

## Election Issue

### President's Column

Robert K. Conyne, PhD

#### Button-Poppers

I write to you in the midst of an already long and cold winter made all the more trying for so many by crushing economic terrors. Yet, holding fast to a strengths-based viewpoint, I remain buoyed by sources of support and hope. Our country's new president blazes a path of optimism. Our own group division is popping some of its own buttons with exciting initiatives, some of which I will discuss below. Spring will be here when you read this newsletter. And what can beat looking forward to Toronto in early August, where we as conventioners will be greeted by the promise of the cool warmth of great Canadian weather and the vibrant multicultural urban center of that great city. These are things to hold onto.

Let me in this newsletter issue discuss some of the "button-poppers" on which your leadership team has been working. These items emerge from two recent meetings, the 49 Mid-Winter Board of Directors meeting, held in Atlanta on January 10–11, 2009, and the Group Practice Research Network (GPRN), which met in Chicago on February 18, 2009, in conjunction with the meeting of one of the GPRN member associations, the American Group Psychotherapy Association.



Robert K. Conyne

A. *Emerging from the first meeting (our Board) were many important outcomes. Here are some of them (space does not permit mentioning all of them):*

- *Prevention groups.* If you have been following events recently in our division you will recall that this year's presidential theme is "Using Groups for Prevention." Some convention programs will address this theme and this year's Division 49 Group Psychologist of the Year, Richard H. Price, PhD, will address evidence-based group programs aimed at prevention in his address. This also will stand as our division's contribution to the new "Convention within a Convention" that James Bray, APA President, has organized for this convention in Toronto. As well, plans are underway for a special "Presidential" issue of our journal, *Group Dynamics*, on this topic that I will co-edit with Elaine Clanton-Harpine. Keep your eyes peeled for how you might become involved in this scholarly venture.
- *Research Supported Group Treatments.* Gary Burlingame, our President-elect, has selected this topic as the theme of his

future presidency, and no one could do it better than he. We have now established a standing committee to address it (with Jennifer Johnson as chair) and we can look forward to exciting directions that will emerge.

- *Diversity.* The standing committee on diversity that the division inaugurated a couple of years ago, with leadership by Eric Chen, has been awaiting invigoration. I am excited to report that Michael Waldo and Sheri Bauman, the new committee co-chairs, have attracted an outstanding collection of committee members all of whom are deeply committed to helping our division advance strongly in becoming increasingly diverse and in making broader contributions to how group work can target diversity and multicultural initiatives.
- *Students.* Our membership is filled with exceptional researchers, scholars, and practitioners in the broad field of group psychology and group psychotherapy. As I've pointed out, we not only need to support their excellence but to capitalize on it by integrating them more closely with students and early career professionals through mentoring and other ways. We are seeking to make strides in this area, products which you will see evidenced in Hospitality Suite programming and networking at the Toronto convention, and in other ways. Moreover, we welcome and value students, wish to see their numbers radically increase, and intend to create mechanisms by which they can be integrally involved in divisional processes and products. As one step toward these goals, the Board voted to create a permanent position on our Board for a student representative. Leann Terry is working with Gary Burlingame as we speak to craft the procedures that will lead to a vote of the membership on a Bylaws change to make this vote a reality.

(Continued on page 4)

**Division 49  
Candidate Statements, pp. 8–10**

## 2009 OFFICERS AND COMMITTEE CHAIRS

**BOARD MEMBERS****President**

*Robert Conyne, PhD*  
Counseling Program  
University of Cincinnati  
Cincinnati, OH 45221  
Phone: (513) 556-3344  
Fax: (513) 556-3898  
E-mail: Robert.conyne@uc.edu

**President-Elect**

*Gary M. Burlingame, PhD*  
Department of Psychology  
Brigham Young University  
238 TLRB  
Provo, UT 84602  
Phone: (801) 422-7557  
Fax: (801) 422-0163  
E-mail: gary\_burlingame@byu.edu

**Past President**

*Donelson Forsyth, PhD*  
School of Leadership Studies  
University of Richmond  
Richmond, VA 23173  
Phone: (804) 289-8461  
E-mail: dforsyth@richmond.edu

**President Emeritus**

*Arthur Teicher, PhD* (Deceased)

**Secretary**

*Jennifer Harp, PhD*  
141 East Fairmount  
State College, PA 16801  
Phone: (814) 234-3464, ext. 5  
E-mail: jsh262@aol.com

**Treasurer**

*Lynn S. Rapin, PhD*  
4022 Clifton Ridge Drive  
Cincinnati, OH 45220  
Phone: (513) 861-5220  
Fax: (513) 861-5220  
E-mail: lynn.rapin@uc.edu

**Council Representative**

*Allan B. Elfant, PhD, ABPP*  
429 West Shadow Lane  
State College, PA 16803  
Phone: (814) 234-8011  
E-mail: abelfant@mac.com

**Members-at-Large**

*Sally Barlow, PhD, ABPP*  
Brigham Young University  
268 Taylor Building  
Provo, UT 84602  
Phone: (801) 422-7748  
Fax: (801) 422-0163  
E-mail: sally\_barlow@byu.edu

*Irene Deitch, PhD*

31 Hylan Blvd.  
Staten Island, NY 10305  
Phone: (512) 626-1424  
E-mail: profid@aol.com

*Gloria Gottsegen, PhD*

22701 Meridiana Drive  
Boca Raton, FL 33433-6310  
Phone: (561) 393-1266  
Fax: (561) 393-2823  
E-mail: Ggottsegen@aol.com

*Joshua M. Gross, PhD, ABPP*  
Psychologist and Group Psychotherapy  
Coordinator  
The University Counseling Center  
Student Life Building, Suite 201  
The Florida State University  
Tallahassee, Florida 32306-4175  
Phone: (850) 644-8875  
Fax: (850) 644-3150  
E-mail: jgross@admin.fsu.edu

*Arthur Horne, PhD*  
University of Georgia  
402 Aderhold Hall  
Athens, GA 30602  
Phone: (706) 542-4107  
Fax: (706) 542-4130  
E-mail: ahorne@uga.edu

*Richard Moreland, PhD*  
Professor, Department of Psychology  
University of Pittsburgh  
3103 Sennott Square  
Pittsburgh, PA 15260  
Phone: (412) 624-4574  
E-mail: cslewis@pitt.edu

**EDITORS**

**Journal Editor**  
*Craig Parks, PhD*  
Department of Psychology  
Washington State University  
Phone: (509) 335-8946  
E-mail: parkscd@wsu.edu

**Newsletter Editor**

*Thomas Treadwell, EdD, TEP*  
(See under **THE GROUP PSYCHOLOGIST**)

**STANDING COMMITTEES**

**Awards**  
*Robert Conyne, PhD*

**Cultural Diversity**  
*Michael Andronico, PhD*

**Education and Training**  
*Sally Barlow, PhD, ABPP*

**Fellows**  
*Richard Hayes, PhD*

**Finance**  
*John Dagley, PhD*

**Membership**  
*Joshua Gross, PhD, ABPP*

**Nominations and Elections**  
*Donelson R. Forsyth, PhD*

**Program**  
*Jeanmarie Keim, PhD*  
*Maria T. Riva, PhD*

**Publications**  
*Jennifer Harp, PhD*

**Student Representative**  
*Leann J. Terry*  
Doctoral candidate, Indiana University

**AD HOC COMMITTEES**

**Bylaws Revision**  
*Donelson Forsyth, PhD*

**Early Career Psychologists**  
*Shannon Salter, PhD*

**Foundation**

*Lynn Rapin, PhD*

**Group Practice and Research Network**

*Lynn Rapin, PhD*

**Public Information/Education**

*Irene Deitch*

**School-Based Mental Health Group Interventions**

*Elaine Clanton-Harpine*

**Students**

*Leann J. Terry*

**OTHER POSITIONS**

**Archivist**  
*Richard Moreland, PhD*

**Committee on International Relations**

**(CIRP) Representative**  
*Julia F. Moss, PhD*

**Committee on Women in Psychology**

**(CWP) Network Representative**  
*Danielle R. Oakley, PhD*

**Diplomate and Credentials**

*Josh Gross, PhD*

**Federal Advocacy Coordinator**

*Gloria Gottsegen, PhD*

**Website Coordinator**

*Donelson Forsyth, PhD*

**THE GROUP PSYCHOLOGIST**

is published by Division 49:  
Group Psychology & Group Psychotherapy  
of the American Psychological Association

c/o the Editor  
*Thomas Treadwell, EdD, TEP*  
Center for Cognitive Therapy  
University of Pennsylvania  
3535 Market Street, 2nd Fl.  
Philadelphia, PA 19104  
Phone: (215) 746-0448  
Fax: (215) 898-1865  
E-mail: ttreadwe@mail.med.upenn.edu

**Submission Deadlines:**

March 1, June 1, October 1

*All material for publication should be submitted  
to the Editor as an email attachment  
(Microsoft Word or Word Perfect format).*

**Contents**

President's Column .....	1
2009 Officers and Committee Chairs .....	2
From Your Editor .....	3
Division 49 Mid-Winter Board Meeting Minutes .....	5
<i>Group Dynamics</i> —Journal Update .....	7
2009 Division 49 Candidate Statements .....	8
Group Warm-Up Technique: That Reminds Me .....	10
Implementing Group Sandplay Therapy .....	13
The Psychodramatic Group Psychotherapy Treatment Program for Adult Male Sex Offenders .....	15
Member News .....	18
2009 Division 49 APA Annual Convention Program ....	18
School-Based Mental Health Group Interventions Conference .....	18
Ad Hoc Committee on School-Based Mental Health Group Interventions .....	19
Ad Hoc Student Committee Report .....	19
Prevention Corner .....	20
Student Corner .....	21
Dialectical Behavioral Therapy: A Review .....	22
Division 49 Membership Application .....	Back page

## From Your Editor

Thomas Treadwell, EdD, TEP



Thomas Treadwell

As the incoming editor I am excited and honored to take the reins of *The Group Psychologist* from Allan Elfant. Allan is an accomplished and respected leader in group psychotherapy and carried out the editorial job of *The Group Psychologist* with exceptional skill for the past 4 years, keeping Division 49 members updated on group concerns, articles, and division news items. Although we are beginning a new chapter in the leadership of the newsletter, we are dedicated to continuing to provide you with the most up-to-date information regarding Division 49!

My idea of strengthening our newsletter is to continue what Allan started along with reaching out to *early-, mid-, and later-career group psychologists* for their input as a means of creating a newsletter with group news that is significant for all members. In so doing, I envision bringing in students as assistant editors as a means of reaching pre- and early-career psychologists. I feel that we are not reaching everyone in the division—we have 500+ members with the majority falling in the category of “*later-career*” psychologists.

It is only a hunch, yet I also feel that we are missing our “veterans” input for the newsletter. I need help here in reaching out and inviting them to contribute their wisdom to our newsletter, too. Thus, I would like to include a special column focusing on group tips, techniques, and strategies that have worked for you and may not have been published. We know there is an abundance

of group wealth from the later-career psychologists and I think it would be helpful, especially for early-career psychologists, to read, learn, and inquire about former successes. We cannot do this without the support of our veteran members; we need articles and news items on all aspects of group psychology.

Articles or brief reports and news items can be e-mailed directly to me at [ttreadwe@mail.med.upenn.edu](mailto:ttreadwe@mail.med.upenn.edu) as can letters to the Editor. I would also like to include reviews of books, DVDs, videos, and online group interactions as part of the newsletter.



The Group Practice Research Network met for a full day, Feb. 18, 2009, in conjunction with the American Group Psychotherapy Association conference in Chicago. Representing Division 49 are Gary Burlingame (2nd from left), Bob Conyne (4th from left), Lynn Rapin (5th from left) and Josh Gross (9th from left).

### Student Reviewers for *The Group Psychologist*

**Leann Terry** is a 6<sup>th</sup>-year doctoral student (counseling psychology) at Indiana University and is currently completing her internship at Pennsylvania State University.

**Letitia Travaglini** is a 2<sup>nd</sup>-year master's student at West Chester University (clinical psychology) and is Research Assistant to Aaron T. Beck, MD.

Brief reports, comments and student editorials are highly encouraged. We are interested to learn and share with Division 49 members what students are encountering in their group programs! Please send your ideas to Leann ([ljterry@indiana.edu](mailto:ljterry@indiana.edu) or [ljt18@psu.edu](mailto:ljt18@psu.edu)) or Letitia ([ltrav@mail.med.upenn.edu](mailto:ltrav@mail.med.upenn.edu)).

### July and October 2009 *The Group Psychologist* Issues

*The Group Psychologist* newsletter is accepting articles for the July and November 2009 issues. The submission deadline for the July issue is **June 1, 2009**, and the submission deadline for the November issue is **October 1, 2009**.

Suggested article length is 2,000–2,500 words, submitted in MS Word format. Submit articles for consideration to Tom Treadwell, Newsletter Editor, at [ttreadwe@mail.med.upenn.edu](mailto:ttreadwe@mail.med.upenn.edu). Please also include a brief author biography and photograph (jpg or tiff formats only).

## President's Column

(Continued from p. 1)

- *Development.* Immediate Past president Don Forsyth helped the division to ferret out clumsy or non-existent policy and procedures into clear procedural documents. This was an elemental contribution. We are working to further refine these tools but, in addition, to look ahead to bold, new possibilities. Nina Brown, chair of the new Development Committee, is brainstorming a number of exciting options, including new products that would be of use to members. Stay tuned and if any of you are interested in creative and entrepreneurial activities, please contact Nina (nbrown@odu.edu). And let me make a special plea. We are considering creating a Foundation to benefit the division. I'm sure Nina will appreciate hearing from anyone who possesses experience with foundation work and/or who may hold a special interest in this area.
- *Division Name and Mission.* Connected with all the above is the Board's consideration of the division's name and mission. Are these reflective of how we understand ourselves, our history, our future? I reprint next the current division name (duh!) and mission statement, below, and ask you to make your thoughts known about them by interacting through our listserv: div49@lists.apa.org

*Division Name*  
Division of Group Psychology and  
Group Psychotherapy

*Current 49 Mission Statement*

"The purpose of this division shall be to promote the development and advancement of the field of group psychology and the modalities of group psychotherapy and group intervention through research, teaching and education, and clinical practice and to further the general objectives of the American Psychological Association."

- *Increased transparency.* As you can see, we want to increase awareness of all members in division issues and to find ways to solicit early and ongoing input. Our listserv, mentioned above, is intended for that purpose. Our Board meetings are open functions for any member to attend. Our Toronto Hospitality Suite will be planned to emphasize sharing and networking. And you can feel absolutely free at any time to contact anyone on our Board. My email address is robert.conyne@uc.edu
- *Committees, Elected Positions, and Opportunities.* The Board approved committee chairs and members in most of our existing standing committees. A couple of weeks later we approved a slate of nominees for elected office. More information about these important areas is contained in this newsletter issue. All of them provide opportunities for involvement for you, our members. Let me say once again, if you would like to become engaged in the division in any way, please let me know.
- *Membership.* In *Bowling Alone*, Robert Putnam pointed out the decline that has occurred in organizational participation among U.S. citizens. Many professional associations—and all group associations I know of—including our division—unfortunately are part of this trend. So, our numbers are decreasing and also

graying, the polar opposites of healthiness. Our membership chair, Josh Gross, has been working diligently with his committee and with APA to clearly describe our situation and to promote growthful activities. Our commitment to students and early career professionals and our emerging focus on diversity are two outcomes.

*B. Emerging from the February 18, 2009 meeting of the Group Practice Research Network (GPRN):*

- *GPRN.* As you may recall, the GPRN met for the first time last January (2008) at APA headquarters at the initiative of President Lynn Rapin (who is now our treasurer), and our second meeting was on February 18, 2009, in Chicago, in conjunction with the American Group Psychotherapy Association conference. This network is comprised of representatives from our division and from other Group associations, including AGPA and the Association for Specialists in Group Work (ASGW), to name two of them. The overarching intention is to collaborate with each other, not to ignore or compete, and to identify larger projects that would benefit the group arena that probably no one professional association could undertake alone. We are moving toward sponsoring a major meeting next year to address the important topic of Research Supported Group Treatments, expecting that valuable projects and products will be spawned.

*C. Ongoing Activity: The "Group Specialty" Proposal as a Stellar Example*

- Many additional activities continually occur within the division. I will highlight just one of them here: Our Education and Training Committee's (under the tireless direction of Sally Barlow) several-year project to acquire a "Group Specialty" designation by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). A specialty is understood by CRSPPP to be a "defined area of psychological practice which requires advanced knowledge and skills acquired through an organized sequence of education and training..." As I write this column, the petition is posted on the CRSPPP website for 40 days of comment, after which the APA Education Directorate will either request revision, provide approval, or decline the request. Although we certainly hope that our proposal will be approved, thus elevating "Group" to a level it deserves, regardless of the outcome Sally Barlow merits a loud and prolonged round of applause from all of us for her dedication to furthering the cause of group education and training and for the excellent proposal she produced.

Our division has a large and expanding agenda. Nothing less should be the case as group approaches are critically important to both persons and society, requiring the very best of theory, research, and practice. Of course, we have room to grow in our efforts. Nothing less should be the case, again, for we are an evolving and dynamic association.

I appreciate you being a member of 49 more than you can know and for all your continuing contributions to the field. Stay connected, pop some buttons, and stay well.

For Good Groups,  
Bob

# Division 49 Mid-Winter Board Meeting Minutes

Atlanta, Georgia

January 10, 2009 (8:30–12:00, 1:30–5:20)

January 11, 2009 (9:00–12:00)

**Attendees:** Robert Conyne, PhD (President); Gary Burlingame, PhD (President-Elect); Donelson Forsyth, PhD (Past President); Lynn Rapin, PhD (Treasurer); Jean Keim, PhD (non-voting for Jennifer Harp, PhD, Secretary); Joshua Gross, PhD (Member-at-Large); Irene Deitch, PhD (Member-at-Large); Nina Brown, EdD (Member-at-Large); Arthur (Andy) Horne, PhD (Member-at-Large); Maria Riva, PhD (Member-at-Large); Leann Terry (invited student representative).

**Absent due to illness:** Allan Elfant, PhD (APA Council Representative); Jennifer Harp, PhD (Secretary)

**Unable to attend:** Richard Moreland, PhD (Member-at-Large, replacing Dr. Michael Andronico)

## Welcome, Introductions and Meeting Overview (Dr. Conyne)

The meeting was called to order by Dr. Conyne. He noted the importance that tasks assigned at the meeting be carried through after the meeting in particular in regard to roles and committee structure. He noted one problem is lack of finances for the committees. Dr. Conyne announced that Dr. Richard Moreland (alternate on the election ballot) replaced Dr. Michael Andronico (resigned) as Member-at-Large.

## Executive Committee Reports

### *Past-President (Dr. Forsyth)*

Dr. Forsyth summarized the August 2008 board meeting. The committee structure was discussed and a division name change was explored with support. APA journal concerns were discussed. His recommendation is to work with other publishers to switch the journal to a publisher with a more favorable contract. The renewal is in about 7 years.

### *President (Dr. Conyne)*

Dr. Conyne explored an interdivision grant from APA for GRaPN activities. APA has cancelled that grant program due to lack of funding. The August 2009, Div. 49 convention theme for Toronto is using groups for prevention. The theme was considered when selecting the Group Psychologist of the Year.

### *President-Elect (Dr. Burlingame)*

Dr. Burlingame led a discussion of two-year presidential terms and benefits of having more time to implement and follow through on presidential agendas and Div. 49 goals.

Dr. Burlingame reported his first goal is to bridge empirical work with applied work. That is, how can the research findings impact and improve the practice of group work. Dr. Burlingame also wants to focus on who the organization is (Div. 49) and who are we serving. Dr. Burlingame believes the niche Div. 49 has over other group organizations is empirically or Research Supported

Group Treatments (RSGTs). He would like to see Div. 49 be the scientific foundation for group psychology and psychotherapy. Dr. Burlingame also suggests identity through diversification.

### *Treasurer (Dr. Rapin)*

Dr. Rapin forwarded Dr. Dagley's current financial reports to members of the board. The reports highlight strategic planning issues based on numbers in the ten-year span of the report. Dr. Rapin reported financial resources are lower than in the past. Additionally, APA has not accounted for drops in royalties. Members discussed potential savings on the newsletter, such as an internet newsletter versus print. Dr. Rapin reiterated the requirement for pre-approval by the board for any travel to meetings for which participants plan to request reimbursement. It was noted that changes in expenses/costs between years was sometimes the result of donations (for example a member paying for the suite or reception). Currently, the division has a small income stream from royalties.

### *Journal, Newsletter, and Website Reports (Dr. Forsyth)*

Dr. Forsyth discussed the journal in relation to financial concerns. Ms. Terry requested potentially pairing students with experienced ad-hoc reviewers. Dr. Riva suggested adding students as formal ad-hoc reviewers. Ms. Terry was asked to communicate with the editor and request the addition of student ad-hoc reviewers.

Deadlines for the newsletter were mentioned. Discussion was held regarding the cost savings and an environmentally friendliness of an electronic version of the newsletter.

### *Electronic Communications*

Dr. Forsyth reported the listservs are in place. Dr. Forsyth monitors the division listserv messages. Individuals join via APA and spam messages are interceded. He also moderates the board listserv. Group-Buzz is not moderated and individuals must subscribe to it.

### *Publications Committee (Dr. Forsyth)*

The question was raised whether the division secretary should also be the Publications Committee chair consistent with the Policy and Procedures Manual. Dr. Forsyth agreed to serve as temporary Publications Committee chair for interim time until the question is resolved.

Dr. Forsyth raised a concern regarding general communication with membership and APA, and where the responsibility lies. A discussion followed. Dr. Gross will contact APA and regarding coordination between the division and APA, for example membership mailings, member records, new member letters and certificates, contacting dropped members.

### *Membership Committee (Dr. Gross)*

Dr. Gross reported on his efforts in membership in particular students and dropped members. He is also writing columns in the Group Psychologist newsletters. Dr. Riva suggested that each committee

(Continued on page 6)

## Div. 49 Mid-Winter Board Meeting

(Continued from p. 5)

have a member from one of the four career levels. GroupBuzz will be used for communicating with all committee chairs and committee members.

### *Finance Committee (Dr. Rapin)*

See treasurer report above.

### *Diversity Committee (Dr. Conyne)*

Dr. Conyne nominated and the board approved Dr. Michael Waldo to chair based on his experience. The diversity committee is tasked with exploring a "Diversity in Group Psychology and Group Psychotherapy" award including its criteria, and to clarify and obtain approval for the statement about this committee in the Policy and Procedures Manual.

### *Education and Training Committee (Dr. Conyne)*

Dr. Conyne nominated and the board approved Dr. Maria Riva as chair of Education and Training.

### *Awards Committee (Dr. Conyne)*

Dr. Conyne led a discussion regarding Dr. Richard H. Price, University of Michigan, as Group Psychologist of the Year. Dr. Price's work focuses on evidence-based work using groups for prevention. Dr. Price was unanimously approved as Group Psychologist of the Year. His award will be presented during his Convention within a Convention talk.

The student dissertation award is coordinated by Dr. Richard Moreland and information will be forthcoming.

### *Program Committee (Dr. Keim)*

Dr. Keim summarized the current status of the 2009 Toronto APA Convention program. Programs will include experiential, empirical, academic and student related presentations. Dr. Keim requested assistance from students with welcoming speakers and potentially handing out membership materials. Board members supported increased suite programming. She suggested a change in term of office for the committee and chair from December 31 to August following the convention due to difficulty changing chairs in the midst of submitting the program to APA.

### *Committee on Nominations and Elections (Dr. Forsyth)*

A slate was proposed and discussed. Members were suggested for president-elect and member-at-large. The board approved the ballot and contacting nominees regarding their running for the nominated positions.

### *Fellows Committee (Dr. Conyne)*

The committee members were proposed and approved as follows: Dr. Richard Hayes, Dr. Susan Gantt, Dr. David Kipper, and Dr. Dennis Kivlighan.

### *Student Committee (Ms. Terry)*

Ms. Terry reported the committee is revising the brochure and

passing information to potential members. Two students are writing newsletter articles and a student editor position is being sought. The students request a student member be on the Div 49 board. Dr. Burlingame motioned a student be a voting member of the board. The board discussed needed changes in the bylaws regarding how the student committee chair would be elected/selected. The board voted to have a student committee whose chair would be a member of the board. The bylaws changes will be sent to board members for review.

### **Policy and Procedures Document (Dr. Forsyth)**

Dr. Forsyth provided a summary of the policy and procedures document and requested the board members keep him updated on appropriate changes to the document. All changes to working notes should go to the secretary and Dr. Forsyth will accept changes in the interim.

### **Group Practice Research Network (GPRN) (Dr. Rapin)**

Dr. Rapin reports that the first meeting had resounding enthusiasm and response. Group agreed to meet again in February 2009. The three presidents (past, current, and elect) represent Div 49 at the meeting. Dr. Rapin wants to clarify the goals of Div 49 in relation to the GPRN.

### **Public Interest/Education (Dr. Deitch)**

Dr. Deitch discussed committee membership. Her goals for the group were to focus on communication with the members in particular in relation to social justice and public education. They have also interacted with the public information directorate on issues such as poverty, aging, welfare and unemployment. Dr. Deitch would like a co-chair for the committee. Modifications to the committee's charge such as public information or public issues were proposed.

### **Federal Advocacy Coordinator (Dr. Conyne)**

Dr. Gottsegen's report was reviewed and she will remain as chair. Currently division funds do not allow for funding attendance at the leadership conference or congressional lobby day.

### **School-Based Intervention Committee (Dr. Conyne)**

Dr. Harpine's report was reviewed and the board discussed the funds requested to support a presenter at the school-based mental health conference. The Board requests that Dr. Conyne explore with Dr. Harpine any profit-sharing arrangement for Division 49 in this venture. The board decided total monetary commitment of the division will not exceed \$500.

### **ABPP (Dr. Gross)**

Drs. Kobos, Elfant and Gross serve in the group specialty. Dr. Forsyth suggested the ABPP in Group be included within the Education and Training Committee. This would be a liaison function with the board of ABPP.

### **Sunset Committees (Dr. Conyne)**

Dr. Conyne reported two inactive, and sunset committees: Research and Development. Dr. Burlingame plans to focus on research supported group treatments and coordinate with the Education and Training. Members of the board expressed concerns regarding

what the tasks of the committees are. The Research committee will become focused on RSGT and a chair and committee developed.

### **Development, Think Tank and Foundation (Dr. Forsyth)**

Dr. Forsyth discussed the development committee and his attempts to clarify its tasks. Dr. Horne has been working on creating a fund for individuals to assist the division with items such as supporting the suite and hospitality related expenses. Dr. Conyne suggested blending the development and foundation committees. Dr. Riva pointed out the importance of insuring any foundation funds are protected from APA or other organizations. Dr. Deitch pointed out that to have members contribute funds you must provide support and development of those members. Dr. Brown was unanimously elected chair of the committee. Dr. Burlingame suggested the foundation, development and think tank be combined into the Development committee and his motion was unanimously supported. Dr. Brown will develop a mission statement for the committee. Dr. Brown reported on the fund raising think tank. She discussed goals of the committee and sought goal prioritization from the board. Several innovations were presented.

Dr. Conyne requested specific items for which the board needs funding. In regard to a foundation, members discussed how the board might seed the foundation. Dr. Brown pointed out the importance of the foundation being separate from the division financially. Dr. Brown is seeking committee members and potential advisory board members.

### **Strategic Planning (One and Five Year) and SWOT Analysis**

The group brainstormed on the Strengths, Opportunities, Weaknesses and Threats facing the Division. This work was incomplete and is being continued via electronic communication. Also, consideration of the Division name and mission will be taken up by the Executive Committee. Recommendations will come from it to the Board and then input will be requested by the general membership. A final recommendation will be produced by the Board, which will be voted on by the membership.

Respectfully Submitted,  
*Jeanmarie Keim, PhD*  
*Acting Secretary*

## **Group Dynamics—Journal Update**

*Craig Parks, PhD*

We received 77 new manuscripts in 2008, and our rejection rate is around 70%. Our mean time between reception of a new paper and final decision is almost exactly 3 months. We are receiving an increasing number of manuscripts that pertain to group practices that fall beyond the traditional social/organizational or clinical/counseling distinction. For example, we are getting a number of papers that look at how to use counseling and/or social research to help sports teams. We are also increasingly becoming a home for papers on methodological issues pertaining to groups.

It is noteworthy that the editorial staff is pleased with the level of author support for the journal and with the mix of papers that they have received. Things are going smoothly, wonderfully so in fact!

There will be a special issue on *prevention groups* to be

edited by Elaine Clanton-Harpine and Robert Conyne. They are in the early stage of planning this special issue to focus on evidence-based prevention groups for the Division 49 (APA) journal, *Group Dynamics*. *Prevention groups* might be stand-alone or be part of a comprehensive program. They could highlight a population, a setting, be oriented toward disorder avoidance or to health promotion, targeting social justice, etc. A broad range.

We wish to highlight the best available descriptions of prevention groups that are clearly supported by evidence and we are interested in the special issue serving to help open the field for more development.

They may issue a formal Call for Proposals at some point but right now Bob and Elaine are simply interested in beginning to get some leads for good work in this important area. Send your comments to Robert Conyne at robert.conyne@uc.edu or Elaine Clanton-Harpine at elaineh@usca.edu.

### **Listserv**

Are you participating in Division 49's e-mail listserv? If not, then you've missed out on many interesting and potentially valuable messages about job opportunities (academic and nonacademic), calls for papers in special journal issues, conference announcements, and so on. The listserv has also allowed members to consult with one another on issues of mutual concern, such as evaluations of various therapy techniques. Several hundred Division members are already on the listserv—if you want to join them, contact Don Forsyth at dforsyth@richmond.edu.

## 2009 Division 49 Candidate Statements

### Candidates for President-Elect



***Jeanmarie Keim, PhD***

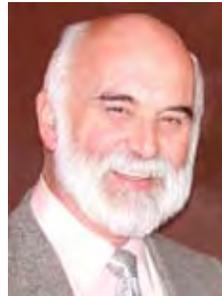
It is my pleasure and honor to accept the nomination to run for President-Elect of Division 49. I am hard working and motivated to work tirelessly to promote the division in terms of the mission, and in particular, increased membership, financial stability and member resources.

My experiences with Division 49 began in the mid-90s. Over the years, I have assisted with a variety of tasks including: presenting at the conference, assisting with the membership committee, reviewing proposals, serving as program committee chair and co-chair, and reviewing manuscripts for the journal.

My background is in counseling psychology. I earned my Masters in Counseling and Doctorate in Counseling Psychology from Arizona State University. I am a licensed psychologist in both Arizona and New Mexico. Currently, I am a faculty member in Counseling at the University of New Mexico. I am passionate about teaching, research and clinical work involving groups. Throughout my 17 years in academia, I have been responsible for courses in group procedures, group counseling and group psychotherapy. In my clinical work, I primarily have conducted group psychotherapy. My background in groups, management, and program coordination provide a strong foundation for this position.

Group psychology and group psychotherapy are an integral part of me as a person, clinician and academic. As president-elect, I would focus on the key issues I believe are facing Division 49: membership and financial resources. A continued emphasis on recruiting new members and member retention is essential to our growth. New members add to the vibrancy of the Division and its members. The dedication and ideas of current members will continue to be one of our greatest strengths. While increased membership and member retention can help with financial stability, I believe it is a short-term solution to a long-term problem. I would work to continue efforts to establish a foundation to provide stability of economic resources. I believe we can achieve this via donations, preconference workshops (at reduced prices to members), sales of DVD interviews and trainings by our more 'senior' group experts, and potentially a mini-conference every 2-4 years (not the same year as ASGW's). My agenda, while continuing the support and services provided to members would bring greater emphasis to the membership and financial concerns that have been discussed across the division in recent years. I would also see my role as one of providing service to the membership through training opportunities in both group psychology and group psychotherapy, at beginner and advanced levels.

Thank you for your consideration and support.



***Thomas W. Lowry, PhD, ABPP***

Dr. Lowry received his doctorate in clinical psychology from the University of Texas Southwestern Medical School, has held teaching and administrative positions at the University of Texas and Texas State University, and is currently in private practice doing group, individual and marriage therapy.

His leadership positions have included:

- Founding Member and President, Capital Area Psychological Association;
- President, Texas Association for Marriage and Family Therapy;
- President, Southwestern Group Psychotherapy Association;
- President, Texas Psychological Association;
- APA Representative to Council from Texas;
- Founder and President, Austin Group Psychotherapy Society;
- Founder and President, American Academy of Group Psychology.

Dr. Lowry is a Fellow with AGPA, a Diplomate with ABPP in Group Psychology, and was named Psychologist of the Year by The Capital Area Psychological Association.

He has published and conducted workshops in the areas of Group Process and Psychotherapy, Sex Therapy, Organizational Development, and Boy Scout Leadership.

Dr. Lowry's professional career in academia and clinical work has made him sensitive to the essential importance of science and practice in the field of group psychology. For many years he led the effort to integrate academicians into the life of the Texas Psychological Association, he has worked to maintain a strong licensing law for Texas psychology, and he has been an advocate for active involvement of graduate students in state and national professional organizations. He has taken the lead in encouraging group practitioners with ABPP certification to join and be active in Division 49.

He is married to another psychologist, Dr. Alaire Lowry, and they have two grown sons and one very special granddaughter.

### Help Us With Our Membership!

Please encourage your colleagues to join Division 49. An online membership form is now available at <http://www.apa.org/about/division/div49.html>. Our Membership Chair, Joshua Gross, PhD, will be pleased to help. He can be reached at [JGross@admin.fsu.edu](mailto:JGross@admin.fsu.edu).

## Candidates for Member-at-Large



### **H. L. "Lee" Gillis, PhD**

I am currently the chair of psychology at Georgia College in Milledgeville; Georgia's public liberal arts university. I teach group dynamics and interpersonal behavior; I was graduate coordinator of our master's program before we voluntarily dismantled it in 2002. I have been at GCSU since earning my PhD in counseling psychology at UGA in 1986; there I studied under Warren Bonney, John Dagley, and Georgia Gazda. These fine gentleman helped me refine my experiential approach to group psychotherapy. I have applied this methodology practically and as a researcher with adolescents in residential treatment. Much of the writing and presenting I have done shows up under the keyword: "adventure therapy."

I was humbled to be asked to throw my hat in the ring for member-at-large. I have believed in the power of small groups since first going to summer camp. The experience as both camper and counselor led to jobs as a high school counselor, leader of outdoor trips and facilitator of challenge (ropes) courses while working on my master's degree at Middle Tennessee State University. I carried this passion to UGA and have continued to practice group therapy as a licensed psychologist.

Mid-career I put much of my limited travel money and research time into experiential methods and became very involved with the Therapeutic Adventure Professional Group of the Association for Experiential Education where I served in several leadership roles including a term on the Board of Directors. While constantly a member of Division 49 I have committed the past several years to actively attending and presenting at APA. My desire to be on the board is to bring my lens as a teacher of undergraduates, a practitioner of group psychotherapy, and believer in servant leadership to help sustain and increase a membership that is open to innovative ways of group work.



### **Elaine Clanton-Harpine, PhD**

I am honored to be nominated to serve as Member-at-Large on the board and look forward to the opportunity and challenge of serving our Division. Our Division is faced with many new challenges, membership being a continued concern. We must also continue to spread the news about the importance of groups and the advantages that groups offer.

As a member of Division 49, I have worked with the membership committee, and for the past two years, have served as the chair of the new Ad Hoc School-Based Mental Health Group Interventions Committee. During these two years, our School-Based Mental Health committee has established a column in our division

newsletter directed toward group interventions in schools, entitled *Prevention Corner*. Division 49 is co-sponsoring a conference in October on group interventions in school-based mental health, our second. Our committee also put forth the idea for a special journal issue of *School Mental Health* which will feature using groups in school-based settings.

We have many talented and devoted group people in Division 49. We have much to offer as a Division. As we expand our Division's focus, we will increase our outreach and our membership. We must open the door, especially to graduate students. It will not happen overnight, but today is the beginning of a new day, a new year for Division 49.



### **Cheri L. Marmarosh, PhD**

I am honored to be nominated for Member-at-Large. My passion for groups started in graduate school where I worked with Don Forsyth and Jack Corazzini. Don facilitated my interest in research and encouraged me to study group therapy. Jack made group therapy something worth studying. Both of them made a significant impact on my career. I would like to have the same impact on others by bringing them into our Division. I will bring to the candidacy years of group experience as a clinician and researcher who can reach out to diverse populations of psychologists interested in group work. Currently, I am a full-time assistant professor in the Clinical Professional Psychology Program at the George Washington University. I have published and presented research that explores group attachments and attitudes about group therapy. I am on the editorial boards of Division 29's *Psychotherapy: Theory, Research, Practice, and Training* and Division 49's *Group Dynamics: Theory, Research, and Practice*. I was recently invited to join the editorial board of *The International Journal of Group Psychotherapy*. I am also a licensed psychologist with a part-time private practice. I am active in post-graduate training and am a faculty in the Institute of Contemporary Psychotherapy. I have worked as a clinician in university counseling centers, as a faculty member, and as a private practitioner. I have an understanding of the issues that face our field, have contact with diverse psychologists and students who are interested in groups, and a strong desire to contribute to the success of our Division.



### **Kathleen Y. Ritter, PhD**

I am honored to have my name placed on the ballot for a Member-at-Large position on the Board of Division 49. I have spent the majority of my forty-year career teaching, practicing, writing and presenting, and this is the first time I have been willing to accept such a nomination. I made this decision based on the fact that I see the teaching and practice of group psychotherapy to be undervalued by clinicians, training programs, licensing boards, funding agencies and insurance companies.

(Continued on page 10)

## Div. 49 Candidate Statements

(Continued from p. 9)

Compared to other divisions in APA, we are small and advocacy for group modalities is sorely needed, both within our organization and in the public arena. I have been a member of the Division 49 convention program committee for the past two years, an editorial board member of the *Journal for Specialists in Group Work*, and was elected Fellow by Divisions 49 and 44 of APA, and by the Association for Specialists in Group Work.

My passion for group therapy began in graduate school and has continued unabated. I enjoy preparing students for the complexity of group

therapy and, for many years, I have led a weekly demonstration group, as well as provided live and taped supervision to graduate students. I have presented numerous programs at professional meetings related to various aspects of group leadership training, as well as other group-related topics. A recent set of programs for APA (specifically Division 49) was titled *Spiritual Issues in Group Psychotherapy: An Experiential Approach*. My interest in psychodynamic group therapy has led to two recent articles in *The Group Psychologist* (Vols. 16[1] and 18[3]), and a 2008 program for Division 49, *Object Relations and Family Systems in Group Psychotherapy: A Demonstration*. I very much look forward to continuing my service to the profession of group psychotherapy by serving as a member of the Board of Division 49.

## Group Warm-Up Technique: That Reminds Me

Jim Sacks, PhD



Jim Sacks

### Rationale

Theoretical advances in the field of group therapy rarely come about by logic alone. Everything useful is the fruit of experience. We must trust in our training and intuition. We make moves we hope will have a positive effect but many fail even when based on solid theory and beneficent motivation. Then suddenly something works well. That's when theory building begins. What happened? Why did that help? So it was with the theory of this warm up. I will describe the technique

but the theory "behind it" was developed after the warm up technique was created.

### Memory

Whatever is mentally present at birth or emerges from genes in the course of development are either obvious biological drives such as nutrition, sex, self-preservation, or the ability to use language. The actual contents of our minds, however, must be stored as some form of memory either as words, pictures or mental movies. We combine and recombine these memories to construct our personal and social selves. In a certain sense, you are what you remember. It is not surprising then, that people with severe memory loss experience it as existential.

In the 1930s, the famous Kurt Goldstein moved neurology from the study of pure physiology of brain function to its natural association with psychology. While treating brain-injured soldiers from World War I, he focused attention not only on which brain regions controlled what functions but how soldiers reacted to finding themselves with severe loss of mental function and content. They were, of course, terrified. They were so terrified that Goldstein coined the phrase "catastrophic reaction" (1939) to distinguish it from ordinary anxiety or fear. In our time neurologists have examined the emotional reactions of patients with Alzheimer's disease whose foremost symptom is memory loss. (Mizukami, K. et al. 2006; Martin, B. K. et al. 2006; Contreras, S. et al. 2007; Starkstein, S. E. et al. 2007; van Winkel, R. et al. 2006).

Even in the absence of organic brain trauma or disease, we value our

memories highly. The smallest lapse is disturbing. We might say, "Wait, wait. Don't tell me!" because we prefer to undo the memory failure ourselves rather than to have a missing word supplied by someone else. It is disconcerting not only that the word is lost but what its loss means about our access to memory generally. Besides being annoyed by memory lapses, there is also positive pleasure in allowing one's memories to roam free.

When not committed to retrieving a particular datum as a missing name, there is pleasure in friends and families "reminiscing". Perhaps this pleasure may be partly due to the reassurance reminiscers feel in discovering that their inner worlds are not so barren as they may have supposed but contain riches often overlooked when measured only by the ability to retrieve. The pleasure is surely increased by the interpersonal effect. One person's memories having a common element with another person's creates intimacy. There is also pleasure in having one's own memory validated by its power to trigger a memory for someone else. The following warm up technique attempts to take advantage of this same gratification.

### Warm Ups

Normally, therapists try to help patients maximize their authenticity or spontaneity in therapy and finally in life. But patients are usually in therapy precisely because they are consciously or unconsciously afraid of their own spontaneity. They wouldn't be in therapy if they could follow the paradoxical dictum: "Be Spontaneous." The purpose of a warm up is no different from therapy itself except that it occurs at the beginning of a session when spontaneity is at its low point. Because we must begin where the patient or the group is, so our initial goal is the opposite of our eventual goal. We must create a situation, which requires as little spontaneity as possible. A proper warm up then, must necessarily have two essential features.

First, it should require as little spontaneity as possible. As Moreno (1953) explained, psychodrama itself (intentionally) removes one essential element of total spontaneity, namely, that of reality itself. "The motive in actual life when we warm up to an emotional state is usually [to influence] another person's behavior. But in extemporaneous play this motive is missing, the fictitious partner being too weak a substitute" (p. 337). While psychodrama is only pretend, this reassurance alone is insufficient for most people to act freely even in a psychodrama. For them, other limitations are also required.

The warm up exercise presented here removes many elements that might require spontaneity. Action, volunteering, new ideas (as opposed to remembered events of the past) and almost all speech except a few sentences are all eliminated. The expectation that what one says should be somehow emotionally significant is neither required nor even subtly encouraged. The initial goal is only to build a large pile of memories one on top of the other. The content offered by group members is under their own control and may consist of familiar, ego-syntonic material, which can be carefully selected not to provoke defenses.

All of these precautions may seem excessive for more extraverted members but the use of these barriers does not make the sessions boring and the restrictions are slowly relaxed as the least spontaneous members desire more freedom. Often inhibited members feel safe in opting for silence while seeing the others as making fools of themselves. Then, after a while, they begin to see those who have spoken up as having all the fun while they themselves are being left out. It is partly out of envy that they are inspired to risk a little themselves. If the use of these protections is sufficient, even very highly defended group members eventually begin to participate.

The second requirement of a warm up is to gradually increase the degree of spontaneity. Each level of spontaneity from very low to very high, when expressed, has the effect of allowing a further expression. In this way, spontaneity builds on itself. It is as if the subject thought, "I'll try a little. . . . What do you know? I got away with it and nothing bad happened. Maybe, then I can open up the bit about . . ." Spontaneity is inherently gratifying so one is motivated to risk a little more. The fears, which inhibit spontaneous behavior, are based in unconscious fantasy and the reality of the group's reaction is almost always less than the feared one, especially in the non-judgmental atmosphere of this warm up. In this way, a progression toward greater spontaneity occurs in the group as a whole and in the individual members.

### **Description of the Technique**

The lines in bold italics are the instructions given to the group. The rest are instructions to leaders of such groups. All members of new groups or groups with one or more new members should have their first names indicated on easy-to-read labels. Once labeled, no one needs to feel forgotten or embarrassed for having forgotten. Chairs are set in a circle for a group of about six to eight. There is no seat for the leader who generally stands behind the person speaking and whose presence is usually sensed as supportive. If the leader suspects that his/her presence creates anxiety s/he should retreat.

The lights are best kept low to minimize outside distractions and facilitate members' focus on inner events but the lights must not be so low as to seem spooky or manipulative. Once the group has gathered, an effort should be made to shield them from interruption, for example, by closing the door. Closing the door may be accompanied by a statement such as "this is to keep intrusions out," not to keep anyone in who might want to leave. The leader instructs the group somewhat as below. "Somewhat" because anything one can say in one's own words that communicates a given message is better than reciting another's words verbatim.

*We will go around clockwise and each person in turn may tell us three sentences.*

The limitation to three sentences is not so much to reign in non-stop talkers as to reassure the group that only minimal verbalization is expected. In practice, almost no one adheres to the three-sentence limit but if they do, the leader can always retract the limitation. It is best to allow non-stop talkers to speak for a while before interrupting them with some acknowledgment of the point they were making. For example, "I see that you tried hard to avoid being dominated by your boss. Any more could jeopardize your job. But for now, let's see if you can wind it up." It is a lesser insult to lose the floor and then the topic than to lose both at the same time with, "Thanks, Joe. We have to move on now."

Many people are inhibited about volunteering. They may not speak up in life even when their welfare depends on it, yet, if invited, they speak freely. With the stipulation of speaking by turns, no one except the first person is obliged to volunteer. It is as if the leader invisibly invites each person to speak without having to assert authority every time. The director can thus nudge the group into a given process, which then runs on its own.

*In your first sentence, tell us who in the group said something that touched off a memory of your own.*

This is important since it reminds the group members of the social context and discourages them from drifting into purely personal reverie. The attempt is to open the participants' awareness of both social input, who and what triggered their memory, as well as its inner reverberations.

Acknowledging the memory link to the other member not only helps to raise the subject's awareness of the meaningful link but it also accords the person who provided the original memory, a realization that s/he was heard and that what was said had a fertilizing effect on another mind. Members will also pay closer attention to others' memories knowing they will have the chance to react to one of them when their turn comes.

*In the second sentence, tell us your memory.*

For example, "I was told never to give the dog chicken bones because it could kill him so when I bit into one myself, I was afraid I was poisoned." I have given this hypothetical example here but it is best to avoid giving examples in the group. By participating in the exercise, the group accepts the leader's authority so a therapist's example would contaminate the influence of purely peer stimulated memories. The lesson to be learned is that people generally can be stimulating to each other without relying on authority.

If any participants have confined themselves to one sentence thus far, they nearly always give it up here. Who can tell a memory in one sentence? But most people keep within four or five sentences instead of delivering a long oration, allowing the go-round to proceed.

*In the third sentence, you might tell us how you felt emotionally at the time the incident occurred.*

Example: "I was scared to tell my mother what I did." One of the goals of psychodrama is to help participants who have trouble de-

*(Continued on page 12)*

## Group Warm-Up Technique

*(Continued from p. 11)*

scribing their emotions to practice doing so. The term “emotionally” is included because some people defeat this goal of the exercise by describing somatic feelings, e.g., “After my cousin pushed me into the water I felt cold.” The phrasing “you might tell us” is to allow an evasion by people for whom the naming of their emotions is difficult although naming past emotions is usually less threatening than describing present ones.

*If nothing comes to mind or there is nothing you want to say, just wave your hand (or pass the microphone) to indicate that the turn goes to the next person.*

This easy access to withdrawal is perhaps the most essential part of the exercise. There is no better way to reduce performance anxiety than not having to perform the exercise at all. Those who pass should get the message that, rather than as “copping out,” they are actually facilitating the group process by showing that the passing option is really available. The passing gesture allows a nonverbal way of opting out. This eases the process for those who imagine that any spoken assertion must be ready to be defended. If they had to say, “I prefer not to tell a memory,” someone might say, “Why not?”

The wording “nothing comes to mind or there is nothing you want to say” is to allow those who have conscious memories they do not want to divulge to blend themselves in with those whose minds have gone blank. The right to pass acts in combination with taking turns. Taking turns functions silently to free each person from the need to volunteer while the passing option simultaneously frees them from any requirement to speak at all.

*Is there someone who can get us started by telling a memory—any memory?*

This final question is required as whoever begins has no prior memory to associate to. I have yet to conduct a group in which no member was able to begin. If it were to occur it might be tempting to offer a story or poem to light the fuse but the group would take it as a hint and the session could easily fall into a theme centered format. If all else fails you might tell the person closest to you to begin mentioning that even s/he has the option to pass.

### Indications and Contraindications

This warm up is applicable broadly but it is especially useful with those with organic memory loss, the elderly, the depressed, groups with highly resistant or inhibited members, or groups dominated by a few dominant members. It is also useful with new patients or new groups who are concerned about their place in the group’s congealing sociometry. The format permits participants to postpone the problems of coping with the external environment and to retreat into their inner worlds only to discover that by inviting others in, they establish the very bonding to the others that they have hoped for.

Because this technique is designed to facilitate therapeutic progress with very sensitive people, it is unlikely to produce harmful effects on those less sensitive. Its very success could in rare cases be its own undoing in that patients might express more than they wished and

end up feeling exposed. The best protection from this outcome is the therapist’s cognizance of this possibility and limiting the degree of self-exposure in advance. If the process has gone too far and the over-exposure has occurred, the member should be afforded the opportunity to discuss the feelings of exposure and to listen to feedback.

### Further Directions for Directors

Psychological interpretations freeze the flow. If a director’s interpretation is wrong, trust in the leader declines. If an interpretation is correct, it is even worse. Sometimes unconscious material is obvious to everyone except the speaker but this exercise is not the proper context for confrontation. If participants seem to struggle to regain an elusive memory, the director might relieve some tension by reminding the group that the exercise is entirely about what they do remember and not what they do not. The elusive memory sometimes takes advantage of this relief and suddenly resurfaces. This procedure is reassuring to those people who might have felt they had little to offer come to realize they have a plethora of memories just below the surface. The desired effect is to strengthen the sense of identity among people who have an unduly negative sense of whom they are or who have partially lost confidence and self-esteem due to memory impairment.

The close attention and response of others to ones memories also contributes strongly to their perceived self-value. The fact of having such a session in itself implies that memories are important and therefore, so is the mind that contains them.

Some members have associations to all the others’ recollections and don’t know which to choose. This embarrassment of riches can be handled with some humorous congratulation and the person can be encouraged to pick any of the memories at random.

This memory warm up supplies a convenient point of entry for the next phase of the psychodrama. One can begin from any of the memories. Since the director is already standing behind the speaker s/he can offer a doubling comment from time to time always allowing for the speaker to offer a correction. At this point, any ego-syntonic doubling is usually acceptable.

When the director feels that a protagonist is emerging, the doubling can become a bit more extensive. Words can be directed to a target person in the proto-protagonist’s social atom. The selected person can be consulted for someone to play the auxiliary role. (I usually prefer the form: “Choose someone for your girl friend’s part.” over “Who could take the part of your girl friend?” or “Who could be your girl friend?” because the inner answer is that no one could be like her, let alone actually be her. Some members are anxious about making a choice among people; they are afraid of alienating those who aren’t selected or embarrassing the person who is. It is vital that the choice be the protagonists’ but they are less likely to feel embarrassed if they are simply told to make the selection. Then it’s not so much their fault. (I learned this in watching Moreno directly. With guilt or shame ridden subjects, he just took the onus on himself, at least at first). Once a scene gets started, it will be apparent that the protagonist is cramped for space and the scene can be moved to the stage or action area with fewer abruptnesses than otherwise occurs at this juncture. The director can stop doubling in favor of a double selected by the protagonist and the action phase of the session can proceed.

## A Case Example

Below is a description how one patient responded to this warm up. A young woman with a tragic developmental history entered into combined therapy. She explained that she had lost both parents in an accident when she was five years old and was reared in the family of an uncle who had been reluctantly pressed into accepting her. The foster family lived in a poor, rural area in the southern Appalachians. The uncle made no secret of his resentment of the extra mouth to feed and of the patient's subordinate status to his own children. As soon as she was old enough, she was assigned menial tasks in the kitchen and then in the field. She received scant support from her aunt who was also under the thumb of her irascible husband. The family seemed to have been rather nonverbal and had quick resort to acting out. At one point, about 11, she herself acted out by tearing up a cucumber patch. As punishment her uncle sent to the stable to sleep with the animals where she lived for a week sneaking food from the kitchen.

I learned all this in individual sessions and found it believable, not so much because of the credibility of her story per se, but because she seemed to have personality traits that fitted. At 18, she "escaped" with the help of another relative and spent two years at a junior college where she made no friends. This was not surprising since she was withdrawn and had many strange traits and gestures that would not have been conducive to a favorable sociometric choice by other students. She had come to New York at 22 as a kind of refugee. She was natively intelligent but with a limited vocabulary and little knowledge of the outside world.

I soon introduced her into a weekly psychodrama group where we used this memory warm up regularly. As might be expected, she opted to pass when it came her turn to speak. This was what I had hoped for so that she could become secure that her withdrawal was accepted. The group was remarkably patient and seemed to sense that she should not be pressed to share her memories. After many weeks the automatic wave signaling her "pass" was not made immediately but a long pause ensued followed by a burst of pitiable sobs lasting a full minute or more. She had never wept in her sessions with me alone. When she got herself together she again gave her usual symbol for passing. The next few sessions were dry-eyed but she still waved away her turn to speak. Finally, after more than two months she began to use her chance to share memories. She seemed to be feeling her way offering bland and even pleasant memories but bit by bit she

let them know many of the things she had told me. When she had originally told me her background, it was easier, seeming to speak as she might have spoken with her "good enough" parents during her first five years. Divulging such material to a group of peers was another thing altogether, more difficult but also more therapeutic. It was easier to tell her stories to a parent figure but quite another to open herself to the world at large which the group symbolized. Her story has a happy ending. She spent about a year in the group, married a very urban man with a large and accepting family who all seemed ready to accept her idiosyncratic gestures and general quietness. I learned years later that her husband agreed to move with her to the country and take up farming (growing specialized crops for the New York luxury market).

## References

- Contreras, S. Vargas, P., Ramos, L., & Valandia, R. (2007). Depressive symptoms associated with hereditary Alzheimer's disease. *American Journal of Alzheimer's Disease & Other Dementias*, 21(6), 411–415.
- Goldstein, K. (1939/1963). *The organism: A holistic approach to biology*. New York: The American Book Co.
- Martin, B. K., Frangakis, C. E., Rosenberg, P. B., Mintzer, J. E., Katz, I. R., Porsteinsson, A. P., Schneider, L. S., et al. (2006). Design of depression in Alzheimer's disease. Study 2. *American Journal of Geriatric Psychiatry*, 14(11), 920–930.
- Mizukami, K., Tanaka, Y., & Asada, T. (2006). Efficacy of milnacipran on the depressive state in patients with Alzheimer's disease. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 30, 1342–1346.
- Moreno, J. L. (1953). *Who shall survive? Foundations of sociometry, group psychotherapy and psychodrama*. Beacon, NY: Beacon House. <http://www.asgpp.org/docs/WSS/WSS.html>
- Starkstein, S. E., Jorge, R., Petracca, G., & Robinson, R. G. (2007). The construct of generalized anxiety disorder in Alzheimer's disease. *American Journal of Geriatric Psychiatry*, 15(1), 42–49.
- van Winkel, R., Ruud, L., Albert, F. G., Verhey, F. R. J., et al. (2006). Markers for depression in Alzheimer's disease. *Acta Neuropsychiatrica*, 18(1), 25–29.

*Jim Sacks is a retired psychologist (University of Chicago, 1957) practiced in Brooklyn and Manhattan 1957–1997. He is a past president of the Brooklyn Psychological Association and the American Society of Group Psychotherapy and Psychodrama. He is now living back in Chicago's Hyde Park, home of the University of Chicago and Barack Obama.*

## Implementing Group Sandplay Therapy

Elisabeth Counselman Carpenter, LCSW



Elisabeth Counselman Carpenter

Little has been published on the modality of group sandplay, an experiential and tactile form of therapy that when used in the group modality can have wonderful results. Group work is known to be a powerful agent for change and a cost-effective way of providing services. Multiple theorists and researchers have provided clinicians with the quantitative and qualitative information that demonstrates the efficacy of group work, which includes but is not limited to,

helping members develop coping skills, providing support, offering models for changes, providing multiple avenues for feedback and increasing self-esteem (DeLucia-Waack, 2006; Yalom, 1995). Groups provide healing factors such as universality, vicarious and interpersonal learning, and altruism (Yalom 1995). In today's society, with the uncertain economic future, groups are an even more important way of offering treatment to clients unable to afford individual treatment. When discussing different modalities of group work, group sandplay should be included in the conversation.

Creative activities and exercises within a structured group setting can help teach adaptive behaviors and help group members build their

(Continued on page 14)

## Group Sandplay Therapy

(Continued from p. 13)

skills for more positive social interaction (DeLucia-Waack, 2006). Group play therapy is becoming increasingly well known as an effective modality in working with children and adolescents. Group art therapy has long been an important tool for groups of all ages and effective in treating many presenting issues (Liebmann, 1986). However, group sandplay has not received a lot of attention and does not yet appear to be practiced widely. Traditionally, sandplay has been used in individual treatment.

Sandplay was first created in the 1920s by Margaret Lowenfeld, whose work is known as the World Technique. Dora Kalf, whose training was in Jungian analysis, furthered Lowenfeld's techniques and combined them with both Jungian and Eastern philosophy (Carey, 1999; Kalf, 2003). More extensive history and detail about the development of sandplay can be found in a number of sandplay therapy books. Since its inception, sandplay has slowly but surely spread and is now practiced in Japan, Europe and the United States. Sandplay work involves a tray of a specific size measuring approximately 19" x 28" x 3", sterile sand and a collection of miniatures. The client can either work with wet sand or dry sand. With individuals, usually one tray of each type is available. Clients choose from the selection of miniatures to build a 'world' in the sand and then tell a story about the world they have created. The miniature collection should be diverse and include different types of animals, figures, religious symbols, vehicles, buildings, natural items and furniture, just to name a few categories. The more diverse the collection, the better the clients can portray their inner world (Carey, 1999). After the client creates their world, they then describe the scene and its' story to the therapist. Sandplay is done without direct interpretation, which allows an individual's psyche to do its own healing while the therapist holds the space and bears witness to the healing process.

Sandplay cuts through the use of verbalization as defense, creates a therapeutic distance that allows for the expression of feelings that may be too painful to verbalize, and has a powerful kinesthetic quality (Carey, 1999). All of these values are helpful in developing the cohesiveness of a group. The creation of a sand tray asks group members to bear witness to another's story, which accentuates universality and helps build group cohesion. The modality of group sandplay encourages self-disclosure, because it enables the client to separate from the story they are telling to the group, which may feel safer than verbalizing it directly. It also provides the opportunity for cooperation and problem solving, in sharing the collection of miniatures and having to negotiate the selection of miniatures with other group members. This is also a group from which quantifiable information can be ascertained. Matta and Ramos (2008) discuss a protocol for observing and tracking themes in individual sandplay work which would also be applicable to group sandtray.

Group sandplay is a powerful and much needed methodology in the world of group work. Gisela De Domenico is probably the most widely known clinician using sandplay within the group framework. The style of her work, Sandplay-Worldplay has been used successfully in a number of groups for children, adolescents and adults including those dealing with addiction, anger management, trauma and

bereavement (De Domenico, 2002). She advocates for the efficacy of Sandplay-Wordplay groups for the power they have in triggering the communal psyche and developing a collective wisdom (De Domenico, 2002). Lois Carey uses sandplay as an effective modality within family treatment, especially families with young children. Theresa Kestley's work in elementary schools in New Mexico also discusses the strength of group sandplay. Kestley (2001) describes group sandplay as an opportunity for children to create and share stories relevant to their lives. She also demonstrates how group sandplay creates the opportunity for the therapist to see more children in less time without making any clinical compromises.

Group sandplay would be appropriate for groups dealing with a variety of issues including loss and bereavement, addiction, children of divorce, anger management, self-regulation, recovery from trauma, treatment for chronic medical issues, depression and anxiety. It is also appropriate for all ages from preschoolers to geriatrics, although older adolescents and adults may need some encouragement to engage in an expressive group. Group sandplay is contraindicated only for those who would be excluded from a group setting, such as those who are psychotic or overly aggressive.

There are a number of ways of doing group sandplay. The first is with each group member having their own individual sandtray, filled with sand and placed in front of them. In turn, each group member has the opportunity to choose a number of miniatures before sitting down and beginning to build their tray. Once everyone in the group has had the opportunity to select miniatures at least once, others may have the opportunity to choose more if necessary. A certain amount of time is given for building the tray, usually 20–25 minutes, depending on the age of the group members and the time limitations of the group. Then, in turn, each group member shares their tray with the group. There is a debate about whether or not to build a time for clean-up by the group members versus clean-up by the facilitator following the conclusion of the group based on the different theoretical standpoints of sandplay.

The second form of group sandplay involves creating a group tray, where each member of the group has the opportunity to choose miniatures and build a tray as a group. They can either build their own section of the tray individually, or create a story within the tray as a collective group. This type of sandplay requires a special-sized, large tray to accommodate the number of miniatures and may not always be cost effective, due to the expense of the larger tray. Kestley (2001) refers to this form of sandplay within the context of community play with children. De Domenico (2002) frequently uses this style of group sandplay with adolescents, adults and sandplay trainees.

As with any sandplay work, specific sandplay training is a necessity for the group facilitator. Just using a sandbox and some miniatures does not constitute sandplay and is a dangerous and unethical way of providing treatment. Training in sandplay is critical in order to provide the space and safety for this modality to be effective. In addition, for clinicians offering group sandplay, further study particular to group sandplay therapy is important.

Group sandplay requires an initial cost of purchasing supplies. Kestley (2001), Carey (1999), and others offer cost-effective ways of purchasing supplies in their literature. An experienced sandplay therapist is able to scour flea markets, online warehouses and other venues for afford-

able collections of sandplay miniatures. Rubbermaid containers can be purchased at a more affordable price than traditional wooden trays and along with the miniatures can be reused for multiple groups for years. Sterile sand is reusable through multiple cycles of group and is not expensive to replace. Once the tools for sandplay are in place, the cost of running the group is similar to that of any other group setting.

There is a growing need for group sandplay to be offered to the clients with whom we work. As the economy becomes more constricted, providing cost-effective treatment is crucial, without compromising the necessary parameters for effective treatment. Increased research, publications and trainings offered in group sandplay are needed to demonstrate how this expressive and healing form of treatment can benefit clients in need. The next step is for sandplay therapists to be willing to move into this less-explored modality and for agencies, hospitals and other clinical settings to be open-minded enough to receive the benefits that group sandplay has to offer.

#### References

- Carey, L. (1999). *Sandplay therapy with children and families*. Northvale, NJ: Jason Aronson.
- DeDominico, G. (1999). Group sandplay-worldplay: New dimensions in sandplay therapy. In Sweeney & Hoymeyers (Eds.), *The handbook of group play therapy: How to do it, how it works, whom it's best for* (pp. 215–233). San Francisco, CA: Jossey-Bass.
- De Dominico, G. (2002, October). Exploring the transformational group sandplay-worldplay therapy process. In *Handbook of the 19<sup>th</sup> Annual Association for Play Therapy International Conference* (pp. 92–93).
- DeLucia-Waack, J.L. (2006). *Leading psychoeducational groups for children and adolescents*. Thousand Oaks, CA: Sage Publications.
- Kalff, D.M. (2003). *Sandplay: A psychotherapeutic approach to the psyche*. Cloverdale, CA: Temenos Press.
- Kestley, T. (2001). Group sandplay in elementary schools. In Drewes, Carey, & Schaefer (Eds.), *School based play therapy* (pp. 329–349). New York: John Wiley & Sons.
- Liebmann, M. (1986). *Art therapy for groups*. Brookline, MA: Brookline Books.
- Ramos, D.G., & Matta, R.M. (2008). Sandplay: A method for data analysis. *Journal of Sandplay Therapy*, 17(2).
- Yalom, I. (1995). *The theory and practice of group therapy* (4<sup>th</sup> ed.). New York: Basic Books.

*Beth Counselman Carpenter, MSW, LCSW, is a licensed psychotherapist currently in private practice in Norwalk, CT, and Ridgefield, CT. Beth holds a Bachelor of Arts degree in Sociology from the University of Richmond and a Master's in Clinical Social Work from New York University. In addition to her private practice, Beth runs groups for at family service agency in Norwalk, CT.*

*Her post-graduate studies include training in play therapy, creative expressions and sandplay therapy. Beth has authored articles published in Play Therapy Magazine and the East Coast Sandplay Journal. Beth has guest lectured at Norwalk Community College and will be a presenter at the 2009 American Psychological Association Annual Convention in Toronto, Canada. In addition, she frequently presents to local community organizations and schools on such topics as stress management, play therapy, sandplay therapy, bereavement, and creativity.*

## The Psychodramatic Group Psychotherapy Treatment Program for Adult Male Sex Offenders

Erica Michaels Hollander, PhD, JD



Erica Michaels Hollander

For a period of two years we have been conducting psychodramatic group therapy with several small rolling groups of community based adjudicated adult male sex offenders in Colorado. This paper is a summary of what has been done to date in that program and a discussion of how our results fit with published research on treating sex offenders in general.

Treatment of sexual offenders has been a hot political issue in the United States as constituencies have demanded both stiff punishment and protection from reoffending. Treatment has not always been adequately supported by either funding, political will, or solid research evidence (Brown, 2005; Goode, 1994; Kersting, 2003; Rosenberg, 2002; Valios, 2002; Warren & Green, 1997; Williams, 2004). Psychodrama is an action method of group psychotherapy which seeks to develop cognitive affective integration, empathy, and group cohesion. It relies on group members to play roles in one another's dramatizations, serving as family members, doubles for each other, significant others, and, in general, auxiliary egos in the enactments of group members. The literature review which follows should provide context for considering how

our program compares to and implements what we know about the best results obtained elsewhere in treating sex offenders.

### Sex Offender Treatment: What Works

Although sex offender treatment was once considered nearly hopeless, recent studies show that certain therapies are significantly effective in reducing recidivism (Mandevill-Norden, Beach, Hayes, 2008; Brown, 2005; Langstrom, Sjostedt, & Grann, 2004; Studer & Reddon, 1998). We now know that cognitive behavioral therapy is useful in bringing down rates of re-offending and that certain other factors, including group attachments, are important in increasing the efficacy of the treatment of sex offenders. Anti-social orientation is one of the dominant predictors of recidivism, while circles of social support, on the other hand, have been found to provide and augment good results in treatment (Hanson & Morton-Bourgon, 2005; Petrunik & Deutschmann, 2008).

Group psychotherapy is known to be an effective modality in treating sex offenders (Jennings & Sawyer, 2003). Cognitive behavioral reframing has been demonstrably useful in reducing recidivism. Trust and rapport built between clients and therapists have been found to be highly significant, as have the flexibility and responsiveness of the treatment protocols to individual needs and issues (Nisbet, Wilson, &

(Continued on page 16)

## Psychodramatic Group Therapy

(Continued from p. 15)

Smallbone, 2004; Ware & Bright, 2008). When sexual offenders who had participated in a number of different types of treatment were asked to recount their personal therapeutic experiences, they made process issues central to their perceptions of what treatment worked, including trust toward individual professionals, motivational climate, and openness and acceptance among professionals (Williams, 2004).

The groups we work with are adult men in small “rolling” groups, in that members do not necessarily start or finish at the same time (Ware & Bright, 2008). Most members are court ordered to participate and most are heavily engaged in both individual and group cognitive behavioral therapy before they participate in the psychodramatic therapy groups. Participants in our groups are chosen from parole, probation and talk therapy settings, and are deemed suitable and able to work in psychodrama by professionals in the other programs. Some have committed violent offenses and some have not. All have acknowledged their offenses before they start psychodramatic work.

Once men come into the psychodrama group, they participate in six to 12 whole-day sessions in which therapeutic work is exclusively psychodramatic. Topics addressed in the psychodrama setting include family of origin, communication patterns, boundaries, relationships, intimacy, future aspirations, and community interactions. In addition to using a preset curriculum, we have been able to adapt to add subjects that participants bring to the sessions that they feel they want to address (Bouman, de Ruiter, & Schene, 2008; Bramley, 2007; Keeling & Rose, 2006; Kersting, 2003).

We have obtained initial survey responses from participants in this program that strongly suggest they feel the psychodramatic work they do in the group setting is highly beneficial to them. After having worked in psychodrama a number of times, they answered a number of Likert scale questions regarding their experiences, rating the psychodrama work positively overall and writing their own comments in their own words. In responses to our survey questionnaires, we found that the men in our rolling groups self-report that they value the psychodramatic experience highly and find it therapeutic. Some of their comments are quoted below and speak directly to these issues.

### Comments from Participants

Each of the following paragraphs has a different author and was written by that author after attending a number of psychodrama sessions. The questionnaire that preceded this open ended inquiry was administered after a two month period in which the group had done no psychodrama, although they had continued to meet in group and individual therapy. Each of the following paragraphs was written in response to the direction: “Here are some examples of what I have found from psychodrama.”

Psychodrama definitely should be a part of the overall therapy process. I feel that its place is important only *after* a certain amount of talk and group therapy has taken place. Psychodrama, in my opinion, should not be presented to the novice participant prior to significant talk or group therapy. It is also my view that psychodrama aids in getting in touch with the emotional aspects of getting healthy where talk therapy

or group therapy tend to focus on cognitive/containment processes.

One participant described an enactment he had been the protagonist in:

The fact that [in a psychodrama] I was a two year old trapped in a duffle bag and I let myself out shows courage, relieved a lot of the horror, moved on from being a victim, bonded with the idea of being rescued, [allowed me to] turn horror into love. Months later my older brother told me more of my childhood story. He said I was sexually abused by my oldest brother \_\_\_\_\_. He was afraid of how I would take [his announcement]. I told him that my psychodrama experiences are letting me process my childhood story in a much different way now. It's just another piece of the awful puzzle that brought me to where I am. I [now] know how to not let it own me or weigh me down.

Playing roles in the dramas of others can also be powerful. Another man from the group had served as an auxiliary ego, playing a sister of the protagonist last described, and he also wrote about the significance of that experience:

After playing the sister of a man who was actually zipped in a duffle bag as a child by his older sister and brother and then left in the closet so they could go out—[It] was so empowering to see him relive the trauma of being victimized—the victim empathy was overwhelming. While it was hard to play the villain in the scene, it was one of the most powerful things I have experienced since coming into therapy. To know that [the therapists involved] can help you see things maybe as you wish they could have been or maybe should have been is so important to me.

Yet another group member wrote about how the dramatic work of others affected his own therapeutic work:

Seeing others work on their issues triggers memories of suppressed issues of my own. As the group works through feeling around an individual's psychodrama, we are able to see and feel how each of us is affected. As draining as the work is, being able to confront, identify, and process the pains and sorrows of events in my past elevates my self awareness of how damaging keeping feelings in has been to me and those around me.

Another member talked of both working on his own particular past and seeing the enactments of others as therapeutic and contributing to group cohesion and social support:

Re-experiencing certain stressful situations, particularly those as a child, did seem to lessen the trauma associated... To feel I had a chance to deal with it as my adult self or in combination with my adult self. Being involved as a participant or even an observer of others' painful memories has had a huge effect on me also. I always feel powerful empathy and usually find elements in their situations that parallel my own. I feel I have bonded more with group members during psychodrama than group treatment.

One group member clearly saw the psychodramatic work as instrumental in defining valuable versus constructive relationships, and perhaps key in reducing compulsion:

Really helped me with setting boundaries. Helped me realize relationships that are healthy and that are not healthy. Helped me realize what's important to me in life. Learned things from other patients that will help me become a better parent and better husband. Empathy. Was able to really connect with my childhood and remember things I didn't remember, things that controlled many aspects of my life and I didn't even know they had so much impact on me.

Another identified cognitive affective integration as a result of psychodramatic group work:

I tend to be a thinking person rather than a feeling person in much of my life. It is much easier to get to the feeling when there is action, and things to visualize and relate to. I have also found help when other things are added to group therapy, like guided meditations, songs, readings, etc. Sometimes a breakthrough occurs when just talking in group, but I have had many more insights come from experiential experiences. They get me out of my calm, comfortable, calculating mind and into an awake action state. That helps me expand my recovery and ability to relate to the world.

## Conclusion

Psychodrama with adult male adjudicated sexual offenders who have reached a state of acknowledgement of their offenses and worked in individual and group talk therapy on reframing and cognitive restructuring can be very helpful. Such work has been perceived by the offenders in the Colorado program to be of great value to them. Psychodrama with sexual offenders builds group cohesion, fosters integration and developmental repair, and supports empathy and understanding. Since the psychodramatic method permits the protagonist to bring his own issues to the fore as they arise, it allows an individually tailored therapy to occur while group support is felt and present.

## References

- Bouman, Y., de Ruiter, C., & Schene, A. (2008). Quality of life of violent and sexual offenders in community-based psychiatric treatment. *Journal of Forensic Psychiatry and Psychology, 19*(4), 484–501.
- Bramley, S. (2007). Working with deaf people who have committed sexual offences against children: The need for increased awareness. *Journal of Sexual Aggression, 13*(1), 59–69.
- Brown, S. (2005). *Treating sex offenders: An introduction to sex offender treatment programmes*. Devon, UK: Willan Publishing.
- Goode, E. (1994). Battling deviant behavior: Little is known about causes but some kinds of treatment show promise. *US News & World Report, 117*(11), 74–76.
- Hanson, R. K., & Morton-Bourgon, K. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*(6), 1154–1163.

- Jennings, J., & Sawyer, S. (2003). Principles and techniques for maximizing the effectiveness of group therapy with sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 15*(4), 251–267.
- Keeling, J., & Rose, J. (2006). The adaptation of cognitive-behavioral treatment programme for special needs sexual offenders. *British Journal of Learning Disabilities, 34*(2), 110–116.
- Kersting, K. (2003). New hope for sex offender treatment. *APA Online Monitor, 34*(7). Retrieved December 24, 2008, from <http://www.apa.org/monitor/julaug03/newhope.html>
- Langstrom, N., Sjostedt, G., & Grann, M. (2004). Psychiatric disorders and recidivism in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*(2), 139–150.
- Mandeville-Norden, R., Beech, A., & Hayes, E. (2008). Examining the effectiveness of a UK community-based sexual offender treatment programme for child abusers. *Psychology, Crime and Law, 14*(6), 493–512.
- Nisbet, I. A., Wilson, P. H., & Smallbone, S. W. (2004). A prospective longitudinal study of sexual recidivism among adolescent sex offenders. *The Canadian Journal of Human Sexuality, 13*(1), 61–63.
- Petrunik, M., & Deutchmann, L. (2008). The exclusion-inclusion spectrum in state and community response to sex offenders in Anglo-American and European jurisdictions. *International Journal of Offender Therapy and Comparative Criminology, 52*(3), 499–519.
- Rosenberg, M. (2002). Treatment consideration for pedophilia. *Behavioral Health Management, 22*(4), 38–42.
- Studer, L., & Reddon, J. (1998). Treatment may change risk prediction for sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 10*(3), 175–181.
- Valios, N. (2002). Lights go out on treatment. *Community Care*. Retrieved November 13, 2008, from <http://find.galegroup.com/ips/start.do?prodid=IPS>
- Ware, J., & Bright, D. (2008). Evolution of a treatment programme for sex offenders: Changes to the NSW custody-based intensive treatment (CUBIT). *Psychiatry, Psychology and the Law, 15*(2), 340–349.
- Warren, R., & Green, M. (1997). The new transformative treatment paradigm (TTP): A response to interpersonal sexual aggression in an unsafe society. *Sexual Addiction and Compulsivity, 4*(1), 43–76.
- Williams, D.J. (2004). Sexual offenders' perceptions of correctional therapy: What can we learn? *Sexual Addiction and Compulsivity, 11*(3), 145–162.

*Erica Michaels Hollander is a lawyer and PhD in Human Communication Studies. She is president of the Hollander Institute for Human Development and Family Growth in the Denver area, organizer of the Denver Psychodrama Collective; and Trainer, Educator and Practitioner of Group Psychotherapy and Psychodrama. She teaches Speech Communication at Metropolitan State College of Denver and has been co-leading groups in Psychodrama, Sociometry and Group Psychotherapy with adjudicated sex offenders for a number of years. She is a member of the Executive Council of the American Society for Group Psychotherapy and Psychodrama (ASGPP) and serves on the Professional Standards Committee for ASGPP.*

## Join the Ad Hoc Committee on Public Education, Public Interest, Social Justice, and Global Issues!

Irene Deitch, Chair of Div. 49's Ad Hoc Committee on Public Education, Public Interest, Social Justice, and Global Issues, seeks members to serve. The committee welcomes social, organizational, and international psychologists, researchers, and practitioners, graduate students, early career psychologists, new members, and any member with special interest in any of these areas. This committee liaisons with the APA Directorates and the APA Office of International Affairs. To get involved, please contact Irene Deitch at [profid@aol.com](mailto:profid@aol.com).

## Member News



**Dr. Irene Deitch** produced and hosted a video for her ongoing Cable TV program, *Making Connections: "Tobacco and Cancer: Impact and Challenge to the Community."* This is part of an ongoing series for the Eastern Division of the American Cancer Society (Staten Island) Professional Education Committee.

This is the 21st video over a period of years. They are used for professional training and community education.

Irene is a Media Ambassador for the New York State Psychological Association. She has responded to many requests (i.e., grandparenting, bridge suicides, pets and their owners, pet loss, death, dying

and bereavement, childhood loss and care giving issues). Dr. Deitch is certified and a fellow in thanatology.

Irene is often invited as guest speaker for local fund-raising organizations. Dr. Deitch is an active volunteer in her community.

She is currently running a group for older women who are residents in an assisted-living facility. She reports that it is one of the most challenging and rewarding experiences in her career as a group therapist.

Irene Deitch is Member-at-Large and Chair of the Ad Hoc Committee for Public Education, Social Justice, and Public Interest. She welcomes any interested member of the division to join her committee.

## 2009 Division 49 APA Annual Convention Program

*Jean Keim, PhD*

The 2009 Division 49 programming for the APA convention is well underway. The proposals were excellent this year and competition for acceptance was very strong. Currently, APA is finalizing times and dates for the sessions. We have 19 sessions scheduled, totaling 21 programming hours. The first Division 49 session is tentatively scheduled for Thursday, August 6 at 10:00 a.m. and the final session, Sunday, August 9 at 12:00 p.m. Topics include the following: professional and training issues, evidence based practices, experiential workshops, student-oriented sessions (internship and mentoring), supervision considerations, a poster session, the Presidential address, and the business meeting. This year the Arthur Teicher Group Psychologist of the Year address will be by Dr. Richard Price and is titled, "Groups as a 'Delivery System' for Prevention Programs." The address will be combined with APA's "Convention within a Convention" and has tentatively been scheduled by APA headquarters for

Sunday morning. Toronto promises to be an exciting time of learning, networking and visiting with old friends. Detailed information regarding session titles and times will be sent to the listserv and newsletter as the convention nears. Hope to see you there!

### Your Passport: Don't Leave Home Without It!

If you are planning to attend Convention in Toronto, you will need a valid passport to enter Canada.

For information on how to apply for or renew a U.S. passport, please visit <http://www.travel.state.gov/passport>

## School-Based Mental Health Group Interventions Conference

*Elaine Clanton-Harpine, PhD*

Division 49 and the University of South Carolina Aiken are once again working together to sponsor the second annual, *School-Based Mental Health Group Interventions Conference*. This is a two-day, hands-on conference where attendees do more than simply listen to presentations on the latest group research. Participants will have the opportunity to work in small groups to discuss school problems and develop group interventions to take back to their school or home community. This is an opportunity for anyone who works in schools to network and problem solve with others working in school-based mental health. This conference is intended for psychologists, counselors, researchers in school-based mental health, social workers, administrators, teachers, after-school coordinators, mental health workers, community leaders, graduate students, and anyone who works with children, youth, or college students. We will have group

sessions for pre-K through 1<sup>st</sup> grade, elementary students, middle school students, high school students, and university students.

Our theme this year is Evidence-Based Group Prevention Programs for School Settings. There is a competitive paper session from which three papers will be selected for presentation at the conference. Competitive categories are: (1) an evidence-based group prevention program, (2) an evidence-based group treatment program, and (3) a graduate student category, which may incorporate prevention or treatment. The graduate student category will also include a free registration scholarship to assist the graduate student in attending the conference. All evidence-based programs must be suitable for implementation in school-based settings. School-based includes before- and after-school programs. Any program which works with pre-K through university is acceptable. Topics such as bullying, school violence, academic failure, ADHD, high school dropouts,

drugs, teenage sexual behavior, social skills training, peer influences, suicide, depression, effects of divorce and family issues, multicultural influences, diversity, or other group interests are invited.

Top papers selected will be included for consideration in a special journal issue proposal being submitted after the conference. A published conference report is also being planned this year.

Papers not selected for presentation may be invited to participate in the poster session Thursday evening after the keynote speaker. Refreshments will be served and it will be a wonderful opportunity

to share concerns and explore programming solutions.

This conference will give participants the opportunity to work in small groups to develop programming skills and design school-based interventions that work. CE credit is available and a step-by-step program design workbook is included for all participants

The conference will be held at the University of South Carolina Aiken on October 8 and 9, 2009. Deadline for Call for Papers is August 28, 2009. For more information, please contact Elaine Clanton-Harpine, PhD, at [elaine@usca.edu](mailto:elaine@usca.edu) or fax 803-641-3698.

## Ad Hoc Committee on School-Based Mental Health Group Interventions

*Elaine Clanton-Harpine, PhD*

The committee was organized in late August 2007 and one of our primary goals is still to unify and emphasize group work in school-based mental health settings. Our accomplishments in 2008 include: (1) organizing a School-Based Mental Health Group Interventions Conference, March 13–14, 2008, at the University of South Carolina Aiken (Arthur Horne, PhD, was one of the primary speakers at the conference), (2) continuing new Prevention Corner column in *The Group Psychologist*; the first column appeared in the fall/winter, November 2007 issue, the column has been included in each issue since, (3) submitting a special issue request, combining the efforts of several Div. 49 researchers, to the *School Mental Health* journal (The special issue has been approved; articles are under review.), and (4) conducting a panel discussion for convention in Boston pulling together some of the top researchers and

practitioners in school-based mental health group interventions. The panelists included Janice Delucia-Waack, PhD, University of Buffalo, SUNY; Susan Helm, PhD, University of Hawaii at Manoa; Andy Horne, PhD, The University of Georgia; Maureen Kenny, PhD, Boston College; Mike Waldo, PhD, New Mexico State University; and Elaine Clanton-Harpine, PhD, University of South Carolina Aiken (chair).

In 2009, we would like to (1) organize and submit another special journal issue on group interventions in school-based mental health—this is an excellent way to focus on groups in school-based settings, (2) continue the annual school-based mental health group intervention conference—scheduled for October, and (3) organize and develop research teams for school-based mental health group interventions, encouraging and supporting graduate students to join these research teams.

## Ad Hoc Student Committee Report

*Leann Terry (Chair), Sidhika Bagla, Kyle Barry, Gregory Capriotti, Chris Chapman, Bambi Juryea, Lena Kessler, Leslie Markowitz, Emily Reisch, Tisha Travaglini*

Several new members joined the committee, a special welcome to Chris Chapman and Tisha Travaglini. The student committee chose to focus on recruitment/advertising and mentoring in the upcoming months. To this end, we are working with the Membership Committee and APA in creating a new membership brochure. We shortened the Presidential Group Address from the 2008 APA convention and will be delivering this to psychology and group classes to help recruit new student members. Additionally, conversations are underway to add students as reviewers to the division journal. Stay tuned to the listserv on how to get involved with this new opportunity which will be announced in the upcoming months.

Leann Terry attended the Division 49 mid-winter board meeting. The board approved a proposed by-laws change to make the student committee a standing committee instead of an ad hoc committee. Additionally, they approved a proposal for a student member to be a permanent member of the board. These changes will require a by-laws change and will be voted on by division members.

We are looking forward to the 2009 convention in Toronto, Canada. A personal invitation was sent to all student members of Division 49 encouraging them to submit a proposal for the 2009 convention. We have numerous events planned for the convention and will be organizing student volunteers to be at every division sponsored program. If you are interested in volunteering, please contact me at the email address below.

These are exciting times for students in the division! If you are interested, or know of a student who is interested in being involved, please contact me: [ljt18@psu.edu](mailto:ljt18@psu.edu).

### Change of Address?

Do you have a change of address? Question about your membership status? Please call the Division Services Office of the American Psychological Association at 202-336-6013 or e-mail [division@apa.org](mailto:division@apa.org).

## Prevention Corner

Elaine Clanton-Harpine, PhD



Elaine Clanton-Harpine

The need to teach students with attention-deficit hyperactivity disorder (ADHD) confronts every school, while the number of children being diagnosed with ADHD grows more alarming every day. Teachers, parents, counselors, and school psychologists are all seeking the best treatment for ADHD.

Are stimulant-based drugs the most effective treatment? Does stimulant therapy lead to later substance abuse? Are there long-term side effects? Should children with ADHD be labeled as learning disabled? What role does diet play? Can relaxation or deep breathing help children with ADHD learn self-control? The questions and problems are endless. While researchers debate the merits and safety of stimulant-based drugs, workers in the schools and school-based agencies encounter the daily task of assisting children diagnosed with ADHD to learn and work in the classroom.

Having trouble paying attention, being impulsive or showing a lack of self-control, hyperactivity, being bouncy or fidgety, tapping an arm or foot, seeming easily bored with a task, poor regulation of behavior, anger, messy desk and lockers, high distractibility, always needing to be on the go, calling out or talking at inappropriate times, and inescapable frustration are just a few of the phrases used to describe children diagnosed with ADHD. Disruptive classroom behavior is not the only problem though because inattention, impulsivity, and over activity create learning problems as well. Poor test performance, deficient study skills, disorganization, and poor reading or math skills lead to underachievement and below grade level performance. Children diagnosed with ADHD also have problems with peer interactions and social effectiveness. While stimulant-based drugs may or may not assist with restless, impulsive behavior, drug therapy does not automatically enable children to engage in successful interactions with peers, reverse reading and math deficits, or help children master respect for self and others.

Group interventions can offer a safe environment in which children diagnosed with ADHD can learn self-discipline and control through positive social skills training in a hands-on, interactive, action-based setting. Learning centers and small groups can also be used for academic skills training. Reading and writing are so intertwined with peer acceptance that improvement in academic skills fosters improvement in behavior and often prevention of classroom disruptions.

As schools face drastic budget cuts during these financial times, many schools are turning to groups to serve the needs of their students. Our question comes from a school counselor asking whether it is possible to work in groups with children diagnosed with ADHD. Our respondent is Kenny Riley from Children's Memorial Hospi-

tal in Chicago, who offers helpful suggestions from his groups in Chicago.

### EDITORIAL QUESTION POSED:

*Dear Prevention Corner:*

*I am a public school counselor. I work in both elementary and middle school. Because of recent budget cuts, I have been instructed to use more groups with my ADHD students. I have never used a group before. Is it possible to work with ADHD students in a group? How many students should I include in a group? I'd be grateful for any suggestions for working with ADHD students in a group.*

*Signed,  
Worried*

### RESPONSE:

Dear Worried,

Preparation and planning, such as seating arrangements and having supplies out of sight until the group understands the rules and directions are especially important when leading a group with children who have ADHD. Through my work as a Recreation Therapist in a Child and Adolescent Psychiatry unit Partial Hospitalization Program, I frequently have to conduct groups for children with ADHD. I usually focus on two goals during the activities: to teach the kids different ways to control their bodies and to increase self-esteem.

I help children decrease impulsive behaviors by adapting the goals of a game or activity from winning or completing the assignment to controlling their impulses. One way to do this is to give points for asking permission, not grabbing the game piece before their turn, staying in their seat until their turn, twitting their thumbs, raising their hand, etc. I have also had success with giving each person 10 tokens at the start of any activity. Whenever a person acts impulsively (be sure to clearly describe the behaviors you wish to prevent, it will be different for each group) they have to put their tokens into a pot. If anyone has any left at the end of the activity they can serve as a bonus to the game or as a separate game, giving you two winners at the end. This is a little more difficult to implement because if it is perceived in a negative way, arguments will certainly ensue and there will be a power struggle each time a token needs to be given up.

For art or writing activities, I sometimes add a rule that if they get out of their seat (or again, display some other impulsive behavior that you wish to diminish), I hold onto an essential item (clay, paintbrush, pencil, etc.) for 30 seconds. After they are sitting in their seat for 30 seconds they receive it back. The 30 seconds usually is short enough to allow them to comply with only minor opposition but you have to be very observant of behaviors as well as keep watch of the time, perhaps use a couple sand timers from various games. With very impulsive groups, you could end up with a couple of things at once, so organization will be essential.

The second goal mentioned was to increase self-esteem. With ADHD, poor self-esteem is frequently an underlying issue. After being told

repeatedly, “why aren’t you following directions,” “Listen,” “stop that” “can’t you just sit still,” etc. many children give up and feel that they are “no good.” In addition, their impulsive behaviors might break things, hurt themselves, or hurt someone else and they become filled with guilt. I always encourage anyone leading a group with children who have ADHD to find things that can build the student’s

self esteem, things that the child can excel in, perhaps even give them the opportunity to teach the group something new.

*Kenny Riley, CTRS  
Child and Adolescent Psychiatry  
Children’s Memorial Hospital, Chicago, IL*

## Student Corner

### Tips on Internship Navigation

*Leann Terry and Yu-ting Su*



*Leann Terry*

**MONEY:** Plan your budget before you leave. Remember that if you only work a partial month to start, you won’t get a full month’s paycheck for a while. That may seem like common sense, but it’s a shock to see it in numbers! Also, if your benefits include insurance and retirement, it takes a chunk out of your paycheck. Although you may feel like you are getting a “raise” if your internship salary is \$2,000 to \$4,000 more than your salary for assistantship, be careful! The benefits, insurance, retirement, and potential

additional taxes may mean that you may be getting a “pay-cut.” Talk to current interns to get a sense of what their take-home pay is. Getting more information about the general living expense in the area also helps. Ideally, your monthly rent should be around one-third of your internship salary, and definitely no more than half of it. You will be more prepared financially if you have some budgeting information in your mind, especially if you know that you will move to a place with higher living expense.

**MOVING:** Consider whether it will be best to rent a truck and drive to your internship site or whether it is best to fly and ship your belongings. Estimating these expenses can be a bit tricky, especially if you have a car to transport too. It is always a good idea to consult with current interns, who had similar experience before. If you can arrange it, don’t move the 31<sup>st</sup> or 1<sup>st</sup> of any month. That’s when truck rental prices are the most expensive. If you need to rent a moving truck or higher shippers to do it for you, try to reserve it at least 3 to 4 months in advance. The prices will be cheaper than if you reserve them only a month or two in advance. Instead of reserving them online, call the toll-free number to speak to a representative. That way you can ask if they have any promotions. If they don’t, it doesn’t hurt to ask if they can offer any student discounts. If you don’t have cardboard boxes, visit your departmental mailroom or local liquor store as they often have boxes that are sturdy and the appropriate size for packing. Small ones are the perfect size to pack books without getting too heavy (and we all have a lot of books!).

**SETTLING IN:** Give yourself plenty of time to unpack everything before starting internship. It is nice to feel a bit “settled” before you go to work everyday. It is also a time for you to check what this area has to offer you. Go to a bookstore and check out the local section.

You may be able to pick up some books, which point out great places to visit in your area. I (Leann) scored with Ken Hull’s *Going Local: An Adventurer’s Guide to Unique Eats, Cool Pubs & Cozy Cafes of Central Pennsylvania*. I was able to check out some great places when I had some extra time before internship started. Additionally, you may be able to meet up with the other interns before you actually start work. It’s a nice way to get to know them on a more relaxed basis before you need to add 10+ other new faces!

**STARTING INTERNSHIP:** Congratulations!! You’ve made it this far. Starting internship is a big step towards completing your degree! Enjoy the first few weeks of orientation and training. Although it won’t feel like it at the time, it’s actually a bit slower than the rest of the year. Take advantage of it to decorate your office and really settle in. You’ll appreciate it during the rest of the year if your office really feels like yours, and not a room with a few pieces of furniture in it. Take time to read a few of the articles or book chapters that have been on your “to-read” list for a couple of months. It may also be a good time to know your fellow interns more. They can be important source of support for you later in your work!

**DECISIONS:** During orientation you’ll likely have time to meet with potential individual supervisors and supervisees, group co-leaders, and others who you’ll be working closely with. Ask questions to get a sense of what it would be like with each person. What is it like to be in the room with them? Who are you intuitively drawn to working with?

**FINDING A MENTOR:** The internship year is also a time for you to gather more information about licensure and decide where you want to work and what kind of psychologist you want to be in the future. Luckily, you are surrounded with seasoned psychologists who are ready to answer your questions!! Reach out to your supervisor or other psychologists and ask them about their experiences. It will benefit your transition process and long-term planning in your career to be a psychologist.

**LOOKING FOR JOBS:** That’s right! You’ll need to start looking for jobs only a few months into internship. It is a tough process because you may feel everything is still up-in-the air (and it is!). If you are applying for academic positions, most deadlines are in December so start looking in November. If you are applying for clinical positions, some deadlines are in December, while others come in February and

*(Continued on page 22)*

## Student Corner

(Continued from p. 21)

March. Most postdoctoral applications are due in January and February as well. Ask your Training Director to review your curriculum vitae and be sure to update it with activities from internship. Tailor your cover letters to each site and each type of position. If you are applying for a postdoc then include some learning goals but if you are applying for a senior staff clinical position, you'll want to sound less like a trainee and more like a competent colleague.

**TAKE CARE OF YOU:** Everyone told me how tired I would be at the end of the day on internship. They were right! Working a 40+-hour workweek is normal for graduate students, but the difference is we got to choose our own hours. Now on internship you are likely "on" from 8 am to 5 pm, which makes it more tiring. Be sure to take care of yourself. Try to fit in an exercise schedule during the first couple of weeks so it becomes a habit. Cook large meals during weekends so you have leftovers in your fridge for tasty dinners during the week. Make time for relaxation. If you bring your spouse with you, assisting him/her to adjust to the new environment might bring some other issues. Reach out for social support. It is extremely helpful to keep in touch with your graduate cohort who is going through the same transitional period as you do. Start a new hobby. For instance, I (Leann) started taking wheel thrown pottery classes at a local non-profit studio. It was something I had always wanted to do, and it has provided an excellent opportunity for me to de-stress and take my time off of work. Plus, it provided presents for my friends and family when the holiday season came around! Encouraging your spouse or partner to develop plans for self-care usually helps make him or her feel more settled.

## Dialectical Behavioral Therapy: A Review

Bambi Juryea



Bambi Juryea

This article reviews Dialectical Behavior Therapy (DBT) as a specialized cognitive behavioral therapeutic modality. The treatment was developed with an emphasis on both group and individual treatment components, intended to be used in conjunction, but currently are being investigated as separate entities. Elaboration on group treatment characteristics using this modality is included with the provision of a suggested list for pre-doctoral internship sites, which utilize DBT.

To date, DBT is considered the most empirically supported treatment approach for Borderline Personality Disorder (BPD), but is also recommended for the treatment of other emotion dysregulation disorders, such as eating disorders and co-morbid substance abuse. DBT is therefore considered as a frontline treatment in evidence based clinical practice (Linehan & Dexter-Mazza, 2008). It was established by Marsha Linehan and evolved from standard CBT. It is based in behavioral tradition, although it still includes strategies and components of psychodynamic, client-centered, strategic, and cognitive therapies (Linehan & Dexter-Mazza, 2008). The reasoning for the

**ENJOY:** Finally, don't forget to enjoy what you are doing. Internship is a unique opportunity to transition from being a student to being a professional. Take advantage of the wealth of resources around you. Share yourself with your colleagues and fellow interns. You are forming relationships that may last a lifetime!

*Leann J. Terry is in her 6<sup>th</sup> year in the counseling psychology program at Indiana University (IU). She is currently on internship at Pennsylvania State University's Counseling and Psychological Services. She co-leads a graduate student interpersonal process group and an eating disorders support group. Leann's academic interests include: therapists' characteristics and the influences on group counseling processes, sample size planning for accurate parameter estimates, and group interactions in therapeutic recreation. She enjoys swing dancing and wheel-thrown pottery in her time set-aside for relaxation and rejuvenation.*

*Yu-ting Su is currently in her 5<sup>th</sup> year of doctoral study at the Counseling Psychology program at IU. She is an international student from Taiwan, and she is doing her internship at the Counseling Services of University of California- Santa Barbara. In addition to working with clients, she co-leads a grief group and an assertiveness training group and is actively involved in the outreach programs for international students there. She works with Dr. Chalmer Thompson at IU, and her dissertation is about how Chinese Americans' two-dimensional presentations of personality influences their forming relationships with therapists. Her other research interests include counseling international students, multicultural competence training, and international psychology.*

progression away from a strict CBT model came as Linehan noticed components of CBT were invalidating to the clients (i.e. evaluation of accurateness of automatic thoughts), her training was behavioral and she saw behavior as having a specific reasoning behind it. Further, the clients in CBT would reinforce and shape the therapists' behaviors using their own non-verbal manipulations (Linehan & Dexter-Mazza, 2008).

According to Linehan's biopsychosocial theory of BPD, early learning environments were characterized by neglect, abuse, or a combination of parental behavioral patterns that resulted in an invalidating environment. Individuals learn how to self soothe through their parents' or caregivers' behaviors, without that, they do not know how to trust their own emotional experiences or how to self-validate. The negative consequences of those lost lessons include difficulties with emotion regulation and impulsivity, which are skills the therapist aims to teach the client using DBT. The specific functions of DBT begin with expansion of behavioral capabilities through the learning of skillful behavioral patterns. Further, keeping the client motivated for change by reducing reinforcement for dysfunctional behaviors and high probability responses (cognitions, emotions, actions), and ensuring generalization of newly learned behaviors to the client's everyday life (Linehan & Dexter-Mazza, 2008).

DBT is recommended to work best when it is a combination of individual sessions and weekly skills groups. During individual sessions,

the therapist and client review the previous weeks' issues as was recorded on diary cards kept by the client. The specific targets during treatment sessions follow a hierarchy whereas self-injurious and suicidal behaviors take first priority, followed by therapy interfering behaviors, quality of life issues, and strategies to improve the quality of one's life, respectively.

Skills groups meet once a week, usually for two and a half hours, and each group centers on learning a new skill and reviewing the "homework" from the previous group session. Groups are held on 9-month intervals, once per week and are generally open (allow new members throughout the interval). However, once invested to attending the group, a member must come regularly and will be asked to leave if four consecutive sessions are missed (this includes hospitalizations). Groups are usually co-led and follow a predominantly didactic form, which requires a high level of structure. However, through experience I have noticed that processing in-group reactions is often necessary and essential for skill development. This is one advantage of co-leading as it also takes a team to keep the group on task, but flexible enough to allow for within group skill building. Skill utility and improvement are also emphasized during the individual therapy sessions. The skills that are taught encompass four main modules: core mindfulness skills, emotion regulation skills, interpersonal effectiveness skills and distress tolerance skills (Linehan & Dimeff, 2001). Mindfulness skills are repeated for two weeks in between each alternate module and the 9-month group commitment occurs more than one time. To elaborate, it is suggested that the first nine-month completion aims to educate and instill hope, but the second time is where group members consistently apply the skills learned to their everyday life.

DBT can be utilized in a variety of clinical settings (Dimeff & Koerner, 2007) and various internship sites offer it as part of their training program. A suggested listing of programs is as follows:

- Marin County Health and Human Services (CA)
- Connecticut Valley Psychology Internship/River Valley Services (CT)
- Yale-New Haven Hospital (CT)
- Family Counseling Center: A Division of Trinity Services Inc. (IL)
- Northwestern Memorial Hospital/Northwestern U. Med School (IL)
- The Carson Center (MA)
- University of Massachusetts Medical Center/Worcester State Hospital (MA)
- Massachusetts Mental Health Center/Harvard Medical School Dept. of Psychiatry at Beth Israel Deaconess Medical Center (MA)
- Northampton VA Medical Center (MA)
- Harvard Medical School/McLean Hospital (MA)
- Minneapolis VA Medical Center (MN)
- Behavioral Health Center-CMC-Randolph (NC)
- Riverbend Community Mental Health, Inc. (NH)
- Albert Einstein College of Medicine/Montefiore Medical Center (NY)
- Columbia University Medical Center, New York State Psychiatric Institute (NY)
- New York Presbyterian Hospital/Weill-Cornell Medical Center (NY)
- SUNY Upstate Medical University (NY)

- University of Rochester, University Counseling Center (NY)
- Portland State University, Center for Student Health and Counseling (OR)
- Devereux Foundation (PA)
- Alpert Medical School of Brown University (RI)
- Baylor College of Medicine (TX)
- University of Wisconsin, University Counseling Center (WI)
- St. Joseph's Healthcare (Hamilton, Ontario)

Bear in mind, however, that it is essential to research the standards of training and experience gained in DBT by clinical faculty prior to applying to sites offering DBT training.

For a detailed review of Dialectical Behavior Therapy at a Glance see Marsha Linehan's website: <http://behavioraltech.org/resources/whatisdbt.cfm>

#### References

- Dimeff, L.A., & Koerner, K. (2007). *Dialectical behavior therapy in clinical practice: Applications across disorders and settings*. New York: The Guilford Press.
- Linehan, M.M., & Dexter-Mazza, E.T. (2008). Dialectical behavior therapy for borderline personality disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4th ed., pp.250–305). New York: The Guilford Press.
- Linehan, M. M. (1993). *Cognitive behavioral therapy of borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M., & Dimeff, L. (2001). Dialectical behavior therapy in a nutshell. *The California Psychologist*, 34, 10–13.

*Bambi L. Juryea, is in her 3rd year in the clinical psychology doctoral program at La Salle University (PA). She is currently in her second practicum year, working at both Friends Hospital and La Salle's Community Center for Counseling and Psychological Services. Her clinical interests include working with adult survivors of childhood sexual abuse and researching posttraumatic stress disorder, suicidality, and postpartum depression.*

## Student Travel Grants Available for APA Annual Convention in Toronto!!!

For information, please follow the links below:

Science Directorate Student Travel Awards  
<http://www.apa.org/science/travinfo.html>  
**Deadline: April 1**

Ungerleider/Zimbardo Travel Scholarships for students  
<http://www.apa.org/apf/travel.html>  
**Deadline: April 1**

Paul E. Henkin Travel Grant for Div. 16 members  
<http://www.apa.org/apf/henkin.html>  
**Deadline: April 15**

<http://www.apa.org/convention09/>

**GROUP PSYCHOLOGY AND GROUP PSYCHOTHERAPY (49)**

**American Psychological Association**

**MEMBERSHIP APPLICATION**

*Please type or print*

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Send Mail to:  Home  Office

Present Status in APA:  Member  Associate  Fellow  Dues Exempt Member  Non-Member  Student Affiliate

APA Membership Number: \_\_\_\_\_

*I am applying for: (check appropriate category)*

**Member:** A member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

**Associate:** An associate member of APA and have an interest in the science and practice of group psychology and/or group psychotherapy.

**Affiliate:** A non-APA person who has an interest in the scientific advancement of group psychology and/or the professional practice of group psychotherapy.

**Student Affiliate:** A person enrolled full-time in a graduate program or school of recognized standing in psychology with an interest in the science and practice of group psychology and/or group psychotherapy.

**DUES STRUCTURE**

(Includes Division Journal)

Member .....\$49.00

Associate Member .....\$49.00

Affiliate .....\$35.50

Student Affiliate .....\$10.00

Mail this application with a **check payable to Division 49, American Psychological Association** to the following address:

Division Services  
American Psychological Association  
750 First Street, NE  
Washington, DC 20002-4242

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**THE GROUP PSYCHOLOGIST**

**American Psychological Association**

**Division 49**

**750 First Street, NE**

**Washington, DC 20002-4242**

PRESORT STD  
US POSTAGE  
PAID  
Washington DC  
Permit No. 6348