy towards a more collaborative exploration that can promote mutual growth within a meaningful relationship.

Reflecting of this topic, I am grateful for my countless mentors. Just as I as launching my career, both of parents and my older brother passed away, and the void I felt that was partially filled with these relationships. Some connections may have only lasted a few moments, but I appreciated others extending towards me to share their ideas and experiences. Last month, I had a sweet moment with one of my main mentors, Dr. Unger, who I have known for 33 years. Near of the end of our time I thanked him for staying with me through the many awkward stages of my career and our relationship, from poor imitation of his style, competitive feelings, reactive criticalness, misguided ideas of which I felt certain, and the dance of intimacy across time.

In a heartfelt moment I said, "Thank you for sticking by me all these years, I don't know how you did it." And with quick wit, humility, and compassion, the immediate response was "Back at you." Through our decades together I was provided support, direction, and insights, but we both also had many missteps and moments of insensitivity. As I look back on this relationship, any of the clinical and career suggestions seem far less important to me, than just our journeying together.

My hope as president-elect is foster to try to help build more mentorships into our division. In mid-career I continue to regularly hear people express their desires to give and receive support, discuss wonderings, expand their perspectives, tell and hear personal stories, and have room for another for meaningful connection. Please consider joining the Division 49 Institute that matches clinicians of different career stages together for mentorship and on all the joys of relationship and comradery. Please feel free to reach out to me and any member of the division for more information and to get involved with one of the most important aspects of our division. After all, we are all group people.

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From your editors:

Welcome to our last issue before we transition to a new web-based version!

If you haven't already read the recently published "Mental health care equity and access: A group therapy solution" by several Division 49 members, we highly recommend it. The citation:

Whittingham, M., Marmarosh, C. L., Mallow, P., & Scherer, M. (2023). Mental health care equity and access: A group therapy solution. *American Psychologist*, 78(2), 119–133. <https://doi.org/10.1037/amp0001078>

Kudos to the authors for bringing this timely and necessary discussion to a larger audience.

Our Division 49 President, Dr. Noelle Lefforge, calls attention to the ways in which we, as psychologists, can use our voices. She highlights the role of public statements, and limitations as such, as one method for doing this.

Several articles from this edition of *The Group Psychologist* touch on the ways our identities as a person influence our perspectives by others (peers and group member alike). Take a look at John Stitt's reflective piece on the influence of queerness and age on group member's perceptions and subsequent actions. Dr. Tevya Zukor also muses on the influence of age on role transitions and other decisions about what opportunities are afforded to "young professionals".

Finally, we are pleased to share the third in a series of essays on [Navigating Academic Departments](#). Dr. Nina Brown focuses on the need for changing in the perceptions of a department chair once they assume the position. Please share it widely, especially with department chairs and Deans who are in positions of power to make a difference.

There is a richness of articles across a range of topics (keep reading for several on psychodrama) in this issue. Please let us know what you enjoyed and what you'd like to see in future issues.

Tom & Leann

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Navigating Academic Departments-Series-3



Nina W. Brown, EdD, LPC, NCC,

Department Chairs

This is the third in the series of six essays about academic departments. This essay focuses on the department chair and some needed perceptual shifts around their new position, how misunderstandings can occur because these shifts do not take place, an attempt to try and categorize some types of department chairs, and some tips for how faculty may better work with the various types. One of the major needed perceptual shifts for the chair is to focus on the group just as a group leader can find it helpful to focus on the group as a whole, to build safety and trust, and to promote cohesion by helping to resolve conflicts.

Perceptual Shifts and Changes

Many if not all department chairs are from department faculty who have been in the department a number of years and are known to faculty as colleagues. Some faculty may have worked with them on grants/contracts, professional presentations at conferences and collaborative writing projects. Faculty may also have served on committees and attended social events involving the chair either university sponsored and/or personal, had lunch/coffee breaks regularly together and may even have had faculty gatherings together. These professional and/or persona interactions and relationships are altered when a department faculty member becomes the chair of the department although the changes are not openly acknowledged.

All too often, the now department chair and the faculty do not make some perceptual shifts and this failure can cause confusion, uncertainty and even distress. The chair is an authority position and makes evaluation judgments about other faculty's teaching expertise, scholarship and research productivity, and professional services competencies so that the continual role shifts, such as from colleague to chair, may occur which keeps the relationship between them ambiguous. Major perceptual shifts include but are not limited to the following.

<u>FROM</u>	<u>TO</u>
Friend/pal/buddy	Friendly
Colleague	Evaluator/administrator
Equal	Hierarchy /director
Scholar	Manager
Focus on students	Focus on faculty
<u>Individual</u>	<u>Group</u>

When the department chair does not make these perceptual shifts relationships with the faculty can become complicated because the faculty member is never quite sure which role is assumed by the chair in their interactions. The chair will usually try to remain friends where it would be clearer if they were to be friendly as that is not as intimate or close as it is to be friends. Also, I've heard numerous chairs say that they are just faculty when in reality having an evaluative role puts them on a different level. Yes, they may be classified as faculty but their role and expectations for their performance differs vastly from that for a faculty member. As an authority figure, the chair is also classified as a level above that of a faculty member where they are paid more, can discipline faculty, award raises, and many other professional duties that are not available to the regular faculty member.

On the other hand, the department chair will find that they now have much less time for their research and scholarship because they are now trying to manage a department including students, faculty and staff. Chairs now have to manage curriculum matters, dissensions and conflict, work assignments, performance evaluations, resource allocations, as well as the numerous reports and papers that they have to produce for upper administration. In addition, as a faculty member they could attend to students and their learning, while now as chair, they have to also be focused on students' complaints. Most importantly I think, is that the chair needs to make a perceptual shift to focus more on groups rather than solely on individuals. When chairs are not clearly functioning as a department chair with some faculty overlay, this is when they fail to adequately address the needs and concerns for faculty.

Types of Department Chairs

Conceptualizing the department chair as a group leader has descriptors that include the chair as being authentic, tolerant, caring, ability to establish trust and safety, attentive in interactions, fostering some group therapeutic factors,

and impartial in dissention and conflict situations. The chair would have clear goals and expectations for faculty (group members), respond empathically, encourage member to member interactions, be inclusive, provide equal treatment, and the other group leader facilitative skills. This may be idealistic but is possible. However, numerous chairs do not act as would group leaders but are more likely to illustrate one or more of the following types.

Following are some descriptions for types of department chairs.

These descriptions focus on personality characteristics, attitudes, and behaviors and are categorized here as dependent/anxious, calculator, competitive, seducer/charmer, bully and micromanager.

Dependent/Anxious: Insecure, pleasing, avoids decisions, off-loads blame, appears as disorganized, indecisive, and afraid of making mistakes.

Calculator: Ambitious, manages well, more concerned and responsive to those perceived as influential and as being in an authority position seldom takes a stand and is more inclined to wait to see what the winning side will be, want to move “up”, and admiration seeking.

Competitive: Has a deep desire to win sometimes at all costs to win, want to be perceived by others at the “best” and most competent, nothing is too minor for them to perceive as a contest, has to have the last word, knows what is best, and is admiration seeking.

Seducer/Charmer: Has good interpersonal skills, can make the immediate person they interact with feel important and valued by them, tends to be insincere, keeps the real self hidden, uses coercion and manipulation, plays favorites, is indifferent to others’ feelings.

Micromanager: Is highly anxious, insecure, lacks trust in others’ competence or work ethic, dependent, needs constant reassurance, seeks approval and admiration, constantly checking and re-checking on others.

Tips for Working With Types

Dependent/Anxious: Volunteer for tasks to ensure that something is accomplished, be reassuring to them.

Calculator: Do not get out in front of them, set clear and firm personal boundaries, get their directions, assignments and the like in writing.

Competitive: Compliment their achievements, and monitor your competition needs so that you do not get drawn into contests that you cannot win.

Seducer/Charmer: Monitor your needs for attention, admiration, and reassurance, set clear and firm boundaries.

Bully: Avoid interactions and engagement, when possible, document abusive behavior and incidents, if you need to complain do so with a friend or mentor who is not in the department, consult university policies for reporting and redressing bullying behaviors.

Micromanager: Try to report on your progress for tasks before they check on you, give them a written plan and timetable for completing tasks.

Some General Tips for Constructively Working With Department Chairs

Request a written professional development plan for promotion or tenure or improvement or productivity expectations.

Consult and know university policies for faculty.

Keep records of your tasks, progress, and achievements.

Keep brief records of formal and informal meetings with the chair.

Balance your need to be liked with protective strategies to prevent exploitation, manipulation, abuse.

Group Therapy Column

Tevya Zukor, Ph.D.



No Longer New

There is a new subgroup in my life. It is one that; while there is a certain level of accomplishment to making it this far, there is also a bit of sadness to the experience. I've reached a new milestone in my career. One that many before me have accomplished and many behind me will do as well. It is a group many of us will one day belong to, but if your training was anything like mine, it is also one that you were never trained for nor were prepared to reach. I'm old...or at least, I'm no longer young.

From a one perspective, it is easy to be a New Professional. People are excited about your entrance into a community of colleagues and peers. Others often talk about, and celebrate, your future and potential in the field. You are wanted, and actively sought out, to engage the professional world in important ways, usually with the hope and expectation that you might be interested in further leadership opportunities. New Professionals usually have specific lanes dedicated to them within organizational structures. In most of the professional organizations where I am affiliated, the calls to serve on a Board or as a member of organizational leadership usually include a message along the lines of, "This is a great opportunity for young professionals. We want new people to be a part of our organization." Many opportunities are laid out in front of new professionals. They are actively recruited for the positions. The difficult part of being a new professional is not the lack of opportunity, but often the lack of experience. It is being unaware of the inner workings of systems and institutions. It often feels overwhelming to be a new professional; but that usually speaks more to the newness of the circumstance rather than any dearth of opportunity.

I am no longer a New Professional. One can quibble over whether I am "old," but I am definitely not "New." The luster has worn away. I am the toy that no longer has the same shine. My once pristine exterior has been replaced with the stress lines and battle scars of experience. I am certainly more mature and wiser than I have ever been in my career...yet, in some ways, I am also less valued. I say that not in a "Woe is Me" manner, but rather as the objective evaluation of someone who has the experience to make such evaluations based on knowledge and history. It is the exact type of evaluation I could not have made when I first started my career.

Like so many before me, I learned about my new group affiliation (Aka – The "No Longer New" subgroup) the hard way. For the past few years, I have had the immense pleasure of "faculty" for teaching the Principles of Group

Psychotherapy course to mental health professionals who want to learn more about group therapy. As a Director at a University Counseling Center, being able to teach didactic seminars let me relive my former days as a professor. Facilitating the experiential part of the course reinforced my “Practicing Clinician” roots. Not only was the work rewarding, but it also allowed me to get to know the rest of the faculty in the program. Those faculty have become my cohort, colleagues, and friends. We all enjoy giving back to a profession that has given so much to us.

That all changed this year. The person who coordinates the program – A man who shall not be named because he is legitimately an excellent clinician, a very dear friend, and someone who is just trying to develop the best program he can with the resources he has – reached out to the Principles faculty with some unexpected news. He informed us that our work with the Principles course was excellent; we continued to receive praise and accolades from the students we taught; the knowledge we presented was of high-quality and he simply couldn’t ask for better colleagues...*and* our services would no longer be needed. He explained that the organization was looking to expand and become more diverse. He stated that it was only “fair” for us to be replaced in order to give newer professionals the same opportunity we were once given many years ago. “Thanks for all you have done, but now it’s time to go.”

Whether I agree with the rationale for the change is irrelevant. The salient part of the story is that I, and my colleagues, were being phased out; not for something we did, but simply because we were no longer “new and shiny.” By all accounts, the current faculty was admired and respected. We were not being replaced for actual performance reasons; we were being replaced because the allure of the unknown is sometimes more desirable than the steady, grounded qualities of the known.

The stark message that I simply wasn’t “new” enough to be wanted hit home with me unexpected force and led me down a spiral of contemplation. I remembered being young and taking my first steps into the field of Clinical Psychology. I didn’t know a ton about group psychotherapy, but I had an eagerness and a passion to learn. As an emerging professional, more than a few people described a “Young Tev” using terms like “potential” and “bright future.” I realized I had not heard those terms applied in many a year. While I have neither the desire, nor narcissism, to say whether my actions ever reached the heights of those bold superlatives, it is clear that my window had closed and that ship had sailed – regardless of whether I achieved those goals or not. Society rarely talks about futures and potentials of people who have been doing something for 15-20 years. No one tells you when you no longer have potential. There simply comes a point where you either actualized that potential or you did not.

As a fan of team sports, I should have anticipated that moment happening in my own life. As a child, I always admired the star athlete who spent their entirety of their career with one team. It was a sign of class and respect. In my mind, it was a way for the “old guard” to usher in new talent. I placed the onus on the athlete, not the team. What I didn’t realize until much later in life is that sometimes it is the team that no longer wants to player; no matter what that player used to mean to the franchise. The goal of the organization is to put the best product on the field at that particular the moment – and sometimes that means letting go of past excellence to make way for a brighter future. It may not always seem fair to the athlete; but it is the cold, hard calculus that organizations use to make themselves better.

As a wiser, and older, fan of sports; I now evaluate the success of a star athlete’s end of career through a different lens. It is no longer about whether the athlete stayed “loyal” to their team, as the athlete often has no real control over that; but rather it is if the athlete is able to end their career with dignity and respect. Was the athlete able to leave on their own terms? Were they able to choose when to walk away rather than have that decision forced upon them? It is a different way to evaluate success. It is also one that is rarely taught to us when we’re constantly being told about our amazing potential and extremely bright futures.

Maybe the real lesson is how to take these moments in stride. Rather than be bitter that an opportunity is taken from us, we can instead tip our cap to the experience that we were afforded; even when it ends earlier than we might sometimes choose. Unfortunately for me, the state where I work says I’m at least 15 years away from retirement. So, while I’m not old, I’m also no longer young. I just need to keep doing the best job I can with the opportunities I have

and look forward to writing this column next quarter for The Group Psychologist - unless Division 49 finds a new, hot-shot columnist who needs this opportunity just a little bit more than me.

Action Group Therapy Column

Thomas Treadwell E.D., TEP, CGP

Cognitive Experiential (Action) Group Therapy

A model for clinical and college counseling settings.



Thomas Treadwell Ed.D., TEP, CGP

Cognitive Behavioral Therapy (CBT) was established by Aaron T. Beck (1967, 1979), and involves several techniques to challenge negative thought patterns and increase engagement in positive and success-based experiences. Psychodrama group therapy was created based on work by Jacob. L. Moreno (1953), and involves experiential, interpersonal exercises to raise awareness and reduction of internal conflicts in order to change negative relational patterns. The CBT model is sometimes criticized for being overly structured and intellectually oriented (Young & Klosko, 1994; 1996; Woolfolk, 2000). As a result, some group therapists today use an approach based upon CBT or identify with a less structured approach called *eclectic* (Kellerman, 1992) that typically employs techniques that come from cognitive behavioral therapy and its related research. CBT is a robust, proven, and highly effective treatment approach for many mental disorders, including the big ones like depression and anxiety. Beck reports “My employment of enactive, emotive strategies was influenced, no doubt, by psychodrama and Gestalt therapy” (A. Beck, 1991, p.196). Psychodrama is an *eclectic* tool to enhance the cognitive and behavioral change. Several practitioners have worked to integrate CBT into the Psychodramatic model by highlighting the ways CBT enhances psychodrama exercises (Boury, Treadwell, & Kumar, 2001, Treadwell, Kumar, & Wright 2004), adapting psychodrama to include the exploration of irrational beliefs (Kipper, 2002), and considering the way in which psychodrama could be considered a form of CBT (Baim, 2007; Fisher,

2007; Treadwell, Travaglini, Reisch, & Kumar, 2011; Wilson, 2009). The blending of the two models yields a complementary approach to multiple problem-solving strategies (Treadwell, Kumar, & Wright 2004):

- Both the CBT and Psychodrama models stress the discovery process through Socratic questioning. The use of certain structured CBT techniques (discussed within this manual) within the context of psychodrama provides ways to deepen self-reflection, problem-solving, and mood-regulation skills that can be rehearsed through psychodrama exercises.
- Experiential role playing can provide individuals with opportunities to generate new ways of thinking and behaving. The spontaneity and creativity of individuals can be increased through the use of psychodrama techniques, thus helping to produce alternative thoughts.

Cognitive Experiential Group Therapy (CEGT) is an effective model for working with a variety of clinical and nonclinical populations. The model incorporates cognitive behavioral and psychodrama interventions, allowing group members to identify and modify negative thinking, behavior, and interpersonal patterns while increasing engagement in positive and success-based experiences (Treadwell, Dartnell, Travaglini, Staats & Devinney, 2016, Treadwell, Dartnell, Travaglini, Abeditehrani, 2021). The CPGT environment creates a safe and supportive climate where clients can practice new thinking and behaviors and share their concerns freely with group members (Treadwell, Kumar, & Wright, 2004). Initially, all members are assessed using various instruments to establish the nature and severity of presenting issues and to uncover other relevant information. The first one or two sessions are devoted to establishing group norms, explaining Cognitive Behavior Therapy (CBT) and schemas, and describing the session format. The initial didactic sessions are intended to explain the group format as a problem-solving approach for working through various interpersonal, occupational, educational, psychological, and health-related conflicts. The sessions include information about the nature of the structured activities so participants have realistic expectations about how the group will run. Each group member signs informed consent and audiovisual recording consent forms. The audiovisual recordings create an ongoing record of group activities and serve as a source for feedback when needed. Here's how the model looks the action model is introduced. In session one, the director/facilitator, introduces the Beck Depression Inventory-II (BDI), Beck Anxiety Inventory (BAI), and Beck Hopelessness Scale (BHS) (Beck, 1988; Beck & Steer, 1993; Beck, Steer, & Brown, 1996), and explains the importance of completing each scale on a weekly basis. The instruments are administered before the start

of each session and are stored in personal folders to serve as an ongoing gauge of participants' progress within the group (Treadwell, Kumar, & Wright, 2008).

In the second session, additional data on early maladaptive and dysfunctional schemas/core beliefs are obtained when group members complete Young's (Young, Klosko, & Weishaar, 2003; Young & Klosko, 1994; Young, 1999) schema questionnaire. A list and the definitions of dysfunctional schemas and core beliefs are given to participants during the initial session (Treadwell, Kumar, & Wright, 2008). Additionally, we administer the Therapeutic Factors Inventory (TFI) to identify four dimensions of group progress (Joyce, MacNair-Semands, Tasca, & Ogrodniczuk, (2011) during this week, week 8, and week 16.

Each group session in CEGT is divided into three sections typically found in psychodramatic interventions: **warm-up; action; and sharing** (Moreno, 1934). Many CBT techniques (Beck, 2011) are utilized in the **warm-up**, including: identifying upsetting situations, automatic negative thoughts and triggered moods; writing balanced thoughts to counter negative automatic thoughts; and recognizing distortions in thinking and imprecise interpretations of difficult situations. The second portion, **action**, employs psychodramatic techniques such as role-playing, role-reversal, and mirroring, which facilitate the examination of various conflicting situations individuals experience within the group context. This enables group members to better understand the nature of negative thoughts triggered by situations and their effects on moods. The last stage, **sharing**, allows auxiliaries and group members to share their experiences with the protagonist. At this stage, the director may provide additional guidance to the protagonist regarding ways to begin resolving the actual situation in real life. Normally, the protagonist will be asked to complete a homework assignment that will be reviewed at the next session.

Warm-up

The Automatic Thought Record (ATR) (Greenberger & Padeskey, 1995/2015) is explained and shown how to complete on a white board during warm-up. A group member volunteers his/her situation and facilitators walk the person through the seven columns. This individual is then referred to as the protagonist.

Action

The protagonist selects a group member, to be her **double**. The double communicates thoughts and feelings the protagonist is having but cannot express. Since the protagonist is rather agitated, one may have some difficulty getting into the psychodrama; in this case, the **soliloquy** technique would be helpful. Implementing soliloquy technique, the protagonist walks around the room, thinking aloud, expressing concerns, discomfort, and hopes, allowing protagonist to relax, focus, and prepare for the psychodrama. This is also useful in helping other group members focus on the

upcoming action phase. The double walks with her, expressing thoughts he assumes she is thinking but not expressing. To operationalize these unexpressed thoughts the director/facilitator brings another group member to mirror the protagonist's role and has the protagonist watch the interaction. This technique, called **modeling**, occurs when a group member demonstrates to the protagonist how he or she would handle the situation. **Doubling, modeling, and role-training** are crucial in learning how to get unstuck from repeated behavioral patterns. Many protagonists are anxious when learning a new role; therefore, it is important to support them as they try it in session.

Sharing

At the end of the psychodrama, group members share and discuss what occurred, commenting on their experience playing a particular role or on how the situation affected them. Sharing is critical both for the protagonist and for each of the group members as they reflect, share, and learn from each other. Sharing is a fundamental component in enhancing group cohesion. During the sharing stage, assigning homework to the protagonist is essential, as it encourages the continuation of work on the new role explored in the session. Role development needs practice for habituation to take place and to move the protagonist to feel safe in her new role.

Summary

Utilizing principles of CBT and psychodrama created a powerful and effective group process, enabling participants to address problematic situations with the support of group members. Clients find CBT helpful in becoming aware of their habitual dysfunctional thought patterns and belief systems that play an important role in mood regulation; the action component allows them to actually see and feel the dysfunction.

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Experiential Group Psychotherapy & Psychodrama Column

Psychodrama as an Effective Method for Enhancing Relationships and Social Skills



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

The overwhelming majority of clients who seek therapy are struggling with issues related to relationships, social skills, or social anxiety. Most mental health disorders directly impact one's ability to maintain healthy relationships. Relationships and social skills naturally become a core component of nearly every group therapy experience. Group therapy, sociometry, and psychodrama are inherently positioned as effective methods for helping clients to work through relational trauma, enhance their relationships, and sharpen social skills.

Group therapy is uniquely situated as a modality for enhancing relationships and social skills because it provides an opportunity for participants to interact and learn from each other in a supportive environment. Unlike individual therapy, group therapy offers a community of peers who can share their experiences and provide valuable feedback on behavior and social interactions. The group setting also provides a safe space for members to practice new communication styles and assertiveness techniques with the support of a trained therapist. By observing and interacting with others in the group, members can learn new social skills, gain insights into their own behaviors, and develop a greater understanding of different communication styles. Additionally, the shared experiences and challenges of the group can create a sense of community and connection that can help members feel less isolated and more understood. The majority of Yalom and Leszcz's therapeutic factors in group therapy are directly related to relationships and the social experience of groups (2020). Overall, group therapy can provide a powerful context for enhancing relationships and social skills, offering opportunities for learning, practice, support, and connection.

Sociometry focuses on the study of social networks and the patterns of relationships that exist within them. This approach can help individuals to better understand their own social networks, social atoms, attachment styles, as well as the dynamics of group interactions more generally. By mapping out their social relationships, participants can identify patterns of interaction and gain insights into the factors that influence their relationships with others. This can include identifying individuals who provide support and those who may be sources of conflict or stress. Additionally, sociometry can provide a framework for developing and practicing skills related to social dynamics, allowing individuals to experiment with new approaches to social interactions and observe their impact on relationships. Sociometric tools such as the social atom and role atom provide clients with a direct way of assessing and evaluating their social life while developing a vision for change. Experiential sociometry tools such as spectrograms, step-in sociometry, floor checks, and sociograms can be employed with criteria related to relationships and social skills to help participants to connect with each other on shared difficulties and goals related to relationships (for a more in-depth description of action sociometry, see Giacomucci, 2021). Overall, sociometry can provide powerful tools for enhancing relationships and social skills, offering a structured approach to exploring here-and-now sociodynamics and identifying patterns of interaction that can inform personal growth and development.

Psychodrama is an effective method for enhancing relationships and social skills because it allows participants to explore social roles and relationships through the use of improvisational drama and role-playing techniques. Participants can use role-play to explore different social situations and experiment with new communication styles, relational skills, and other social behaviors. By taking on different roles within a safe and structured environment, participants can gain insights into their own behavior and the behavior of others. Psychodrama can also help participants to identify patterns of interaction that may be impacting their relationships and explore new ways of interacting that can lead to greater satisfaction and success. Additionally, psychodrama can foster a sense of empathy and

understanding for different perspectives, as participants are encouraged to reverse roles with others and explore their experiences and emotions. Psychodrama enactments allow participants to revisit moments of past relational harm or betrayal to work through their emotions and heal from past trauma which may impact current relationships. Psychodramatic role training offers the group the ability to rehearse for future social situations in the safety of the group while experimenting with various ways of managing any social situation. Overall, psychodrama can provide a dynamic and engaging approach to enhancing relationships and social skills, offering opportunities for creativity, exploration, and growth.

Sociometry, psychodrama, and group psychotherapy were developed as a triadic method by Jacob Moreno over 100 years ago. Moreno was one of the first to suggest that mental health problems were caused, in large part, by larger social forces and sociodynamics. As such, Moreno's action-methods are uniquely situated to address relational and social issues in a trauma-informed manner within one's social atom, group, community, and organization (Giacomucci, 2023).

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Early Career Psychologist



Katie (Kathryn) White Psy.D. Editor

Oh, the (Psycho)drama..

**Taylor Hovancik, BS,
clinical mental health counseling intern**

Jacob Moreno had an inkling that he would be touching the hearts of novice counselors who spent their high school years in the midst of scripts, cheap theater makeup, and low-funded set designs. I was one of those hearts. As an early career professional, I have been introduced to the quintessential approaches to group therapy. Throughout that introduction, it struck me as odd that, while there is plenty of space for creativity amongst all the theoretical greats, that space is often left empty. I would argue that psychodrama, in particular, deserves to fill that space and should be passed down to the next generation of group therapists.

Why, you might ask? Psychodrama and its closely associated partner, drama therapy, have garnered solid empirical support. That is well known. What may be not as obvious about psychodrama is *how* it carries out those effects. It does so

by transforming the therapeutic process into a metaphoric flow of a story, even an entire play perhaps. Instead of members being caste into roles, they play the part of themselves. It brings to the surface disavowed and denied parts of themselves, permitting the member to approach pieces of themselves previously hidden from view. To say it another way, it can touch on every corner of Johari's window, and can even emphasize how hidden, known, unknown, and blind spots are characters in a play written about a member's life. Instead of utilizing traditional verbal processing, the group members' parts are externalized and given movement through role-playing, soliloquy, narratives, and doubling.

I wonder if psychodrama may be neglected in our coursework because of the discomfort it may cause facilitators, as there seems to be some resistance toward psychodrama interventions within facilitators. Psychodrama may be "uncomfortable," "embarrassing," or "childish" to people who have never engaged in this unique modality or expressive arts, more generally. But to those willing to lean into the creativity, it can be transformative. I have been reminiscing on how theater directors encourage those not comfortable to be *actors* to be *crew members*, like make-up, costume, and light and sound. There are moving parts to producing a play that do not require standing in the limelight yet are necessary for the show to happen. Similarly, in psychodrama there are various ways that members can benefit from the techniques of psychodrama without explicitly being a focal point that can induce feelings of embarrassment or discomfort.

Who would have imagined that my after school extracurriculars would have led to a deep passion for incorporation of psychodrama into group therapy? Certainly not I. But I'm happy to play my part in sharing the value expressive arts hold for clients and clinicians alike, all in the hopes of finding another way to encourage growth and reduce suffering in our clients.

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



eric Chen, Ph.D.

Since 2020 when I started serving as Chair of the Diversity, Equity, Inclusion and Belonging (DEIB) Committee, our committee has continued to grow. In this summer issue of *The Group Psychologist*, I would like to welcome and introduce two new members: Shanique Brown and Pankhuri Aggarwal. Below let us hear their DEIB voices. As in the past, if you have any reactions or if you are interested in participating in the DEIB Committee, please contact me at echen@fordham.edu.

--Eric C. Chen, DEIB Committee Chair

Shanique Brown, PhD <shanique.brown@wayne.edu>

I am an assistant professor of industrial-organizational psychology at Wayne State University. My primary area of research relates to cognitive processes and states relevant to work and organizational psychology. My research focuses on information processing and decision making in teams. In one project, we examine knowledge-diverse teams to understand the factors that enable consideration and use of the full range of task-relevant information present in those teams. We are also working to advance the literature on team decision making, given the reliance on teams to make critical decisions within organizations. Though I am not a (demographic) diversity scholar, my perspective, as someone who identifies as a member of several minoritized groups, equips me with a unique viewpoint that informs my thinking and research. My lived experiences also allow me to appreciate the significance of diversity, equity, inclusion, and belongingness (DEIB) efforts.

I have been an active contributor to the community of small-group researchers, where diversity has long been an area of interest to several scholars. Demographic diversity in groups and teams has been present as a topic of note for decades with groundbreaking contributions made by various researchers who have helped to inform how we define, conceptualize, and study diversity in small groups and work teams. The meso level, which small groups and work teams occupy, provides an excellent opportunity for further examination and interventions to enhance DEIB given its position between larger organizational structures and individuals. As smaller, more localized units, small groups and teams offer a well-defined environment for understanding and influencing perceptions, attitudes, and behaviors connected to DEIB.

Pankhuri Aggarwal, MA <aggarwp@miamioh.edu>

I am a PhD student in Miami University's APA-accredited clinical psychology program, starting in the fall of 2023 a pre-doctoral internship at the Perelman School of Medicine, University of Pennsylvania. I completed my master's in applied psychology with a specialization in clinical psychology from the Tata Institute of Social Sciences in Mumbai, India.

Diversity has always been central to my understanding of human behavior across my various roles as a clinician, mentor, and researcher. Having lived and worked within multi-and-polycultural communities, I witnessed the benefits of integrating diverse cultural perspectives from a young age. Additionally, pursuing certificate courses and opting for research and clinical training opportunities that promote culturally informed practices further advanced my understanding of the dynamic relations between social identities and the historical and political contexts in which they exist.

My research and service experiences directly address issues of inequity, exclusion, and lack of representation, both within academia and more broadly in the field of mental health. When working with clients, I often rely on theories of intersectionality, minority stress, and ecological systems to better understand their phenomenological experiences, their psychosocial environments, and the unique interaction between the two. I also discuss how my own identities and experiences contrast with those of my clients and how that may impact our shared understanding of the presenting concerns.

When I reflect upon the role of diversity as it applies to the context of group psychotherapy, I believe that diversity is fundamental to understanding an individual's lived experience both within and outside of the group context and facilitating meaningful change. In my experience facilitating didactic and process-oriented groups, I have realized that group therapy is often an underutilized medium for producing cognitive, behavioral, and affective change. In particular, clients benefit tremendously from learning from one another and are more open to alternate perspectives due to the absence of inherent power differentials that are more visible in one-on-one psychotherapy. I strongly believe that each individual that makes up a group brings with them a unique perspective that is grounded in their familial, local, and community memberships. As a group facilitator, I often look for openings in sessions wherein I can facilitate meaningful conversations about similarities and differences so that clients participate and eventually lead those discussions rather than shying away from them. I also encourage clients to take risks by asking about others' experiences and sharing their own life experiences in a safe manner so that they can utilize their reflections and feedback in the outside world.

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

Group Dynamics Journal - Editor Search

Group Dynamics The Society of Group Psychology and Group Psychotherapy shortly will announce an Editor search for the journal *Group Dynamics: Theory, Research, and Practice*. The journal publishes research and scholarly papers on group dynamics. The incoming editor will begin receiving manuscripts on January 1, 2024 and fully assume the role as editor on January 1, 2025. Deadline for applications will be June 30, 2023. The search committee will accept nominations and self-nominations of outstanding scholars in the group dynamics field with editorial experience. Look for the upcoming announcement of this search on the Division listserv and the journal website:

<https://www.apa.org/pubs/journals/gdn/>.

2023 Division 49 Mid-Winter Meeting

Denver, CO January 28-29 2023

<https://us02web.zoom.us/j/3301974960?pwd=N0Rnb0t0WTdTcUoxZDNZMnJtZU9qUT09>

Attendees Present:

Noelle Lefforge ^{**} , President	Nathaniel Wade*, Domain Rep, Group Practice
Francis Kaklauskas*, President-Elect	Rita Rivera ^{*VP} , Student Rep
Amy Black*, Secretary	Michele Ribeiro ^{*V} , Council Rep
Debra O'Connell ^{*V} , Treasurer	Giorgio Tasca ^{VP} , Editor, <i>Group Dynamics</i>
Aziza Belcher Platt*, Domain Rep, Education	Thomas Treadwell ^{VP} , Editor, <i>The Group Psychologist</i>
Eric Chen*, Domain Rep, Diversity	Shala Cole, Membership Committee
Katie White*, Domain Rep, ECP	Vinny Dehili, Program Chair
David Marcus ^{*VP} , Domain Rep, Group Psychology	

Absent:

Amy Nitza*, Past President
Leann Diederich^{VP}, Chair, Foundation Committee
Sean Woodland, APA Services Inc. Liason

Division Membership Present:

David Chirko

*Voting member per division bylaws

**Voting member only in the case of a tie per division bylaws

^VAttended by Zoom

^PAttended Partial Meeting

Saturday, January 28

Welcome (Dr. Lefforge)

- Dr. Lefforge welcomed board members participating in person and virtually and reviewed meeting procedures. Participants introduced themselves.

President (Dr. Lefforge)

- Passed: Approval of November 2022 Board Meeting minutes: Motion: Dr. Chen; Second: Dr. Ribeiro. Present voting members unanimously voted in favor.
- Dr. Lefforge reminded the board that she is last president to be elected on one-year term and indicated time is set aside for the board to discuss by-laws and logistics for smooth transition to a two-year presidency later in the meeting.
- Dr. Lefforge reported that the petition to renew group as a specialty is due Jan 1, 2025. Much of this work falls under the Specialty Council. Div 49 helps to meet the criteria—need strong literature base and proof it is being translated into practice/implemented in training. Gary Burlingame is working on launching the EBG website to be repository of group materials which will help us to organize the literature base.
- Dr. Lefforge recommended that Board host a town hall meeting with division membership for open discussion on direction of division and associated issues (e.g. balance of group psychology and group psychotherapy). Dr. Lefforge asked for input from the board on when, what format, and what agenda items a town hall would cover. The board discussed these matters. Drs. Ribeiro and Cole recommended a pre-meeting survey to help gather membership input before the town hall. Dr. Lefforge raised the idea of advertising through Group Dynamics, and Drs. Chen and

Kaklauskas further suggested reaching out directly to authors who have published in the journal to invite them to attend. The board also discussed ways to expand opportunities to participate, with Dr. Chen suggesting holding multiple town hall meetings and Dr. Belcher Platt recommending recording the town hall for those unable to attend to be able to view and send comments to the board after it is held. Dr. Dehili also suggested publishing a summary of the town hall in the journal. Dr. O'Connell suggested holding the town hall meeting(s) during APA convention in the division hospitality suite, noting that it could be a hybrid meeting. Dr. Lefforge agreed that reaching out to other divisions who might have members interested in division 49 (e.g. Psyops, Social Psych) could help to recruit attendees during the convention. Drs. Ribeiro and Dehili commented on the possibility of obtaining data on how division members self-identify with regard to group psychology and group psychotherapy, perhaps by adding a question to the division membership application. Dr. Cole indicated she sends out a welcome letter to new members of the division inviting them to let her know why they joined and indicated she does receive responses from individuals who are active in group psychology. The board discussed clarifying the purpose of the town hall. Dr. Lefforge referenced wanting to address equity between group psychology and group psychotherapy within the division as well as membership growth. She noted that engagement from group psychologists is particularly helpful in building board certification guidelines for group psychology. Dr. Chen added that the town hall could help to invite students and members of color. He also noted that given the transformation the field has seen with the pandemic, the town hall provides a natural opportunity for the division to reflect on its direction. Dr. Chen recommended focusing on listening during the town hall, with opportunity for the board to reflect on what we have heard and responding after the town hall. The board discussed possible explanations for why division leadership is more heavily inclined towards group psychotherapy, with Dr. Lefforge hypothesizing that APA's shift towards health service psychology may be attracting more folks involved in psychotherapy. Drs. Dehili, Ribeiro, and Belcher Platt suggested asking questions in the town hall such as "What is the division giving you? Is this a division where your energy goes? What direction do members want to see?" Dr. Cole also suggested inviting past members of the division and asking for insight regarding why past members chose not to renew. The board expressed broad support for hosting a town hall during APA convention, engaging stakeholders in the process, recording it and posting it to the division's Youtube channel for viewing and comments after the meeting, and a formal response and action planning from the board. Dr. Belcher Platt noted that if some participants are uncomfortable with having their comments recorded, they can request to be edited out of the video. Dr. O'Connell also suggested soliciting anonymous comments ahead of the meeting.

- The board briefly discussed activity on the division listservs. Currently the division has an announcement listserve that does not allow for responses as well as a second, unmoderated listserv that members must request to be added to. The board discussed the possibility of alternatives to the unmoderated listserv, which has low activity. Dr. White suggested that other formats (e.g. message boards) might appeal more to ECPs.

Past President (Dr. Nitza)

- This agenda item was skipped as Dr. Nitza was not in attendance.

Attendee Changes:

- George Tasca joined the meeting via Zoom.
- Francis Kaklauskas stepped out of the meeting due to a scheduling conflict.

Treasurer (Dr. O'Connell)

- Dr. O'Connell reviewed the 2022 budget. She noted final numbers may change a little bit after a few last things are paid out. Dr. Lefforge noted the need to add separate accounting for funds the division holds for Group Specialty Council to track contributions from AGPA, ABGP, and Div. 49. The board agreed to revisit discussions regarding APF in August when more information is available to support decision-making.

Attendee Changes:

- David Marcus joined the meeting via Zoom.

Fellows Committee (Dr. David Marcus)

- Dr. Marcus reported the committee has received one application this cycle. He noted formal recruitment for the next round of applications will be with an October/November announcement. Dr. Marcus further noted here are good candidates who aren't division members who should be encouraged to join.

Journal (Dr. Giorgio Tasca) (This part of the meeting was recorded to enable Dr. Kaklauskas to view it later).

- Dr. Tasca reported Jay Jackson has rotated out as associate editor and Torsten Reimer has joined as a new associate editor. He also reported Shanique Brown has been recruited as an associate editor from historically excluded group.
- Dr. Tasca reported the journal will have a special issue on research methods in 2023 and a special issue on evidence-based group methods in 2024.
- Dr. Tasca reported that the journal continues to get reasonable level of submissions.
- Dr. Tasca reminded the board that the general publishing agreement comes to an end in 2024 and an ad hoc committee is needed. The committee would be tasked with shopping the journal to various publishers to decide either to stay with APA or find a new publisher with similar reach.
 - o ACTION ITEM: Noelle will reach out to Dennis Kivlighan about joining ad hoc publication committee.
 - o Passed: Constitution of ad hoc publication committee with Drs. Marcus and Kaklauskas as co-chairs and Drs. Tasca, O'Connell, and Dr. Dennis Kivlighan (pending his agreement) as additional members: Motion: Dr. Wade; Second: Dr. Belcher Platt. Present voting members unanimously voted in favor.
- Dr. Tasca reminded the board that the journal will need a new editor for 2023 and a search committee for a new editor is needed.
 - o ACTION ITEM: George to reach out to associate editors to serve on committee. David to be back-up if no associate editors are available.
 - o Passed: Constitution journal editor search publication committee members Drs. Black, Tasca, Treadwell, Dehili, Chen (or his appointee from DEIB committee), a current associate editor of the journal (or Dr. Marcus if one is not available). Motion: Dr. Belcher Platt; Second: Dr. White. Present voting members unanimously voted in favor.
- Dr. Tasca was briefed on the earlier discussion regarding hosting a town hall meeting. He advised that advertising in the journal was unlikely to be seen by many, since few readers receive paper journals. He indicated that he would recommend instead posting in forums, and that APA could provide emails of published authors in journals for outreach for town hall.
- Dr. Tasca requested that the 2023 budget discussion include a discussion on increasing stipends for future journal editors, as this will help us to recruit future editors. He noted our journal provides a comparatively low stipend with regard to other similar journals.

Elections (Dr. Noelle Lefforge)

- The board reviewed what positions will be up for election in the coming cycle. This includes treasurer, president, group psychology rep, group psychotherapy rep, and DEIB rep. Board discussed recruitment strategies. Dr. Lefforge reminded the board that candidates need to be full paying members of APA as well as division members. Student and affiliate members are eligible for appointed positions, including program chair and membership chair.

Attendee Changes:

- Francis Kaklauskas returned to the meeting.
- Tom Treadwell joined via Zoom.
- David Marcus, David Chirko, and George Tasca left the meeting.

Education and Training (Dr. Aziza Belcher Platt)

- Dr. Belcher Platt noted that two CE events have been scheduled so far for the year, with approximately 2 registrants. Past CEs will be uploaded to Youtube.
- Dr. Belcher Platt reported that the CE committee is working on creating a speaker's agreement to offer honorariums.

Newsletter (Dr. Tom Treadwell)

- Dr. Treadwell presented to the board on a proposal for a new newsletter website and indicated it could be ready for the fall issue.

- Passed: Approval of Dr. Treadwell's website proposal. Motion: Dr. Ribeiro; Second: Dr. Wade. Present voting members unanimously voted in favor.

Board members should reach out to folks to ask to provide content for newsletter.

Council (Dr. Michele Ribeiro)

- Accreditation of masters programs call for comments (COA accreditation public comment system). <https://apps.apa.org/accredcomment/seeComments.aspx?ProjectID=57>
- Only 3 comments so far.
- Discussion in the meeting—Nathaniel: these standards look similar to PhD requirements which is already tight in 6 years. How is this possible for masters programs. Masters folks consume research not do research. Noelle: this document does not delineate masters vs PhD <https://www.apa.org/about/policy/health-service-psychology-masters-programs.pdf>
- As a board we are invested in seeing that group psychologists and psychotherapists emerge from masters programs and we don't see that reflected in that document. No room for specialization in group to continue because too many boxes to check. We want to see SoA that support this—because too close to PhD with no language to show difference.
- Do we want to make a comment as a division, and if so, need a committee to do that. Feb 2 deadline. ACTION ITEM: Michele says she can type something up and send it tonight and then we look at in tomorrow's meeting. We will comment and edit/wordsmith tonight.
- Council is meeting at the end of February.

Membership-Dr. Shala Cole

- Updates: able to reach out to past members now. Shala has reached out to 120ish past members with reminder emails or asking for feedback about why didn't renew. Much of the feedback is about funding.
- Current membership is 317. Last year 2022 ended with 378 and 2021 we had 335. People are still renewing for this year (grace period til Feb).
- 150 have free membership (post career)
- 48 new members, 269 renewed. Last year 93 new people.
- Institute: 27 people. Last year was first full year of Institute. 3 members attended APA. Nathaniel and Michele will help Shala with conversation hour meeting this year at convention.
- Connected with APAGS
- Informal conversation hours held
- Budget for Institute—same as previous year

Program committee—Dr. Vinny Dehili

- We were allotted 12 hours of division programming, same as last year, we donated 1 hour to joint session on reproductive justice.
- We have an excess of hours. APA has talked about basing hours on submissions.
- 2 hours extra allowed for poster presentations
- 1 extra hour of social, can be longer than an hour
- 3 extra hours for executive committee board and business meetings
- 11 poster submissions, 6 session submissions.
- Might be contributing 1 hour for DEI social?
- Need to use an hour for fellow addresses (could do 2 if we have extra hours, which we seem to) joe and tom.
- Presidential address and awards
- Could use some time for the town hall. Maybe 2 (1 hour each)
- Shala wonders about expo booth, wouldn't take hours but would have to pay for booth
- Noelle reminds that div 49 swag passed out at div events is a helpful recruitment tool
- Logo is in Dropbox, lots of vendors online. Vinny will work on swag

- Need to make sure that APA has our ribbons available during registration (Shala will do that)

- In the past, Debra emailed program chairs of other divisions to ask if they had any high quality submissions relevant to our division that they didn't have room for to please send them to us. Vinny can do the same for posters since we are low on those
- In the past we have talked about a training or demo group. We could make it a program event. We could also do off-program member-targeted in hospitality suite. Nathaniel or vinny?? Aziza or noelle 2-hours. Either way you're in the hospitality suite?

FINAL program: Nathaniel moves, Eric seconds. Passes unanimously (though probably not really needed)

6 hours submissions

1 hour donated

1 hour fellows

1 hour town hall

2 hours demo group

1 left over flex: for town hall, +1 fellow or extra submission

+3 for board/business mtg

1 hr board

1 hr presidential address/awards

1 budget

+2 for posters

+1 hour official social

- Student social hour+ Div social (traditionally do off books because it is cheaper, but harder to get the word out)
- Could organize something structured like an open night/moth thing during the social
- We don't need a big space for our social, just a matter of whether we care about APA having it in the program
- In 2020 we were planning to try it through APA but it didn't happen
- Vinny to get more info about the formal social--Need to find out how much it would cost for a multi-hour social and can you linger etc.
- Debra looked at how much had been budgeted for formal social in 2020--\$7500. Probably about 10k this time around
- Could partner with/exchange advertising with other divisions like div 17

APF-Noelle

- Last year we gave three grants.
- Cameron never got his plaque. Noelle to reach out to folks who might have it. Otherwise, we will reorder.
- In report, Leann recommends that we continue to have APF manage funds while she keeps working with them. Will revisit in august and either stay in APF or look at other investment strategies. APF management fees are very high.

Noelle—how we are storing accounts/using

- Have been doing Dropbox, but 2-FA and same password makes it tough because who knows who has it
- Main account is the Gmail account. Div49group@gmail.com password: Division49!
- If it asks you to verify, choose “verify recovery email” and enter the div board email: DIV49BOARD@LISTS.APA.ORG
- Need Gmail to access the Youtube and 2-FA
- We also have a division award account, not everybody needs it. President elect does.
- Noelle suggests we move everything from Dropbox to drive managed by the Gmail account
- Secretary to move from Dropbox to google drive and then add everyone’s preferred google account to sign in. secretary will then be the one to transfer access each year
- Update P&P to assign annual managing accounts and security to secretary duties: Eric motions, Aziza seconds. Passes unanimously. Amy Black to do that update

E&T- Aziza

Working Sessions (Dr. Lefforge)

- Present board members divided into two working groups to work on CESA Renewal Application and clarify questions related to transition from one-year to two-year presidential terms.
- CESA Renewal Application was completed.
- Reviewed current terms.

CESA workgroup

- Logged in and are copying, pasting and updating past application
- Will validate form and have Debra make payment. Noelle sent invoice to Debra.
- Will make Feb 19 deadline
- After the application is submitted, Aziza will request transfer of account from Noelle to Aziza

Nathaniel indicated he is willing to do 4-8 hour group training week of APA (group foundations and experiential) for CE. In person or possibly hybrid. Associated costs would be reserving suite earlier. How much would we charge? Nathaniel to talk with Aziza

Offer Youtube training for free but charge for CEs

President workgroup-Amy Black

What happens to past president duties

When is president elect elected and is it 1 or 2 years

What we found:

Pres elect is 2 years

- Pres elect now chairs nominations and elections committee (+3 past presidents willing to serve)
- Pres elect chairs awards committee (+2 past presidents)

Pres is 2. Years

No more past pres

We need to elect another president elect this year, Francis will serve 1 year as pres-elect and 2 as president

Francis is now chairing the two committees, Amy Nitza will serve on the committees. +1 past pres for awards and +2for elections

If it doesn't work to find a 4 year pres then Nathaniel suggests we consider getting rid of president elect and give duties to the rest of the board, or Noelle says maybe make it a 1 year "in training" with no duties, just shadowing.

Vinny indicated he has some info back from APA—looks like no cost for the program listing, just have to use the catering, can choose the cost more.

Michele to check in with Rita about whether she will be able to attend tomorrow's meeting

Discussion of burnout and accessibility, how best we can support each other and be more inclusive, perhaps be more intentional about checking in with each other in future meetings

Important to know about systemic issues so we can advocate for systems that work for everybody

Aziza suggests a "how I work best" form and may have a template for us to look at tomorrow

Desire for chance to process the experience of these meetings

Day 2

In person:

Noelle

Francis

Nathaniel

Eric

Aziza

Shala

Katie

Amy Black

Zoom:

Debra O'Connell

Michele

Rita

Schedule next meeting: April? With a check in before convention?

ECP-Katie

- What do we want to do with community conversation hours
 - Shala: facilitation of conversation helpful. Typically have done 3-4 per year in the past
- Noelle: Would be helpful to bring back training director hour (DCTs who do a lot of group training at their sites would do it to inform folks applying for internship). Debra indicated it used to be in person at APA. Eric suggests if we do one in person we should also do a virtual one so that more can attend. Student rep and ECP will collaborate.
- Institute folks would be a good population to target for recruiting more ecp committee members
- Div 49 website is outdated—board members should look at the website yearly to see what updates need to be made and send the requested changes to Katie? Nathaniel suggests we just take out the changeable info and just have committee descriptions. That's what we decided to do.
- Noelle: our bylaws and P&P should be linked
- President and BoD should be updated every year

- Noelle: there's really no orientation to the board, what if we paired all the incoming folks to an existing board member, have a packet of information? Michele indicated she has done this as secretary in another division. Eric suggests outgoing members orient their successors

Zoom: joined David Chirko (member)

Paused to do introductions

Checking in with each other and how we work

Aziza brought the template and read it

Sharing reflections of the meeting

Michele shared council SoA response

Reviewed and made minor edits

Michele motioned, Amy Black seconded. Passed unanimously:

Michele will submit on behalf of div 49 at 5pm EST

Nonsubstantive wordsmithing edits ok after vote

Budget-2023-debra

Debra raised suggestion of division credit card. Equity in leadership issue.

-Tom's request for website funds (\$1400 initial and \$100/hr maintenance): perhaps plan for \$500/yr maintenance after first year (2000 total)

-George requests increase of editor and associate editor stipends (doubling) as we are one of the lowest paying journal. We are also smaller/fewer submissions. We just tell the journal to pay the editor more.

Search committee can decide what editor pay rate is if it's for future editor

Eric suggests instead of raising George's stipend, find a way to honor him later. We could decide separately to give him a bonus honorarium. Appreciating/recognizing George's contribution to the division.

We don't know how much the editor honorarium is—we can ask George

Right now associate editor is 500 per associate editor

Eric proposes 50% increase (250) for 2023 and another 250 to 2024

Concern about remembering that

Double the associate editors from 500 to 1000

George bonus 2000 + plaque (50) (bonus honorarium)

APF payments

Add some money to special projects (reconsideration of awards)

Budget 7500 for social and raise suite to 4k

Give ECP and student committees 500 each

12,000 for institute

CE presenters—budget 3000 for 5ish CEs this year, needs to make money to pay out money so this is where to start

Debra suggested email poster first authors asking if people were students in order to compete for student poster award

Eric motions to approve budget, katie seconds. Passes unanimously.

Noelle--Should the division have any salaried positions

Can't pay voting members

Paid staff can help with stability/continuity, administrative operations

Either hiring an ED or a management company

Could help with recruiting presidential candidates

Eric suggests hiring a grad student for 5-10 hrs a week?

Michele suggests we list out the duties

Need to figure out if it's in the budget first?

Discussion about grad student/multi mission vs stability of professional

Do we bring back a research domain rep, is that the person who would keep the ebgt project website maintained—next meeting?

Review of action items

Check outs

Future:

- Standing agenda item for all future meetings for this year to hear progress update from ad hoc publication committee
 - Standing agenda item for future meetings to hear progress updates from publication committee editor search
 - Aug meeting need to revisit APF
 - August—make CE committee a standing committee instead of ad hoc, 2024 membership can approve
 - For April meeting establish a process for student posters and reconsideration of award amounts
 - Paid staff? On April meeting agenda
 - April agenda formal orientation process for incoming board members
 - Research domain rep April agenda
 - Division relations April agenda
-

Budget-Good Shape

Debra O'Connell, PhD.



Professional Group Articles

Brief Article 1 - Professional

The Poetry in Group Psychotherapy

A.B., psychological researcher/author and artist (chirkoart.ca)

By David Chirko,

Sudbury, Ontario, Canada

Like Goethe, he would someday like to be thought of as a poet-psychologist, reflecting the quintessence of man's enigma (David Chirko, 1980)¹

One night, when visiting a local youth drop-in center where group therapy sessions and leisure activities were held, I found myself, with another student—a burgeoning social worker, and a few other patrons, sharing stories and reciting our poetry. I presented the only work that I would compose up to that point. Those present, relishing what I had just offered, egged me on to continue writing, about “The sun, life, love, how you feel, anything!” “Anything,” for me, would inevitably sometimes include psychological themes.



Flash ahead to a later time, I had a few poetry books, and 138 poems, published. The latter included psychological titles like “What’s Wrong With Behaviorism,” “Final Verdict And Epitaph For Wilhelm Reich,” “In The World Ronald David Laing Explored” and “Psyche: Diamond In The Well” (a paean to Sigmund Freud). I discovered that the fields of psychology and creative writing could be intertwined. This was amplified in my reading of Freud and his allusions to German poet, novelist and playwright, Johann Wolfgang von Goethe.

Goethe’s Impact On Freud’s Psyche

The Two Giants

Psychological historian Leonard Zusne (1975, pp. 68-69), documents how Goethe’s writings contained facets of Freud’s libido theory, inspiring the latter to take up medicine. Moreover Goethe, purportedly, started the phenomenological fashion in modern psychology. In Zusne’s book, Goethe was rated 25 out of a maximum 27 points, as a well-known and historically influential psychologist. Furthermore, biographer Peter Gay (1988) informs us that philosophers and poets broached the unconscious a century before Freud, and Goethe, “...had found...depths beyond depths in the psyche supremely attractive” (p. 366). Another biographer, Ronald W. Clark (1980), would acquiesce. One should, however, add that it was Freud who first applied the activities of the unconscious to psychotherapy. Interestingly, biographer Ernest Jones (1961) recounts how Freud and his wife Martha, “...often quoted poetry to each other, mainly...Goethe....” (p. 165). Freud gifted his sister and wife with books and he and the latter were known to pen letter(s) to one another poetically (p. 166). Chirko (2013), describes how it put Freud, who won the Goethe Prize for

Literature in 1930, in “...the...intellection fiefdom, where psychology espoused literature...to extract deep, usable examples of the human personality” (p. 17).

Skepticism

Charles Brenner (1955, pp. 229) tells us that Freud (1917) even penned a groundbreaking essay on his beloved Goethe. Nevertheless, there are psychoanalytic historians who speak of Freud’s ambivalence toward all poets, et al. They say that much of what people believed Freud asseverated, he never uttered. Like the *Freud Museum London* (2018), who assert that there is no record of Freud ever saying: “Everywhere I go I find a poet has been there before me.” Probably an alteration of the aforementioned is another plausible misquote found in Philip Lehrman (1940): “The poets and philosophers before me discovered the unconscious...I discovered...the scientific method by which the unconscious can be studied.” However, the Museum does concede that, “...it doesn’t seem implausible...Freud...said this, based on...his love of literature.”

The Psychoanalytic Legend

Conflicts and the unconscious

Social worker, poetry therapist *and* poet Nicholas Mazza (2022, p. 12), tells us that Poetry Therapy extrapolates much from the psychoanalytic literature in ratifying its rudimentary theoretical foundation. He alludes to Freud (1908), who thought that instinctual wishes, the unconscious, and conflict were integral to creating a literary piece or a fantasy. Mazza also states that such conflicts can be resolved through poetry and therapy, by examining displacement and symbolization. He therefore refers to Cora Diaz de Chumaceiro (1997, p. 242), who explains how unconscious recall of poetry can enhance comprehension of a patients’ conflicts, leading to a resolution of transference-countertransference resistances that halt a more successful analysis. Moreover, Jack Leedy, psychiatrist *and* self-proclaimed “...father of poetry therapy” (Jacob Moreno declared himself the “grandfather”)2 and poetry therapist Sherry Reiter (1980, p. 490) say Freud found that a catalyst to exploring the unconscious was poetry, because it resembled dreams.

Free association and poetry

Karl Menninger (1958, p. 45), explaining Freud’s psychotherapeutic technique of free association, also states that Freud (1920) alluded to those in literature and science who essentially embraced variations of it. Free association could then be psychoanalytically connected to poetry. Mazza (2022, p. 12) explains that, in analysis, the mutual employment of unconscious and preconscious data to identify innermost feelings, *with words*, gives it shape. Like I once quipped (Chirko, 1978, August), “...language is the experience...transcended’ because poetry is...more than...experimentation with words...wonder why...poets are not hired in...psychoanalysis.”

Literary versus visual

Brenner (1955, pp. 229-235), speaks of unconscious determinants being more accessible with the literary artist, vis-à-vis the visual artist. To retrieve the unconscious determinants of any writer or artist, Brenner avers that this wasn’t always feasible when merely perusing historically known facts and bios of them, in lieu of gleaning hard data through a personal analysis. Therefore, with the visual artist, unless psychoanalyzed personally, one must depend on the less arduous conscious determinants. Even though the affinity is there between either poet, or painter (where the relation to words is, of course, bereft), their pivotal daydreams become the progenitor of any artwork. Daydreams, which are rooted in unfulfilled wishes, however, are for oneself but poetry, for example, is for an audience and must be literarily constructed in an acceptable way. Chirko (2008), averred poetry transmits memorable community emotions and ideas. Like psychoanalysis, it can voice what generally cannot be articulated in everyday speech.

Poetry and Its Nexus With Other Psychologies: From Egyptian Inscriptions to Group Therapy Room

Bibliotherapy

Bibliotherapist Susan McLaine (n.d.) suggests that bibliotherapy, the perusal of material for therapeutic benefit, originated in the ancient period (4th-21st century, B.C.), when inscriptions were described over libraries in Alexandria and Thebes, Egypt, which were viewed as a “healing place of the soul.”

Mazza (n.d.) affirms that writing, reading and publishing of hospital mental patients’ work was inaugurated by Benjamin Franklin in 1751. Psychologist *and* bibliotherapist Sharon Henderson Scabassi (1980, pp 54-56) states that Benjamin Rush, in 1815, introduced bibliotherapy in mental hospitals for psychiatric patients, as did John Minson Galt II, in 1853. Moreover, Mazza describes how Samuel Crothers coined the term “bibliotherapy,” in 1916. Further, that librarians utilized bibliotherapy by seeking books helpful for

psychiatric clients. They advocated the use of Menninger's text, *The Human Mind* (1930), and colorful novels, whose characters were caveats or models to the reader. Some worked in conjunction with the Menningers in Topeka, Kansas. They were cognizant of how to encourage openness in clients. How the clients reacted personally to reading material was not covered. Mazza declares that it was covered as, "This form of the "interactive process" or "interactive dialogue" evolved later with the popularity of group therapy in the 1960s."

Sclabassi (1980) speaks of bibliotherapy utilizing didactic—often instructional, and imaginative—usually fictional, literature to act as levels of intervention: First, intellectually, books help a client choose, and analyze, problems in behavior and attitudes, leading to solutions and personal insight, augmenting their interests. Socially, the client could identify with others' experience and become more culturally rooted so that they may feel they belong. This followed by being more expressive and ambitious, vanquishing impulsive and emotional salvos. Behaviorally, the client might then try out various kinds of performing, thereby maturing, and being more principled and adroit. Emotionally, the client could resolve conflicts and have the temerity to open up about their own issues. They then empathize and comprehend the motivation of others more effectively.

Poetry Therapy

Mazza (n.d.) explains that "Poetry Therapy" is utilized for individual growth and healing and is a derivative of bibliotherapy. The former employing imagery, metaphor and rhythm. He contends that poetry therapy originated with ancient tribal religious rites performed by witch doctors and shamans, whose poetic chants were utilized to stimulate salubrity in groups or persons. It is documented that, in the 4th millennium, B.C., Egyptians inscribed words on papyrus, dissolving such into a fluid so that they could be deglutinated by patients, taking instantaneous affect. However, Mazza states that the premier poetry therapist was Roman physician Soranus, in the 1st century, C.E., who entreated his depressive and manic patients to poetically act out tragic or comic written material. Leedy and Reiter (1980, p. 490) tell us that when the 20th century arrived poetry was no longer appreciated mainly for its aesthetic features. The initial Poetry Therapy program was begun in the psychiatric division of a Brooklyn hospital, by Leedy and poetess Eli Greifer in 1959. In fact, they proclaim, "Ideally, Poetry Therapy is used as an ancillary group therapy in conjunction with individual sessions" (p. 491). It can be employed when other approaches prove unsuccessful. They say that previously repressed emotions come to light when a client, unharried, hears and identifies with the words of a poet. The *isoprinciple*, selection of a poem whose mood is congruent with a client's, is pursued. They state that a poem can lower anxiety. The permanency of a poem is ensconced in ink, attesting to its thorough reliability.

Further, Mazza (n.d.) reminds us it was realized that poetry could evoke what patients held inside and same could respond in written form to the work of others' in group, or original material from elsewhere. This all stemming from their own feelings and experiences. Mazza says that theoreticians were confirming that poets mapped the road which science soon travelled, and consequently Moreno³ proposed the terms "psychopoetry," and "psychodrama" (in 1921). Around the country numerous authors and clinicians introduced poetry into practice, with associations and groups sprouting up, maintaining specific standards.

The Process of Poetry Therapy for Group Work

GoodTherapy (2016), adumbrates the three components for conducting group work with poetry therapy, as follows:

Receptive/prescriptive component: in group, the client(s) reads aloud a piece (in unison or separately)—that is related to the theme of the session—in whole or in part, with the appropriate rhythm and tone. The therapist makes a notation of all the nonverbal and verbal reactions of a client, asking how they feel at that moment and what line(s) of the work affected them particularly.

Expressive/creative component: collectively or individually, clients(s) pen their own poem begun from a topic, word or stem⁴ of a sentence, making it a "stem sentence," and respond instantaneously to it. Everything composed by the group members is distilled into one larger poem, galvanizing discussion by the group on pertinent issues.

Symbolic/ceremonial component: metaphors, which symbolize intricate emotions and experiences in a succinct, but deep, manner are presented. Rituals, like burning a letter to somebody who impacted them, assists them in confronting feelings germane to a specific occurrence. These all instigate positive change in the client.

Into the Human Lab of Poetry Therapy in Group

Social Worker and poetess, Faith Breisblatt (2016), began her own therapy group, the core of which was based on bibliotherapy and poetry therapy, in a cognitive behavioral type framework. Writing projects were ratified, with guides or "prompts," wherein the more sensitive stories and experiences of each patient was drawn out. Every week they would arrive with a poem based on the "homework" prompt from the previous week. If they were emotionally up to it they would talk about their poems with the group and

then pen something to look at the topic at hand. Typical topics were emotions, family, grief/loss, love, mental health, and relationships. Apropos devices and forms, such as haiku, metaphor and similes, were learned along the way.

Exercises could be structured, with guidance for prompting a client's skill in writing, however, an open and unstructured approach was always permissible. Breisblatt said that an example of a prompt based on a week called "Then I was, Now I Am," was Robert Pinsky's⁵ poem, entitled "Samurai Song." Therein, he battles personal adversity and fear to obtain placidity with his invented persona(s). The group was directed to do same by making his work into an "erasure poem," by changing the lines to make it simpler to comprehend and reflect their own perception of themselves, from past to present. Therefore, they took, for example, the first couple of lines which were: "When I made [sic] no roof I made/Audacity my roof" and also changed all of it, to a group poem:

When I had no religion

I felt lost

When I had no clean clothes

I did a load of laundry

When I had no courage to talk about my problems

I refused to talk about them

When I had no sky

I made my own sky

When I had no hope

I always had resilience

Compare the above to the original and complete poem, from Pinsky (2001, p.3):

"Samurai Song"

*When I had no roof I made
Audacity my roof. When I had
No supper my eyes dined.*

*When I had no eyes I listened.
When I had no ears I thought.
When I had no thought I waited.*

*When I had no father I made
Care my father. When I had
No mother I embraced order.*

*When I had no friend I made
Quiet my friend. When I had no
Enemy I opposed my body.*

*When I had no temple I made
My voice my temple. I have
No priest, my tongue is my choir.*

*When I have no means fortune
Is my means. When I have
Nothing, death will be my fortune.*

*Need is my tactic, detachment
Is my strategy. When I had
No lover I courted my sleep.*

The struggle against being deprived of anything is conquered through creatively working through those issues, in both poems, but the earlier erasure poem sounds more victorious, because of client fortitude, especially in the end as “resilience,” comparatively, would triumph over the resignation of “sleep,” in the Pinsky piece.

Breisblatt declared that she was flabbergasted, after experiencing the aforementioned newly crafted poem. Although her clients were all acquainted with one another, she attested that this was the first time she espied the capacity of social inclusion and group dynamics in group therapy—all through the use of poetry.

During the conclusion of the group Breisblatt asked the clients what they most enjoyed and disrelished about group, and they said it was having the place to discuss essential matters, with their own voice. What they poo-pooed was the need for homework assignments. She noted that virtually everyone acquiesced to share what they wrote and thereby felt.

Conclusion

Poetry therapy, like psychology, has a long past and a short history. It was largely developed by clinicians and/or poets themselves from bibliotherapy—the reading of written matter that benefits therapy, fostering insight, identification, the acting out of roles, and conflict resolution. Poetry therapy, it was found, could strategically and successfully meld with group therapy by utilizing what defined it: manipulating the mechanisms of descriptive words in a systematic, clinical context. This would entail, for instance, the mechanism called the *isoprinciple*—selecting specific poems to recite that are mood congruent with a client’s, thereby expediting therapy in groups; “stem sentences”—the filling in of blanks in poems to discover a client’s problems; and “erasure poems”—the altering of lines of a poem penned by someone outside the group, for a client’s personal discovery.

Furthermore, poetry and psychoanalysis were later found to have a synergy, because of Goethe’s poetic influence on Freud. It is not surprising then that there exists a link between free association and poetry. With the appropriate poems and words, the unconscious recall and expression—by combining members’ poetry into, say, one group poem—proved enlightening and cathartic. Through symbolizing with tone, rhythm and metaphor, it was discovered that one can capture and understand buried emotions behind traumas, unresolved conflicts and wishful fantasies. This demolishes resistances, making any group analysis more amenable.

Finally, what a patient previously found excruciating to verbalize could now be poetically expatiated on openly in group therapy, alleviating anxiety.

Notes

¹This is because the poet frequently delves human behavior and the motivation behind it (Chirko, 2004, p. 24).

²See Leedy’s and Moreno’s statements at In memoriam(2004).

³Moreno had met Freud in 1912 (Riva, Grassi, & Belingheri, 2020, p. 369).

⁴A stem sentence is like a cliffhanger requiring completion, e.g., “I like to...” (similar to a sentence frame, which is a fill in the blank, e.g., “I like to...on the weekends”). It simplifies the process of expressing oneself, because it acts as a prompt to facilitate writing when one can see the structure. The missing segments are what the client fills in, forming a new poem (Gonzalez, 2019).

⁵Pinsky, as a coincidence, married a clinical psychologist (*Internet Archive*, 2013).

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Brief Article 2 – Professional

Use of Board Games in Group Psychotherapy:

How Play Therapy Can Enhance Treatment for Children with ASD

Valery G. Zullo, M.S., BCaBA, Lysmary Cadavieco, M.S., Hannah M. Browning, M.S., &
Rita M. Rivera, M.S., CBIS, CTP, CAIP

Autism Spectrum Disorder (ASD), as defined by the DSM-5-TR, is a neurodevelopmental condition characterized by persistent deficits in social communication, repetitive behaviors, and sensory sensitivities. These traits emerge early in development and impact various aspects of daily functioning, including social and academic settings. ASD presents differently in each individual, with some adapting compensatory behaviors while others require significant external support (APA, 2022). Group psychotherapy can be a valuable treatment approach for individuals with autism, including children, as this modality offers unique benefits such as a structured and controlled social environment (Gates et al., 2017). Group psychotherapy can provide a supportive and inclusive space that supports children with autism in building meaningful connections, developing social skills, and consequently, improving their overall quality of life and well-being. The present article discusses some of the unique social challenges often experienced by children diagnosed with ASD and the potential benefits of incorporating novel approaches, such as play therapy, into group treatment for these individuals.

Children on the autism spectrum often encounter distinct challenges when navigating social and emotional situations. The intricacies of social cues, unspoken rules, and non-verbal interactions that come naturally to others can overwhelm these children. Recognizing the significance of effective interventions to support individuals' social development, integrating board games into social skills groups has emerged as a highly promising approach (Hill, 2016; Noda et al., 2019; O'Neill & Holmes, 2022). Board games can provide a structured and engaging platform for children to actively practice and enhance their social abilities within a supportive and controlled environment (Bayeck, 2020). As such, by engaging in interactive gameplay group sessions, children with autism can develop crucial skills, including effective communication, cooperation, and acceptance of others (Guivarch et al., 2017).

Furthermore, using board games in social skills groups not only fosters adaptability, as children learn to navigate the changing dynamics of gameplay, but it can also promote self-confidence by allowing them to engage more comfortably with their peers and express themselves assertively (O'Neill & Holmes, 2022). Board games can facilitate spaces for children to cultivate essential skills for emotional regulation, like patience and tolerance, as they learn to take turns, respect rules, and cooperate with others. These skills extend beyond the board game and group setting, positively impacting their interactions across various social contexts, including their home and school environments. Another advantage of integrating board games in group psychotherapy is that this intervention can be used to model effective conflict resolution and response strategies (Bayeck, 2020; O'Neill & Holmes, 2022). Children can thus learn to manage disagreements, practice problem-solving, and empathize with their peers by engaging in collaborative gameplay.

Overall, children diagnosed with ASD commonly exhibit specific and limited interests, resulting in reduced engagement in socially-based recreational activities than neurotypical children (Memari et al, 2015). Board games offer distinct benefits through their inherent reward systems, making them particularly stimulating compared to alternative interventions. Additionally, these types of games can function as effective tools for teaching joint attention, strategic thinking, and appropriate social behaviors in response to other players. Children with ASD can hone their abilities to maneuver group settings and establish peer relationships by joining in board game activities. As they become familiar with the rules, many ASD children can interact with minimal reliance on adult assistance, fostering a sense of autonomy. Research has also shown that board games create valuable opportunities for neurodivergent children to connect and participate in naturally motivating activities, such as enjoying a game together (Atherton & Cross, 2021). Playing these games within diverse groups facilitates learning from each other along with developing empathy skills. Although existing literature on creative group therapy modalities with children with ASD is promising (Vaisvaser, 2019), further research is needed to further identify appropriate modalities as well as cultural considerations and possible limitations.

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Brief Article 3—Professional

Cultural Humility as a Universal Group Norm

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One of the most important initial tasks in group therapy is the creation of group norms, which serves multiple functions. First, the norming process is a part of informed consent, laying out the expectations and rules necessary to participate in group. The norming process is the first step toward creating the group culture, by identifying and clarifying the values to which all members and facilitators aspire. Finally, the development of norms is ideally collaborative between group facilitators and members, empowering members to take ownership of the group space and experience. While some group norms are open to collaboration, others are universal and non-negotiable, based on ethical guidelines—confidentiality for instance. Cultural humility should also be a universal group norm guiding both facilitators' and members' group interactions.

Owen et al. (2011) describes cultural humility as a “way of being” with clients, in contrast to “doing” multicultural work in therapy with clients (i.e. multicultural competence). Cultural humility consists of intrapersonal (ongoing, in-depth self-reflection and self-critique) and interpersonal components (being other-person focused), both of which are relevant to group therapy (Davis, et al., 2018; Mosher et al., 2017). Much of the literature on cultural humility has focused on the individual therapy setting and, specifically, on the client's judgment of the therapist's level of cultural humility (high or low). Cultural humility is an extension of humility, which is “...an accurate view of self, the ability to restrain self-focused emotions and behaviors in socially acceptable ways, and the ability to cultivate other-oriented emotions and behaviors” (Davis et al., 2013, p. 60). Humility is associated with building relationships, increasing trust and safety while in the relationship, and forgiveness when conflict arises, all of which are crucial group therapy experiences and goals. Thus, orienting oneself toward humility seems to be important to form and maintain strong relationships; and given we are all complex, cultural beings, humility and cultural awareness naturally go hand-in-hand.

A useful framework exists describing various ways cultural humility can show up in therapy. While developed with individual therapist-client relationships in mind, this framework can be adapted to better understand how cultural humility may present in group therapy spaces. One aspect of this cultural humility framework is self-examination and self-awareness (Mosher et al., 2017). Group members and facilitators oriented toward cultural humility will be tuned in to the ways their own cultural identities are intersecting with the cultural identities of the other members, beyond simply recognizing differences and similarities. This may look like self-reflection on how they show up in relationships with people who are similar and different to them, a pattern that will potentially emerge in the here-and-now space of group therapy (e.g. cultural differences/similarities in communication or emotional expression). In addition, cultural humility requires both an awareness of one's own limitations in knowledge, as well as an acknowledgement of another person's expertise in their lived experiences. This requires active listening skills, curiosity, openness, and a desire to more deeply understand someone else—all important to build group cohesiveness and intimacy amongst members. Based on this, it is clear how cultural humility can enhance relationship building, though all of the research supporting this has focused on the therapeutic alliance (Mosher et al., 2017). Extrapolating to group therapy relationships, expressions of cultural humility can facilitate a sense of connection and trust amongst group members. This could manifest as a group member expressing their desire and intentions to more deeply understand other group members. These intentions can be enacted by communicating awareness of what one knows and does not know, and, further, expressing curiosity to know or learn more about someone's cultural experiences. These behaviors are also useful when navigating differences in values or beliefs amongst members, something that can also be an important source of interpersonal learning. Another aspect of cultural humility is a willingness to repair relationship ruptures (caused by cultural mistakes) and to navigate differences in values. If a rupture occurs, a culturally humble group member would remain open to feedback from the injured group member, to better understand what happened. This might look like validating the other person's pain, expressing remorse or apologizing for the pain caused, communicating one's own limits in knowledge, and expressing appreciation for the opportunity to learn and repair the rupture (Mosher et al., 2017).

— In addition to its relevance to group dynamics, cultural humility is also relevant when considering group therapy ethics. Brabender and MacNair-Semands (2022) describe a number of group therapy ethical paradigms that group facilitators can adopt to guide their behavior. Both components of humility are featured in all of these paradigms: adopting another orientation (*prioritizing group members' well-being, their rights, equitable treatment*) and an accurate view of self (*competence and knowledge of one's limitations, awareness of power dynamics*). Culturally relevant group therapy ethics should be universal for all group therapy experiences, regardless of the type of group or the population being served. Whether or not a group therapy space is intended to serve marginalized communities or not, these spaces will inevitably be rich with cultural diversity. Because of this reality, adopting cultural humility as a group norm and value can serve as an important guide for ethical behavior on the part of group facilitators.

— Cultural humility, as an orientation in therapy relationships, has not only been found to enhance the alliance-building process, but positively impact therapy outcomes as well (Mosher et al., 2017; Owen et al., 2011). As I have dug into the literature on cultural humility, and humility more generally, it has become clear to me that the benefits transcend the individual therapist-client relationship. Cultural humility, as a group norm, increases the chances of group members obtaining what they are hoping for out of a group therapy experience, such as community, connection, and interpersonal learning opportunities. Additionally, an intentional attunement to cultural humility lays the foundation for group facilitators to engage with group members in ethical and principled ways.

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Student Research Review & Articles

Research Review I

Building Alliances Through Cultural Competency in Group Therapy

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Abstract

When building alliances in group therapy, it is important to communicate with others through the lens of cultural competency. In the world of group therapy, many different identities come into play mimicking outside oppression and struggle. These come from places that may be unknown to other members of the group and the facilitators themselves. Additionally, there is an obligation of understanding other viewpoints in their journeys through group therapy, as well as possible practices for future group settings. The process will be uncomfortable however, build a foundation for trust and meaningful discussions which will in turn, form stronger alliances.

Upon starting a course on the strategies and inner workings of a group, I had little experience in knowing how a group functioned. My previous experience as a co-therapist group helped me understand that forming alliances can be a bridging factor between specific groups of people and be a core aspect of group therapy. My previous group comprised women who were mostly people of color. Perhaps, there was a sort of bond building beyond just the recognition of a mental disorder. As Yalom and Leszcz (2020) elaborate, the macrosystem of the world is often played out in a group setting, as it mimics what the client exhibits when they are outside of the group (p. 56). A client brings to the group their own struggle and their own feelings of oppression. In a sense, what they experience outside the doors of that safe space are replicated and shared in a smaller microscopic environment. Thus, this can often create similar levels of oppression and alliance. As we see Yalom exhibit in the mock tapings of his group sessions (PsychotherapyNet, 2009), certain cultures clash while others form bonds in perhaps their own feelings of being a minority in the outside world. For example, if a woman of color speaks up against how she feels discriminated in the job field, while a White cis male states that there is no discrimination. Another person of color might identify with the first woman and form an alliance. On the other hand, there can be another male let's say, side with the first man about how they do not personally see that struggle. This idea of microaggressions comes

from a place of inherent lack of perspective and a place of privilege. A common theme we see is the voice of the majority overshadowing those who are more vulnerable. According to the preface of *Examining Social Identities and Diversity Issues in Group Therapy*, Ribeiro (2020) states a great point that we need to reality check and see the consequences of our righteousness coming from a place of power. We are all born into a system that is composed of values, traits, and behaviors. It is then up to us as group leaders to push those boundaries while also understanding ourselves inside our comfort-zones. One individual's experience does not equate to others, and vice versa. We must be careful not to diminish the hardships of others who come from different walks of life. I can be as competent as possible however, that does not change the situations and oppression that a person feels outside of the group (Ribeiro, 2020). At the end of the day, I am still a White person who experiences privilege, and in this setting, it is up to me to take a step back and learn from my clients. It is okay to feel uncomfortable especially when your privilege harms another individual's way of life. Stepping out of one's comfort zone, from my perspective, to not only teach your clients but also learn from them will create a more dynamic, interesting, and meaningful alliance. It brings down the boundary of leader and client and focuses on building trust through understanding.

People feel inclined to ubiquitously support those who are within their "in groups," while not understanding the group that they may identify as the "out-group." This can lead to hostile dynamics and the transmission of microaggressions. What I propose is that we require a diversity guideline before entering a group. This could be a written document reminding group members that individuals come from all different walks of life and to respect their experiences. This will enable individuals to become cognizant of the context of their struggle or establish within themselves a place of privilege to acknowledge when discussing with others. Lefforge and others have proposed a new training model that consists of "didactic training, role-play and modeling, and an experimental fishbowl-style group exercise," (2019). The model is meant to address microaggression and replicate the external stressors outside of the group on a smaller scope. By putting these aggressions under a magnifying lens, it allows these issues to become salient. It shows others in the group a taste of what someone with different factors of marginalization go through on a daily basis. This modality was received well with multiple conferences associated with the American Group Psychotherapy Association. Many people are very sheltered in their viewpoints and are simply ignorant to the struggles around them. For example, I am a white cis female. As a woman, I am faced with the structural boundaries that come with being femme- presenting. However, I won't be able to fully put myself in the shoes of a woman of color. There are more barriers put in place in society as an individual of color.

I do, however, note to be sensitive as I was trained to have this open exploration into my own privilege and biases. As important as it is for me to keep myself in check, I believe that it is as important for others in a group to be sensitive and come with an open mind. As DeLucia-Waack (2010) explains, there needs to be recognition and understanding of other cultures in group settings. Most group practices, and therapy tactics in general, are formulated around a Euro-centric model. This places individuality and self-expression on a pedestal, which inherently contradicts many other cultures that are raised collectivist with different moral values. DeLucia- Waack emphasizes that in addition to us as group leaders and facilitators being trained in having cultural competency, it is as important for a group to understand the values and intricacies of each other's backgrounds (2010). This is to minimize microaggressions, encourage discourse, and create a much more welcoming and open environment for everyone. Previously, I have mentioned how a misinterpretation can lead to misunderstanding, as well as unnecessary shaming in the microsystem that is group therapy. The last thing you want as a group leader is to make someone feel uncomfortable and unheard. As much as we like to think that we are a melting pot of people, we are oftentimes unaware of the cultural nuances that different people experience that may interplay in interactions. One person being quiet can be representative of either being shy and reserved, or it can also represent being respectful based on how they were raised. Groups that are the most effective are the ones that try to understand their position as an individual, as well as their peers' thoughts through a cultural lens. Cultural spans beyond just ethnicity or nationality; it covers behavior, views on individuality, problem solving, views on the world, as well as coping styles (DeLucia- Waack, 2010). In my culture, being a Russian Jewish woman, it is encouraged for us to speak up when we are unhappy, but only if our source of unhappiness is outside of our families. We are taught to have the utmost respect for our elders and take their word as golden. I as a group leader may also bring my own viewpoints inadvertently when trying to facilitate discussions, however, I must be self-reflective and keep track of my own biases.

It might also be beneficial, in addition to some sort of diversity training, to have resources readily available for group members to study. Oftentimes I have noticed, people are simply unaware of cultural differences due to being surrounded by the same type of people. For instance, let's look at a hypothetical white cis-hetero male who grew up in an upper-class white neighborhood. Perhaps his school consisted of a diverse group of individuals. Maybe he watched movies, shows, or listened to music from all around the world. He may have had interactions with people of different cultures, but due to his environment, it could have been very limited. How much he was entrenched and aware of the oppressions faced by people who are unlike him were most likely restricted. All that he knows and all that he has experienced came from a place of privilege. The place of power has restricted how keen he may have been on strife's that did not impact him directly. He did not experience the same oppressions that other marginalized groups did. It doesn't help that the education system follows a historical background that is written by White individuals, so the background of what they are learning is already skewed and comes from a place of power. History is written by those who already have control. These biases and assumptions are based on stereotypes or a rigidity in viewpoints due to lack of multi-ethnic experiences. By providing a list of resources about cultural competency when creating a group might start turning the gears a bit into thoughtful discussions that are open-minded and free of judgment. Beyond that, it can be a conversation point to bring up during meetings and share thoughts on what they felt as they read through the resources. The Association for Specialists in Group Work (ASGW) states that there are various

ways in which group leaders should adapt to their group, while also continuing acquiring knowledge. This can be used to monitor the group's growth throughout the weeks. The list of resources available can be proactive for group growth and cohesion.

In conclusion, bonding over experiences is very real and makes us bring a sense of empathy that is unmatched to someone who has not been through similar experiences. From a personal standpoint, I feel more connected with other women or other children of immigrants, since we could have had similar upbringings and struggles. Choosing to disclose personal information, especially in a group setting with new people, is daunting and scary. It is exemplified if you are someone who feels like they don't belong in a group of people who are the same group that ostracize you in the outside world. It is important to acknowledge your standing in their eyes, while also listening and being active learners.

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From the Inside Out: Psychology Trainees' Experience of a T-group.

Flanagan, M., & Williams, M.

Abstract

The advent of T groups began over half a century ago as research on group dynamics began illuminating the importance of focusing on the here and now in a group setting (Highhouse, 2002). These groups consisted of 10-20 members meeting consistently over several weeks, concentrating on the relationships among members and how the group functions as a whole (Bradford et al., 1964). The popularity of these groups has since waned; however, a wealth of information can still be gained from a participant in a T group. The benefit is especially relevant for graduate students in training to become clinical psychologists and practice group psychotherapy in some capacity.

Introduction

It is commonplace for psychology trainees to be required or advised to be in therapy during their training program in order to understand better what it is like to be a client in therapy. Not many students, however, get the chance to encounter what it is like to be in a group therapy setting. Nine students and myself were afforded the opportunity to immerse ourselves in a T-group process led by our professor, and it was an invaluable training experience that will forever impact the group work I do as a Clinical Psychologist.

Traditionally, a T-group is focused on individual self-discovery and growth (Gorden, 1979). It has very little structure, and in a setting of silence and few-to-no instructions, the group members begin the discourse. The warm and kind professor we had grown accustomed to receiving copious amounts of lecture material from was, in this setting, silent and still faced. All that we were told was the time for the T-group, how to set up the room, and “to discuss the material of your last four or more classes and to observe and reflect on the group process as you do so” (Scrofani, 2022). The group took place over five weeks in one of our classrooms, facing each other in a circle of chairs. We would start in silence until a comment from a group member punctuated it. Then we were off. To understand our group better, it may help to know a little about the history of T groups.

History of T Groups

The T group, or “training group” has its conceptual beginnings through connections to the Tavistock clinic and psychologists such as Eric Trist and W. R. Bion where group therapy dynamics and techniques were being investigated in the 1940s (Highhouse, 2002). In 1946, the idea for a T group arose from Ronald Lippitt, Leland Bradford, and Kenneth Benne leading a group with Kurt Lewin where students were allowed into process observations by the research observers of the student group discussions. The students were supplied new insights into their and the group’s behavior from the perspective of the research observers. Following the creation of the National Training Laboratory (NTL) for group development in 1947, T groups began evolving into a clearer configuration by focusing on the here and now, or what was happening in the group and its members (Highhouse, 2002).

According to Bradford et al. (1964) the group would be made up of 10-20 members that would meet for 2-3 weeks several times per day. It is important to note that the trainer who was part of the group was not a group leader. The groups would often start with a trainer sharing a statement about focusing on the here and now and that the work of the group was up to the group itself but would provide no further instruction. The unstructured nature of the group often led members to come up with a task to turn their focus on. The task could be anything from having members introduce themselves or simply discourse about their thoughts about the group. Throughout the group, the trainer would share an observation of the group process or a certain individual in order to keep the group focused on the here and now (Highhouse, 2002).

A Personal Experience of a T-group

To say we floundered for the first two weeks is an understatement. We struggled with knowing what roles to assume and rules to follow. How could we deal with such ambiguity? Positive and negative feelings emerged. Long, awkward silences. And moments where individuals violated the silence in an attempt to get a dialogue started. We were tasked to do work, but at the beginning, few of us, if any, fully understood what that meant. Our professor noted in a lecture that pure group process “is difficult and threatening, but extremely valuable” (Scrofani, 2022). How quickly we forgot these words of wisdom and reassurance when we were amid the pure group process experience.

Occasionally our professor would break his seemingly lofty silence to offer brief insight or direction. Oh, how frustrated we were with him! Why could he not just tell us what to do, what to talk about? Slowly, however, we began to make progress. Ruptures between individuals were explored, and we arrived at insights on our own.

Soon, our professor's comments no longer derailed or antagonized us but confirmed the work we were already doing.

As I delved deeper into this short term-group experience, I found that while there was relief at no longer having to encounter such raw emotion, a part of me would miss it. Getting to experience my cohort mates in such an unadulterated way showed me just how little I knew about them, and they knew about me and made us reflect on our own feelings toward the individuals sitting next to us. It was fitting, but also that much harder, that there were several members who were leaving the program at the end of the semester.

Reflecting back, we experienced several curative factors of group process in real-time. Yalom and Leszcz (2020) described the change within a group as being motivated by discomfort, which was very true for us. The few of us who broke the silence perhaps did so because we were uncomfortable with it. Yet, we also witnessed another factor proposed by our professor. We internalized the good we found in each other which also facilitated change within the group (Scrofani, 2022).

For example, I initially hesitated to offer my insights, waiting for bolder members to speak up first. Then one session, I voiced my thoughts and broke the silence. I wanted to know what it felt like to be the first to say something, so I channeled what I saw as leadership from other members and took a step into the abyss. I internalized this good in the group, and in doing so, I realized that I liked sharing my thoughts, and others responded positively to what I had to say. Gradually, I began speaking more and responding to other members with affirmation.

From another perspective a colleague reported internalizing this exercise. This interpretation of the exercise encouraged one to experience the group process and embrace relationships with the cohort. This goal was the motivator to speak up and begin a dialogue. Although noteworthy in beginning the intra-group process at other times it revealed ruptures.

The ruptures that occurred were repaired through compassion; the hurt that was expressed was healed through affirmation. For example, one week, we spent the entire group attending to the feelings experienced by individuals who had not felt included in cohort social gatherings. The rupture was addressed through the recognition of how these cohort members had indeed been left out at no fault of their own. We acknowledged our differences and reflected on what was occurring in the here and now, namely hurt and guilt, which, as Yalom and Leszcz (2020) noted, increased the group's power and effectiveness.

Summary

We recognize several limitations of my reflection on group process. Our overall positive experience was dependent on several protective factors, which may have drastically changed the group if they had not been present. The members of our group had been colleagues for two years before completing this exercise, and while there was anxiety about the exercise, the anxiety would have been much more intense had we been strangers. Additionally, we belong to a training program whose core values are that of respect and compassion for the human person, and it is likely that these values influenced our interactions. Another factor that affected our ability to engage in the group, was a priming effect created by attending lectures throughout the semester on group process prior to beginning the exercise. We knew and felt safe with the professor who became the trainer. Our professor is also a highly experienced group clinician. Had he been an outside or more inexperienced group clinician, we may have had a very different experience.

In the end, the lesson reinforced was that you really don't know what it's like to be in the client's shoes unless you do it yourself. You feel the pressure to speak, to not speak, to call someone out for not sharing, to put someone down for taking too much attention. The best and the worst of you creep up and feel exposed. How can someone run a group without having the experiential knowledge of what it feels like? For our part, we are

indebted to this experience and will keep in mind all that we felt and learned when we are leading groups ourselves.

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Reflections on Queerness, Age, and Self-Disclosure in Inpatient PTSD Groups

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Abstract

Group leader self-disclosure's impact on group psychotherapy is an area of discussion that can benefit from further exploration. Self-disclosure of held identities by the group leader is an important consideration in group research. I hope to add my voice to the discussion as a group leader in training who has had a variety of group experiences with self-disclosure of held identities. The aim of this reflection is to add my voice through conveying my experience as a group leader in training and various impacts of my self-disclosure of identities. In this discussion, I hope to include analysis of the factors that influence how identity self-disclosure are taken up both from an individual and structural standpoint. This also opened productive discussion about authority, others' experiences of me, and my beginning to bring myself into my work. Ultimately, I have found that bringing in group leader identities can generate productive discussions about difference, authority, and increase insight for those in group therapy settings.

Conversations about being a queer individual therapist and self-disclosing about sexual orientation are happening in the literature (Cabai, 1996 & McPherson, 2019). However, conversations around the impacts of the self-disclosure of held identities of group leaders are still a relatively new area in group therapy research, especially as it relates to queer identities.

I hope to contribute to this discourse in my graduate school career engaging in further learning about group processes by reflecting on my experience as a queer group leader. My first group experiences came from working at a residential trauma treatment center during my undergraduate career. At this facility, I was a residential technician, and my responsibilities consisted of upholding rules, coordinating weekend recreation and service activities, and leading skill-building and psycho-educational groups. This range of responsibilities required me to negotiate various roles in managing these various tasks. I pursued this job because I was interested in entering the field and learning more about therapy work. In this position, I was able to get an incredible depth and breadth of experience – because the program was short-term treatment (35-45 days) there was a decent amount of turnover, with approximately two new clients entering the house each week, with a maximum capacity of 15 clients with severe trauma histories. Groups were integrated with several different trauma-focused treatment modalities. This meant I was able to work with many people and experience varied reactions to my held identities. These reactions were informed by the client's lived experiences, their held identities, and learned preconceptions. The patients were generally (but not exclusively) middle-aged, white, heterosexual, cisgender men, and mostly first-responders or veterans. I am a younger, white, and (open and visible) queer person. Because of this, I found that the group work was a microcosm of the outside world in which there were people of various diverse backgrounds engaging with those in treatment. This paper will explore, through the use of personal narratives, some of the many complexities of being a gender and/or sexual minority group leader.

My responsibilities in this role included performing typical residential technician duties, as well as organizing and leading weekend recreation and service group activities. In this capacity, I also was able to lead skill-building and psychoeducation groups weekly. I was also given the opportunity to sit in on some processing groups led by clinicians at this center. Upon entering this position, one of the first things I noticed was several clients used to a very patriarchal authority structure (i.e., those coming from a place where age and masculinity were markers of status/respect) had difficulty with me when I was in an authority or leadership role. This came about especially when I was required to hold firm boundaries with group members. Some instances of this included when I would organize activities with mandatory attendance, uphold house rules about TV and movie times, and maintain smoking time frames. Some of the clients were able to name that they had trouble with someone who was young and “different” from them in an authority role because it departed from the leadership structure they were used to (where masculinity and age were both essential markers of leadership). My difference also created room for growth by troubling preconceived ideas about leadership and building relationships that served to shift perspectives. Challenging these ideas of who “should” be leading was difficult for many clients to

cope with, and they opened up discussions about why the clients felt like I should not be maintaining boundaries with them. In this same vein, my authority forced people to grapple with their deeply held personal beliefs about power and sexual orientation (in the context of the United States being a heterosexist society) which impacted the way they moved through the world. These deeply entrenched beliefs typically came out through pushback when I had to maintain a boundary. Through maintaining strong relationships with these clients and compassionately communicating and holding boundaries, I was able to increase flexibility around these deeply held beliefs. It was also interesting to hear the associations people had with my leadership role – some members said that I reminded them of their children, others of a boss they didn't like, and one of a parent. Through this transference, they were able to work on why they had difficulty with people and to realize their projections were not always accurate.

I also found many people used my identities as a bridge to try and relate to me through a projected experience of “not fitting in” or “not being understood”. Clients expressed that having the fantasy that I held the same feelings they did about others in their lives allowed them to feel connected and understood by me. Using their fantasies allowed for a greater understanding of their assumptions and desires in interpersonal relationships. These client perceptions of my queer identity also informed their belief that I had experienced difficult things in life. While I did not self-disclose my history to them, being able to hear their assumptions about me, based on my identities, served to help facilitate my understanding of their perception of others and the world around them.

During my tenure in this role, I found self-disclosure was something that both helped and hindered the group, depending on the nature of the disclosure. I also found that when I self-disclosed, I had to be comfortable with that information being shared with all members of the group. Many people asked my age – and initially, I was forthcoming. For most, this was used as a non-ambiguous way to locate me in the world. However, I found that self-disclosure without discussing the implications, fantasies, and assumptions of what it would mean to know that aspect of my identity would foreclose productive conversations that could help these clients know themselves better, such as the client who found out I was the same age as their child and began to express resistance to me about following set rules. Further in their treatment, this client was able to connect the dots about the reason they struggled with me being an authority figure due to my age.

I was able to foster curiosity with the clients when I asked them what they hoped to understand about me based on my sexual orientation or age. I also often got the sense that the way I was perceived was more consciously about my age, but it was also about my sexuality but on a less conscious or open way. By that, I mean that the impression I was frequently left with was that my age and sexual orientation (and gender presentation) were bound together in the minds of many I was working with. A potential factor in this is there is a generational difference in social acceptability with discussing age compared to sexual orientation. Due to heteronormative attitudes and beliefs, sexual orientation was viewed as unspeakable or unnamable. Additionally, the language I have learned to use to explore gender, identity expressions, and sexuality is vastly different from that of people who are not as familiar with working with the complexities of the LGBTQ+ community (Rossi & Lopez, 2017).

Despite the occasional difficulties that I faced navigating my identities and self-disclosures, there were also touching moments that occurred in the group. For example, there was a moment when my held identities allowed someone to use their perception of me to understand their relationship with another. A client told me that she had a queer child who she had had a difficult time understanding. She said that getting to know me had allowed her to better understand how she related to LGBT people in her life outside treatment. She was able to sit in the tension between her strongly held homophobia, understand the impact that her actions had on her child, and work on repairing that relationship.

On the other hand, when microaggressions (or overt aggressions) were enacted by group members, my queer identity served to open up those conversations about the impacts of words and actions. My identities (especially age and LGBT identities) served to bring the real world into the group and help the group negotiate their behaviors in the context of belonging to a diverse human community. It helped the group express conflicts within the group and improve people's experience of interpersonal interaction in the real world. One such example of this is when a new group member made a homophobic joke that I didn't hear. The other group members addressed it with him directly and immediately. I later learned that the group members encouraged him to think about what he was saying not just for my sake but for the sake of everyone who may be in the room and made uncomfortable by insensitive jokes. They were able to use my identities not only to give a concrete example of how his actions could be hurtful but also to help him mentalize the impact of his words on a community that may have generally been more abstract for him. Ultimately, it also allowed other members of the house to explore their feeling toward a new member of the group.

Being a queer leader also required me to explore and deal with my own feelings that came up around the people I was working with. When we would get an LGBTQ+ client, I had to be aware of what their identities pulled from me, while noticing my reactions. I was also confronted with dealing with (primarily white) masculine ideals in ways that I was not used to. There were difficult aspects of this work that required me to have compassion in moments where privilege was salient. The most intense example of this was when a client was saying homophobic slurs (not directed towards anyone in the room) and I had to talk with him about why this was not allowed while maintaining my composure.

Through this group experience, I was able to develop close relationships with people that I did not usually get the chance to interact with and learn from. I gained an understanding of how to navigate complicated power dynamics with those in the group involved in

the process. It was not always easy – giving and receiving feedback was something that we all learned to accept. I had to work with others to find out how our various positionalities to power informed how we interacted with and experienced each other.

Summary

The reason I feel naming, addressing, and understanding how my identities impacted the group working space is beneficial is because I think group leader diversity is an important consideration. Identity differences are helpful, especially when these factors can help others become more aware and able to integrate varied perspectives. Discussing difference also opened up conversations around a number of factors that influence treatment, including interpersonal interactions, relation to authority, and cultural assumptions. I found that engaging with differences allowed many people to come up with different reactions and associations that could help them on their healing journey. I was also able to learn about the nuances and varied reactions that come from self-disclosure as well as begin to think about how relation to power influences others' reactions to my self-disclosures. This experience further provided me the opportunity to understand the ways I took up reactions to my self-disclosure as I began to navigate bringing myself into my work. Additionally, our changing world demands adaptation of group therapy to evolving cultural norms (Chen, Kakkad, & Balzano, 2008). Group therapy's adjustment to new ways of thinking, especially when informed by the advancing understanding of gender and sexual minorities, will serve to keep groups (and group leaders) rooted in a more socially just world.

References

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COR Corner -APA Council of Representatives



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It was 2002 when I was sitting in Carnegie Hall feeling the goosebumps on my arms when Sweet Honey in the Rock performed to mark the 20th anniversary of the Gay Men's Health Crisis. Our APA President, Dr. Thema Bryant, recently started a townhall singing one of their memorable songs...“We are the ones, we are the ones, we are the ones we've been waiting” <https://www.youtube.com/watch?v=UHsJHZpOJCc> In preparing for this year's convention and Council meeting, we are reminded that restorative justice is in our hands, and groups are a key mechanism to making this happen. Leaders within our own division, Drs. Whittingham, Marmarosh, Mallow, and Scherer, are moving group work forward through their recent contribution in the *American Psychologist* (2023) on Mental health care equity and access: A group therapy solution. Let us keep remembering, *We are the ones* that can guide our profession into the utility of groups and group therapy as a vital imperative for healing and reconciliation. This is our time as a Division, and as an APA, to forge forward with intentionality towards health equity and dismantling systems that uphold racism, and other oppressive systems, in place. Let us continue to hold groups as an essential in this imperative...

APA President Updates

Dr. Bryant has been busy on many fronts to advance our work as an organization. To read more about her work for APA, please visit <https://www.apa.org/about/governance/president/updates/thema-april-2023> Also notable, is recent work on adolescents and social media. Below is an excerpt that she shared in an email to Council in mid-May:

“In February, I convened a presidential Rapid Expert Advisory Panel to examine relevant scientific literature and formulate recommendations to empower adults and adolescents to make informed, safe, and positive decisions about using social media.

The goal was to provide science-backed guidance to educators, parents, policymakers, mental health and health practitioners, technology companies and youths themselves. The result is the [American Psychological Association Health Advisory on Social Media Use in Adolescence](#), which contains 10 recommendations and is making a lot of news.

Thanks to the leadership around this fast and monumental effort. I wanted first to thank my cochairs, Mary Ann McCabe, PhD, ABPP, and Mitchell J. Prinstein, PhD, ABPP, and distinguished Advisory Panel members Mary K. Alvord, PhD; Dawn T. Bounds, PhD, PMHNP-BC, FAAN; Linda Charmaraman, PhD; Sophia Choukas-Bradley, PhD; Dorothy L. Espelage, PhD; Joshua A. Goodman, PhD; Jessica L. Hamilton, PhD; Jacqueline Nesi, PhD; Brendesha M. Tynes, PhD; L. Monique Ward, PhD; and Lucía Magis-Weinberg, MD, PhD.

Here are some highlights from the first day of the report's release.

OUTREACH:

The report and materials that accompanied it – including two tip sheets for parents, [Keeping Teens Safe on Social Media](#), [What Parents Need to Know](#) and [Social Literacy for Teens, a Q&A](#) – were sent out widely to legislators, including all 50 US Attorneys General, Vice President Kamala Harris' office, the White House Domestic Policy Council, United States Secretary of Health and Human Services Secretary Xavier Becerra, all Hill chief of staff and legislative directors, key Hill committee and personal staff, the National Governor's Association, the US Surgeon General, FTC commissioners, and the Mental Health Liaison Group.

The Surgeon General said: “I am thankful to the APA for their leadership in issuing science-based recommendations that can provide guidance to families across the country as they navigate the use of these platforms.”

Additionally, APA sent the report and additional materials to more than 100 organizations representing a cross section of nonprofits, media literacy, science, technology, social media advocacy, journalism organizations, and the entertainment industry.

This weekend, the PTA's Weekend Update newsletter (250,000 subscribers) will feature the advisory and include tips for parents.

MEDIA COVERAGE:

As of 12:00 p.m. May 10, my quotes or references to the health advisory have appeared in at least **176 news items** (69 TV reports, 12 radio and 95 print or online articles) **representing a potential audience of 325 million**. Media of note include:

- NBC Chicago: [What Psychologists Recommend Parents Do Amid 'Health Advisory' for Kids' Social Media Use: The findings come at a time when there is increasing appetite in Congress for regulating social media companies](#)
- CNN.com: [Teens should be trained before entering the world of social media, APA says](#)
- ABC News: [American Psychological Association issues advisory for teens and social media](#)
- The Hill: [APA issues new guidelines on social media use for kids](#)
- FOX News: [Teens and social media: American Psychological Association issues guidance for safe use and 'instruction'](#)
- Medical Xpress: [Advisory panel issues recommendations for adolescent social media use](#)
- Mashable: [New Social Media Recommendations For Teens Focus On Preventing Harm](#)
- Patch.com: [Health Advisory Issued On Social Media Use By Children, Teens](#)
- WTOP: [How parents should deal with teens' social media use](#)
- Deseret News: [American Psychological Association panel says parents should be monitoring teens' social media use](#)
- WUSA-TV 9 (TEGNA affiliate): [Psychologists' group issues recommendations for teens' social media use](#) (this segment has aired on at least 14 affiliates) “

Upcoming COR Meeting

APA Convention is less than two months away. The Council of Representatives listserv is starting to become busier with emails going out on new business items, resolutions and of course updates on convention. However, as I write my column today about the work on Council, there are only a few items posted to date for me to offer a preview on. These items in the Council Dropbox include a few new business items (NBIs), which are presented in no particular order: 1) Resolution opposing involuntary individual isolation of youth in juvenile justice settings; 2) Resolution on supporting psychologists' education and research about, and activism against violations of girls' and women's rights globally; and 3) Change in Association Rules to include the Committee on Global Psychology in the Council Agenda Planning Group. Because I also represent Division 49 on the Caucus on Promoting Global and Global Human Rights Perspectives, I will say there are some places where Division 49 experts could offer assistance particularly with evidence- and/or practice-based research on the use of group interventions within global armed conflict environments. Leaders within this caucus are planning to write a resolution in the next several months that provides practical ideas that members and APA can do to assist and/or support people in various countries where armed conflict is an issue. As a starting place, we will be focusing particularly on countries within our MOU partnership:

<https://www.apa.org/international/programs/memorandum-understanding> where APA has already built collaborative relationships. If you have any research on best practices for group interventions within these cultural contexts, please email me to share resources so we can compile them as we begin writing a resolution. The leaders of this Caucus also recently met with Dr. Cathi Grus, who is the chief education officer at APA. She shared with us that she is leading a team to advocate for clinical and counseling psychology to be moved under STEM in academia. Though there would be many benefits to this move, a particular one would be to ease the burden on our international students/colleagues who come to study, train, and eventually work in the U.S. Dr. Grus' office plans to have their proposals turned in by August 1, 2023, to the Department of Homeland Security for their review. Industrial/Organizational Psychology just successfully completed this move after a ten-year period of advocacy, so it may be a long haul to make this move for us as well.

APA President-Elect

Other business at the COR plenary and Convention will be soliciting support for Dr. Debra Kawahara who will be running for APA President-Elect 2024. I will be strongly supporting her platform and will be volunteering on her campaign team. Please visit her booth and get to know her. I promise, you will be impressed with her strong leadership experience and humility that will continue to advance APA as a leader within the US and a global partner within psychological science.

Appreciation

Finally, a gracious thank you to Dr. Leann Diederich who will be serving as a proxy during the upcoming COR meeting as I am unable to attend this year. Dr. Diederich will be an excellent representative for us, and as I would normally do, she will be sending out updates and the usual summary after the meeting to keep us all informed of policy and business outcomes. Okay, there is your brief update of COR happenings and what I know thus far.

To close, thank you for reading and engaging in our division! And as always, please don't hesitate to reach out to me at Michele.Ribeiro@oregonstate.edu if you have comments or questions about COR and our role as a division within the larger APA. Thank you!

Division 49 Standing Committees

Division 49 Leadership

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

