THE GROUP PSYCHOLOGIST

Convention Issue

President's Column

Robert K. Conyne, PhD

Group Dynamics Abound

Top 10 reasons to attend the APA Convention in Toronto

10. You may learn to say "eh," eh?
9. There's nothing like that Canadian sunset.
8. The beer (but those Canadian soft drinks are tasty, too).
7. Toronto Blue Jays are #1 (as of mid-May, anyway).
6. The city is gloriously multicultural.
5. Besides, even the convention will be terrific!
4. You'll meet many interesting 49ers.
3. The 49 convention program is stacked with splendiferous offerings.
2. Our Division Suite is loaded with good times and learning.
1. Group dynamics will abound!

Who can resist? Come on, let's go, but remember your **passport**. We want to see you there!

I'll leave further extolling of Toronto's virtues to its Chamber of Commerce. Let me spend a bit of time on our corner of the world, GROUP.

49 Convention Program
Jean Keim and her Program committee have selected and organized a compelling and diverse set of program offerings for us to enjoy.

Here are some examples:
Poster Sessions
- "Group Therapists as Change Agents Supporting Social Justice for Immigrants"
- "Exploring the Psychosocial Benefits of Quilt Making in Small Groups"

Workshops
- "Experiential Multicultural Competence Training: A Group Approach"
- "How Psychotherapy Groups Both Heal and Prevent—An Experiential Workshop"
- "Developing Evidence-Based Group Interventions with At-Risk Students—Group-Centered Prevention Programs"

Symposium
- "Learning by Doing: An Experiential Group with an Evidence-Based Practice Component"
- "Preparing Veterans for Group Psychotherapy"

Discussion
- "Speed Mentoring—A Meeting Place for Group Psychologists and Trainees"

Conversation Hour
- "Creating Thriving Psychotherapy Groups"

Robert K. Conyne

I had begun the above section on program examples by intending to list but three. This proved impossible for me because there are so many delightfully intriguing programs; I regret not being able to include ALL of them here (but this might drive you to the complete list of programs that Jean has included later in this Newsletter issue).

I hope you will agree with me that these are exciting programs. Because the program theme for this convention was on "prevention groups," I am especially pleased about the range of focus covered by these accepted programs—from traditional group psychotherapy to social justice and prevention groups, with a strong emphasis on evidence-based approaches and a healthy balance reflected among symposia, experiential workshops, discussions, and conversational opportunities.

Convention Within a Convention—Group Psychologist of the Year
We also have a special treat this year. APA President James Bray has organized for the first time a "Convention Within a Convention,"

**Division 49
Convention Program, pp. 6–8**

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

Contents

From Your Editor

Thomas Treadwell, EdD, TEP

We have started a new chapter in the leadership of *TGP* newsletter and with this we inherit many obstacles in keeping membership updated on group innovations of Division 49! The major impediment, from our perspective, is getting members to contribute to the newsletter.

Our notion of strengthening our newsletter to reach *early, mid, and later career group psychologists* is indeed not only a challenge but at times somewhat frustrating. We wonder what entices members to contribute their thoughts and ideas to the newsletter? What would it take for YOU to write an article? We'd love to hear your thoughts.

In this issue, we will focus on our early career psychologists.

Is it out of the question to ask doctoral interns at counseling centers to write about the group's they are required to develop and/or are running? Or is it a better strategy to send a note to the counseling center's listserv requesting interns' input?

From past experience it appears that sending a general note to the listserv requesting input does not work in gaining brief reports. We wonder what would be a better method?

One aspect that appears to be working is including graduate students as assistant editors in reaching pre and early career psychologists. We are now seeing that by publishing the works of graduate students' has appeared quite fruitful in tapping into early career psychologists. Nonetheless we still need more input from the early career psychologists.

Other ideas as to how we can encourage more early career psychologists to participate in the newsletter would be welcomed!

We are not reaching everyone in the division, and we have over 500 + members with the majority falling in the category of *"later career" psychologists*. I would like very much to hear from this group for the October Issue. I would like to know how we can reach the folks in this category. Have they given up? I think not! We need to learn from their wisdom! Ideas are so much welcomed in addressing this category of group psychologists. We need help in reaching out and inviting later career psychologists to contribute their wisdom to our newsletter

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

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.

Student Reviewers for
The Group Psychologist

Leann Terry is a 6th year doctoral student (Counseling Psychology) at Indiana University and currently completing her internship at Pennsylvania State University. She can be reached at ljterry@indiana.edu or ljt18@psu.edu

Letitia Travaglini is a 2nd year masters student at West Chester University (Clinical Psychology) and Research Assistant to Aaron T. Beck, MD. Brief reports, comments and student ideas are highly encouraged. ltrav@mail.med.upenn.edu.

Leann Terry

Letitia Travaglini

*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 or Letitia.***

President's Column

(Continued from p. 1)

with focused research and practice programs concentrated within themes. Our Division is participating in the "Evidence-Based" theme with the Invited Program to be given by Richard H. Price, PhD, from the University of Michigan. Rick titles his presentation, "Groups as a Delivery System for Prevention Programs," and he has evidence to back it up, chiefly drawn from ongoing work with depression prevention in recently unemployed workers. As a bonus, during his speech (August 9, Sunday, 9:00–9:50 a.m. in the Convention Center Meeting Room 713B) it will be my honor to present Rick with our Division's highest award, the "Arthur Teicher Group Psychologist of the Year" for this work. This is a real "must see" program and I hope you will highlight it on your schedule and attend.

Come to These, Too!

Granted, a Business Meeting may not rank high on your "must see" list. Okay, how about your "try it out" list? We strongly invite your participation in this meeting (August 8, Saturday, from 1:00–1:50 p.m. in the Convention Center Meeting Room 201D) because it is here that we solicit new ideas for the future. Past attendance has been spotty so I especially encourage you to attend and make your thoughts known, get to know the division leadership, and soak up some group dynamics. Also, major awards are presented; including Group Dissertation of the Year (ably coordinated by Dick Moreland), and the presidential gavel gets passed from me to Gary Burlingame—though his term does not begin until January 1, 2010. And we can look forward to specially recognizing Don Forsyth for his excellent service as Past President of the Division.

The Business Meeting is preceded in the same room (from 12:00–12:50 p.m. on Saturday) by the Presidential Address. Surprisingly to me this event also has not been overrun with attendees in the past, despite scintillating presentations by past Presidents. Come show the love! To that end, in what too many will probably correctly identify as a transparently desperate attempt on my part to garner some attention, if not love, I have titled my presentation: "Pithily-Put Presumptuous Pronouncements about Group Work." Check out why so many P's are involved. I'll talk about some of the aphorisms (which I define as "Pithily-Put Presumptuous Pronouncements") that have guided my work over the decades and also ask you, should you come, about your own. As a preview, here's one of my 32:

Context is Central

Division Suite: A Vortex of Opportunities

Our Division Suite (if APA has not provided us with the specific room by press time, check out convention hotel lobbies where divisional hospitality suite locations will be posted) will be in the Westin Harbour Castle on One Harbour Square near the Convention Center. The Board decided for this year to heighten the Suite's role in contributing to our overall enjoyment and learning during the Convention. The Suite will now become a real center for opportunities (see the Suite schedule contained in this Newsletter issue). Friday from 4:00–6:00 p.m. our Board meets and you all are welcome to attend. A Student reception will follow leavened by copious amounts of pizza. Other Suite activities include opportunities to discuss research approaches (with Gary Burlingame, Maria Riva, Cheri Marmarosh and Janice DeLucia-Waack); Coffee with the Leaders (Lynn Rapin, Gary Burlingame, Bob Conyne, and others); participation in an experiential group (facilitated by Michael Waldo); time for committees and interest groups to meet; an opportunity to meet some of our fellow Canadian group practitioners; and the President's Reception to be held on Saturday evening from 6:00–9:00 p.m. or so. This latter event always is a winner. Why? Group dynamics abound—positive ones—and we provide some tasty morsels and libations, too.

Why, Then, Do We Study, Apply, and Celebrate Groups?

Indeed, why all the fuss? What is there about groups that leads us to convene year after year at Division 49 functions, often traveling long distances and spending lots of money to learn, share, and connect with one another?

Why? Because groups can save lives. Groups can empower growth. Groups can mobilize action to improve communities. Groups can heal the sick, strengthen the needy, teach inquiring minds. And much more.

We all know these things. We—who are so deeply committed to the power of groups and have devoted much of our professional lives to advancing group theory, research, and practice—we understand that we have a real tiger by the tail. There is in a group a force, a process, that when used carefully and intentionally can prevent human suffering, promote healthy living, and can literally change the world for the better.

I think these are at least some of the reasons we come together at our convention to honor group and, in our daily practice, to embrace the unmistakable privilege that is ours to sit with people in groups as they evolve toward self discovery, human connection, and societal change.

We convene once again, next in Toronto. Group dynamics will abound. See you there.

For Good Groups,
Bob

President-Elect's Column

Gary M. Burlingame, PhD

This is my first column as Division 49 President-Elect. As I was thinking about what to write I went back and reread the last piece that I wrote in *The Group Psychologist*; my candidate statement. In this statement I reminisced about my first contact with the Division as a student in 1980 with my mentor—Addie Fuhriman. Wow, that was nearly 30 years ago, which means that my initial association with the Division "stuck." My reminiscing then and now has a purpose; it was to remind me and hopefully others that a professional organization is viable when it continues to attract students and young professionals. As part of the election process, I declared my interest in supporting any and all initiatives that would attract and maintain ties with students-in-training and early career professionals (ECPs). In this issue, you'll see some initial work that I've been doing with Leann Terry; our current student representative. At the midwinter meeting in January, the board approved a motion to add a student representative as a voting member of Division 49's board. Leann and I have been working through changes in our bylaws since that meeting to formalize this initiative into our working documents. These changes have been unanimously supported by voting members of the board and this issue of *The Group Psychologist* puts the bylaw change to our membership for vote. This is a first step in elevating the "student voice" in our Division and I hope we will hear more from our graduate students. Indeed, at the annual meeting of the AGPA a few months ago I had the pleasure of interacting with more student members of Division 49. The good news is that our Division has the life blood of interested, involved students!

A second initiative that I mentioned in my candidate statement was having our Division offer clinically relevant information to attract young professional in particular, and practicing professionals in general. It seems to me that if a professional association gives its member's useful information an end result might be continued association and support. As I think back on my clinical training, like most of us, I had training/supervisory experiences that ranged from "so-so" to outstanding. As I continued to develop as a young professional I found myself going back to consult with trainers/supervisors who regularly provided good to outstanding clinical calibration. This is my hope for how Division 49 is and will continue to be view by ECPs. Without a question, our convention offerings, journal and newsletter are all enduring sources of clinically relevant information. Can we offer more?

At our midwinter meeting the board approved an action to create a new committee that would focus on research supported group treatments (RSGTs). We introduced this nomenclature (RSGT) in a recent special issue on evidence-based group therapies to identify group treatments that have been developed and submitted to empirical scrutiny regarding their effectiveness or efficacy. The notion underlying this committee is to avoid anything that could be viewed as prescriptive information and simply begin to build a descriptive resource to assist practitioners of group treatment. As we currently envision it, this committee would begin to identify group treatments for specific populations (clinical and otherwise) and provide a brief description of the group and its empirical support. After completing this task, the committee would then make recommendations on how to easily disseminate this information; perhaps

Gary M Burlingame, PhD

the web? If the resource proved valuable, clearly there would be need for ongoing effort to continually refresh its contents. Jennifer Johnson, who is at Brown University, has agreed to chair this committee. She is currently composing her committee, so if you have an interest in this initiative we'd like to hear from you. We are currently in discussion with staff members at APA regarding the society's regulations regarding work products like this. We're learning a great deal about this initiative as we proceed, so I'll keep you posted as we learn more. An important footnote on this initiative is the composition of our Division membership. Specifically, I'm aware that our Division serves members with both clinical and nonclinical interests in groups and that the initiative we're exploring serves the former. Thus, we'll be mindful regarding this as we proceed.

In March I participated in meetings of the Group Psychotherapy Research Network (GPRN) which were described in the last issue of the newsletter. In case you need your memory jogged, the GPRN is a consortium of professional associations that have an interest in small group treatments and is comprised of other Divisions of APA as well as free standing group associations (e.g., AGPA, ASGW, etc.). Don Forsyth, Lynn Rapin and Bob Conyne have been working with this consortium for over a year identifying common interests and exploring ideas about how the mutual interests might be supported thereby creating a multi-organization multi-discipline voice. As it turns out, an interest I raised in my candidate statement is also one identified by the GPRN; the decline in group training across counseling and mental health training programs. I, along with the incoming president of AGPA (Jeff Kleinberg) and a past president of ASGW (Janice Delucia-Waack), are exploring this issue in a subcommittee of GPRN. The purpose of this subcommittee is to ascertain the level of interest in hosting a GPRN conference that would be comprised of the leadership of key group associations. The purpose of this conference would be to explore common interests (such as the decline in group training) and develop consensual action plans. We will conduct brief, structured focus group discussion at the board meetings of three group associations (AGPA, ASGW, and Division 49) over the next five months to get a better sense of leadership interest in this initiative. We'll try to keep you apprised of what we discover in upcoming issues.

The past several months have been a steep learning curve for me as I become better acquainted with Division initiatives. I've been impressed by the complexity and high level of functioning of our group. We have wonderfully responsive chairs of committees that not only maintain the functions of the Division, but continually try to improve our services to membership. The Division is made up of dedicated leaders who are trying to serve you, our membership. I sense a genuine interest from each of them in hearing from you, our membership, regarding how the Division can continue to serve your interests and attract and support students-in-training and ECPs. I'm acutely aware of contributions of past presidents that are unmistakable leaders in our field and am humbled by the opportunity to spend a few years working with them as a team. I've already made some mistakes as I "learn the ropes" and ask for your patience. My intent is to focus on the above initiatives in the coming months that will hopefully strengthen and broaden the impact of our Division. Thank you for support.

Division 49 2009 Convention Program

Note: This program is subject to changes by APA

Thursday, August 6, 2009

10:00–10:50 AM
Poster Session
Group Therapists as Change Agents Supporting Social Justice for Immigrants
E. C. Chen, K. Wong, L. Budianto, & S. Karp

What's Group Got to Do With It? Individuals' Intimate Behaviors in Groups
J. R. Miles, J. D. Paquin, & D. M. Kivlighan

Group Work Course Experiences: An Alternate Approach
J. Keim, H. Ishii, & D. L. Olguin

Facilitating Group Cohesion Through Collaborative Story Building and Telling
T. W. Treadwell, E. E. Reisch, L. E. Travaglini, & V. K. Kumar

Meta-Analysis Benchmarks for Challenge (Ropes) Course Participation With Therapeutic Intent
L. Gillis, E. Speelman, & M. A. Gass

Determining Successful Participation in an HIV Support Group for Youth
L. Solorzano, S. Glassgold, & S. Collotzi

Exploring the Psychosocial Benefits of Quilt Making in Small Groups
J. N. Arcaroli, & P. T. McWhirter

Developing an Instrument for Assessing Group Members' Participation: Self-Disclosure Questionnaire
K. Y. K. Hsu, S. Woo, & Y. Hung

Tapping the Unconscious: Fairy Tales in Adult Group Therapy
N. W. Brown

Experiential Multicultural Competence Training: A Group Approach
A Smith, S. Blackwell-Jones, & G. Bathji

Wellness Programming for First-Year Medical Students
J. A. Brennan, A. McGrady, & K. Whearty

12:00–1:50 PM
Workshop: Teaching Group Psychotherapy—Didactic, Observation, and Participation
K. Ritter

NOTE: CEUs available. Consult the APA convention program for details.

2:00–2:50 PM
Workshop: Value of the ABPP Specialty in Group Psychology—Preparing for the Examination
Chair: J. Kobos
Participants: A. Elfant & A. Lowry

Friday, August 7, 2009

8:00–9:50 AM
Workshop: How Psychotherapy Groups Both Heal and Prevent—An Experiential Workshop
Chair: A. Elfant
Participant: M. P. Andronico
NOTE: CEUs available. Consult the APA convention program for details.

10:00–10:50 AM
Symposium: Preparing for the Internship Year—What You Need to Know About Group Psychology
Chair: J. M. Gross

Participants:
Therapeutic Alliance and the Emotional Presence of the Group Leader
N. W. Brown

Essential Group Leader Characteristics: Do's and Don'ts
M. Riva

Nuts and Bolts to Conducting a Group on Internship
C. V. Johnson

11:00–11:50 AM
Discussion: Speed Mentoring—A Meeting Place for Group Psychologists and Trainees
Co-Chairs: L. J. Terry, & J. M. Gross

12:00–12:50 PM
Workshop: Supervision of Group Counseling and Therapy—Practical and Ethical Considerations
Chair: J. Delucia-Waack
Participant: M. Riva
NOTE: CEUs available. Consult the APA convention program for details.

2:00–2:50 PM
Symposium: Preparing Veterans for Group Psychotherapy
Chair: P. C. Fischer

3:00—3:50 PM
Symposium: Preventing Attrition Among College Students With Disabilities Using Group Therapy
Chair: M. S. Whittingham
Participants: E. Lopez-Garcia & J. L. Williams

Saturday, August 8, 2009

9:00—9:50 AM
Workshop: Developing Evidenced-Based Group Interventions With At-Risk Students—Group-Centered Prevention Programs
Chair: E. C. Harpine
NOTE: CEUs available. Consult the APA convention program for details.

10:00—10:50 AM
Conversation Hour: Creating Thriving Psychotherapy Groups
Chair: L. J. Hoffman

10:00—11:50 PM
Symposium: Learning by Doing—An Experiential Group With an Evidence-Based Practice Component
Co-Chairs: R. L. Gleave & G. M. Burlingame
NOTE: CEUs available. Consult the APA convention program for details.

Participants:
Experiential Group Session: Developing Competencies to Ward Off Distress and Dysfunction
R. C. Bowman

Presentation and Explanation of Group Measures: Group Selection Questionnaire, Group Psychotherapy Interventions Rating Scale, Group Questionnaire
C. Chapman

12:00—12:50
Presidential Address
Pithily-Put Presumptuous Pronouncements About Group Work
R. K. Conyne

1:00—1:50
Division 49 Business Meeting

Sunday, August 9, 2009

8:00—8:50 AM
Workshop: StronGirls—In-School Prevention Program for Relational Aggression in Middle School Girls
Chair: K. E. Farrell

Participants: T. Keller, C. Balfour, L. Shapiro, & A. Kuhl
NOTE: CEUs available. Consult the APA convention program for details.

9:00—9:50 AM
Group Psychologist of the Year
Convention Within a Convention
Chair: R. K. Conyne
NOTE: CEUs available. Consult the APA convention program for details.

Groups as a Delivery System for Prevention Programs
Recipient: R. H. Price

10:00—10:50
Paper Session: Culturally Relevant Group Work With Elementary School Students
S. Bauman & S. L. Steen

11:00—11:50 AM
Paper Session: Role of Adventure Therapy in the Mental Health Treatment of Adolescents
L. Gillis & K. C. Russell

12:00—12:50 PM
Workshop: Group Sandplay Therapy for Children, Adolescents, and Adults
Co-Chairs: E. C. Carpenter & T. W. Treadwell
NOTE: CEUs available. Consult the APA convention program for details.

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.

Division 49 Suite Program, Westin Harbour Castle

Friday, August 7, 2009

4:00–6:00 PM
Board Meeting

6:00–7:00 PM
Research: Discussion and Brainstorming
Facilitators: Gary Burlingame, Maria Riva, Cheri Marmarosh, & Janice Delucia-Waack

Saturday, August 8, 2009

8:30–10:00 AM
Coffee with Leaders
A time for discussing the division, mentoring and asking questions.
Facilitators: Robert Conyne, Lynn Rapin, & Gary Burlingame

10:00–11:00
Committee Meetings

11:00–12:00
Suite closed. Join us for the Presidential Address and Business Meeting (currently scheduled in the convention center).

2:00–3:30 PM
Conversation Hour
Leon Hoffman: *Group Psychotherapy for Life Ambushes*
Lynn Rapin: *Organizational Consulting*

Craig Parks: *Publishing and Group Dynamics*

3:30–5:00 PM
Committee Meetings

5:00–6:00 PM
Suite closed in preparation for the reception

6:00–9:00 PM
Division 49 Reception

Sunday, August 9, 2009

9:00–11:00 AM
Experiential Group
Participate in an experiential group
Facilitator: Michael Waldo

11:00 AM
Suite closed for checkout

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

Vote on Division 49 Bylaw Changes

Gary M. Burlingame, PhD

As I mentioned in my President-Elect's column, the Division Board voted to add a student representative as a voting member. We're interested in continuing to reach out to students-in-training as well as early career professionals and see this as one step in giving students a voice in Division matters. Our bylaws provide for amendments that are proposed by the majority of board members. Proposed amendment can be inserted into the Division newsletter with returned ballots being counted by the Secretary sixty (60) days after mailing. An affirmative vote by the majority of votes cast lead to the ratification of the amendment, which is effective immediately. What follows is the original language followed by the proposed changes along with a ballot.

Change #1:
Article II: Membership, E. Student Affiliate
Currently reads:
E. Student Affiliate
To qualify as a Student Affiliate of the Division, an individual shall be enrolled full-time in a graduate program or school of recognized standing in psychology. Student Affiliates shall:
1. Be entitled to attend and participate in meetings of the Division and shall be eligible to receive its publications;

2. Not be entitled to hold office, serve as voting members of the Committees of the Division, nor vote in elections, but designated Student Representative(s) may serve as ex-officio member(s) of the Board.

Suggested new language:
E. Student Affiliate
To qualify as a Student Affiliate of the Division, an individual shall be enrolled full-time or part time in a graduate program or school of

recognized standing in psychology. Student Affiliates shall:

1. Be entitled to attend and participate in meetings of the Division and shall be eligible to receive its publications;
2. Be entitled to hold office as elected Student Representative to the Board and in that position serve as a voting member of the Board. Student affiliates are also entitled to serve on committees of the Division and to vote in its elections.

Change #2:
Article IV: Board of Directors, Section 1, C
Add new section C, change the lettering of the remaining sections that follow

New Section C:
C. One (1) Student Representative, to be elected for a two (2) year term.

Change #3:
Article IV: Board of Directions
Add new section 3, change the numbering of the remaining sections that follow

New Section 3:
In addition to the Division's Officers and Members-at-large, the Student Representative to the Board of Directors shall assume office January 1, following the most recent election, and shall maintain their office until the successor is seated. They shall represent the interests of the students at large on the Board of Directors.

The Student Representative shall be assigned to serve as liaison from the Board to the Student Committee and will report activities to the Board members. In the case of death, incapacity, or resignation of the Student Representative, the vacant office shall be awarded to the defeated candidate who was, at the time of the most recent election, the runner-up in the election for the Student Representative seat. If the runner-up declines to serve or is for any other reason unavailable, the Board of Directors shall, by majority vote, elect a successor. The new Student Representative will serve the remainder of the term of the person s/he replaces.

Change #4:
Article V Committees: Section 6
Add in:

10. **The Student Committee**, which shall consist of the Student Representative to the board (either as chair or co-chair of the committee), and other student affiliates of the Division. The committee shall be responsible for providing opportunities for networking, mentoring, organizational participation and service for Student Affiliates of the Divisions. These opportunities should foster the advancement of group psychology and group psychotherapy by providing personal and professional development opportunities for students in the areas of practice, research and writing, and teaching.

Change #5:
Article VII: Nominations and Elections, Section 2
Currently reads:
The Committee on Nominations and Elections will issue a call for nominations to all members by the appropriate deadline of the year prior to the calendar year requiring an election of an Officer, Member-at-large, or Council Representative. Only Members, Fellows, and Voting Associates of the Division shall participate in the nomination procedure. A validating procedure shall be used to assure that nominations are made by appropriate voting members of the board.

Change to read:
The Committee on Nominations and Elections will issue a call for nominations to all members by the appropriate deadline of the year prior to the calendar year requiring an election of an Officer, Member-at-large, Student Representative, or Council Representative. Only Members, Fellows, Student Affiliates and Voting Associates of the Division shall participate in the nomination procedure. A validating procedure shall be used to assure that nominations are made by appropriate voting members of the board.

Division 49—American Psychological Association
Bylaws Revision Proposal Ballot

Please copy and clip the ballot below. Return by **September 15, 2009**.

Bylaws revisions as proposed:

_____In favor   _____Opposed

If opposed, please list specific item(s) by Article and Section and reason(s). Please use additional pages, if needed:

Division Status: _____Fellow   _____Member   _____Associate

APA Membership Number: _____

Please mail this ballot to Jean Marie Keim, PhD, Counselor Education Program, Dept. of Individual, Family and Community Education, MSC 05 3040 Simpson Hall, 1 University of New Mexico, Albuquerque, NM 87131. Ballots to be tallied by Division Secretary.

Thank you for your participation.

February 2009 Council Report

Gloria Gottsegen, PhD

I attended the February, 2009 Council of Representatives meeting as the Division 49 Representative substituting for Allan Elfant. Following is a report of that meeting prepared by APA.

February 2009 Council Summary
To keep APA robust during today's economic turmoil, APA's Council of Representatives adopts a new vision statement and trims the association's expenses.

The steps APA will need to take to weather the current economic downturn and what the association wants to achieve in the next decade were major topics of discussion and decision-making at the February meeting of the APA Council of Representatives.

As a blueprint for the future, APA has undertaken its first-ever strategic planning process. That work, begun in 2007 with the help of a governance-based strategic planning work group, produced a new mission statement, adopted by council last year, and a vision statement adopted in February.

"The strategic planning process is going to help APA be a stronger and more focused organization in the future," said APA CEO Norman B. Anderson, PhD, who has worked closely with the Board of Directors, council and other governance groups on the process. "In this time of economic challenges for the nation and the association, we have to make sure that we are engaging in the activities that our members most value and where we can have the most impact for the discipline and society. Our new mission and vision statements, and the goals and objectives that will grow from them, will help us do just that."

The 2009 Budget
The economic recession and its effect on APA was another major topic of discussion for the council. Anderson, APA Treasurer Paul Craig, PhD, and APA CFO Archie Turner each told the council that while APA's overall financial health is strong, based on its membership, publishing operation and real estate holdings, the economy is having a direct effect on APA's operating budget. In response, the association is taking very specific actions to cut 2009 spending to ensure a balanced budget.

"Like many organizations, APA's investment portfolio sustained serious losses in 2008," Turner said. "Those losses mean that we don't have the cushion we might have had in other years to cover a budget deficit. Consequently, we must have a balanced budget this year."

After broad discussion and in an effort to protect against the possibility of deficits in 2009, the council adopted a budget with approximately $12 million in spending cuts. They include governance activities, such as some meetings, the elimination of the board and council discretionary funds, cuts in spending on public education programs and a staff hiring freeze. Council also directed APA staff to closely monitor spending and revenues as the year continues and to take steps as necessary to ensure a break even budget at year's end.

Action on 2008 Petition Resolution
After years of grappling with the difficult issues related to the role of psychologists in national security detention settings, the council moved to make the results of last fall's membership vote in support of a petition resolution official APA policy. The petition resolution prohibits psychologists from working in settings where people are held outside of, or in violation of, either International Law or the U.S. Constitution. The only exceptions to this prohibition are in cases in which a psychologist is working directly for the person being detained, for an independent third party working to protect human rights or providing treatment to military personnel.

According to the association rules, action on a petition is not complete until the association's "next annual meeting" in August. However, the council voted to suspend that rule to complete action on the petition. The council also adopted a title for the petition, "Psychologists and Unlawful Detention Settings with a Focus on National Security" in an effort to clarify the scope of the petition. The petition resolution is not intended to be applied broadly to jails, all detention centers or psychiatric hospitals.

In a related action, the council also received the report of the Presidential Advisory Group on the Implementation of the Petition Resolution and forwarded the report to relevant APA boards and committees for their review and action. The council also directed APA's Central Office to include information in its regular reports to the council and Board of Directors about steps taken to implement the petition resolution as proposed in the advisory group report.

In other actions, the council:
- Postponed action on proposals to reduce the costs of dues for some members including state, provincial and territorial association members, due to the restraints on the 2009 and 2010 budgets.
- Adopted updated Guidelines for Child Custody Evaluations in Family Law Proceedings.
- Received the report of the Task Force for Increasing the Number of Quantitative Psychologists.
- Established a continuing Committee on Human Research.
- Received the final report of the Div. 19 (Military) and Div. 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues) Joint Task Force on Sexual Orientation and Military Experience

A New Vision
As part of APA's first-ever strategic planning process, council adopted the following vision statement for the association. The statement is intended to describe the type of organization APA aspires to be and the impact it hopes to make over a 20- to 30-year horizon.

APA VISION STATEMENT
The American Psychological Association aspires to excel as a valuable, effective and influential organization advancing psychology as a science, serving as:

A uniting force for the discipline;

The major catalyst for the stimulation, growth and dissemination of psychological science and practice;

The primary resource for all psychologists;

The premier innovator in the education, development, and training of psychological scientists, practitioners and educators;

The leading advocate for psychological knowledge and practice

informing policy makers and the public to improve public policy and daily living;

A principal leader and global partner promoting psychological knowledge and methods to facilitate the resolution of personal, societal and global challenges in diverse, multicultural and international contexts; and

An effective champion of the application of psychology to promote human rights, health, well being and dignity.

Report on the State Leadership Conference

Gloria B. Gottsegen, PhD
Division 49 Federal Advocacy Coordinator

I attended the State Leadership Conference, March 1–4, 2009, in Washington, DC. The conference, sponsored by the APA Practice Directorate and Practice Organization, brings together representatives of the APA Board of Directors, State, Provincial and Territorial Psychological Associations, APA Divisions, APA Graduate Students, staff and consultants.

The overall theme of the meeting was, "With Challenge Comes Opportunity," which was quite timely at this juncture in our nation, with our economic and healthcare crises.

Workshops included Psychologically Healthy Workplaces, Integrated Primary Care and Rural Health, Health Care Delivery Systems, the New Federal Parity Law, Psychological Licensure Mobility, Eliminating Health Disparities in Underrepresented Groups and the New HITECH Act (Health Information Technology for Economic and Clinical Health) and the future of Record's Privacy.

Among the highlights of the meeting were keynote speeches from Susan Dentzer on the Future of Health Care in America, Donna Brazile on A View From Washington, and Rep. Earl Pomeroy (D-ND).

Delegates to the State Leadership Conference proceeded to visit their congressional representatives in their offices to lobby in person for the following issues important to psychologists.
1. Extend restoration of outpatient mental health reimbursement cut by CMS.
2. Make psychologists eligible for E&M (Evaluation and Management) code reimbursement.
3. Add psychologists to the Medicare "physician" definition.
4. Pass health care reform that integrates psychological services in primary care, preventive services and benefit packages.

Altogether, it was an important and meaningful meeting to promote the interests of Division 49 members.

International Groups Request for Information

Dear colleagues:

I am in the process of preparing a book chapter on how group counseling, including psychoeducational and therapy groups, is used in international contexts. I am especially interested in two areas: (1) How professionals in countries other than the U.S. have applied and adapted group approaches developed in North America? and (2) What group approaches, theories, and practices have developed and emerged in other countries?

Please send any article reprints, reference citations, working papers, research studies and/ or comments to:

J. Jeffries McWhirter, PhD, ABPP
Professor Emeritus
Arizona State University
110 E. Fremont Drive
Tempe, Arizona
E-mail: mcwhirter@asu.edu

Ad Hoc Committee on Social Justice, Public Education, Public Interest

Irene Deitch, PhD, Dr. Diana Semmelhack, and Dr. Bonnie Jacobson

Irene Deitch, PhD

The Ad Hoc Committee on Social Justice, Public Education, Public Interest is a three-member committee whose role is to retrieve relevant information from the Social Justice Coalition, Office of Public Affairs and Communication, and the Board for the Advancement of Psychology in the Public Interest (BAPPI).

Any topics requiring public education would be relevant to our committee (e.g., PTSD, swine flu, HIV, aging, poverty, homelessness). As you can tell, our committee deals with many overlapping, but truly exciting, topics worthy of our Division's attention. Most importantly, this committee serves as liaison with all those designated areas.

We seek members interested in serving on this committee to evaluate the nature of information, forward it to Division 49 members on the listserv, and meet with key players in each field. Occasionally, we have philosophical, political, and ethical disagreements. In short, we are walking a fine line. However, we prefer to submit topics to the list and permit members to judge the quality and relevance of the material. We welcome dialogue on the listserv as well as diverse members and perspectives.

Interested prospective members are invited to join us during Convention at our division's headquarters at the Westin Harbour Castle Toronto Hotel. If you are interested in undertaking this challenging role, please feel free to contact Irene Deitch at ProfID@aol.com, Diana Semmelhack at dsemme@midwestern.edu, and/or Bonnie Jacobson at DrBonnieJacobson@aol.com.

Student Committee Report

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

Leann Terry

Members of the Student Committee met in early March to discuss current initiatives and to plan several more. After an initial attempt at using Skype, we switched to using a Gmail chat, which worked quite well (and provided an automatic record so taking notes wasn't necessary)! Several outcomes arose from that meeting. First, members agreed to move forward in recruiting new students through Psi Chi meetings and group classes at their local universities. Many thanks go out to Greg Capriotti and Kyle Barry for their work on preparing the presentation for this! Secondly, Chris Chapman and Leslie Markowitz agreed to coordinate the student volunteers at the annual convention. We'll hope to have a student volunteer at each presentation. They'll be available to hand out material, answer questions, and help publicize the division. If you see one of them, be sure to say hello and thank them for their work! Thirdly, Chris also volunteered to coordinate with Don Forsyth, of the Awards Committee, to craft language for a new Student Presentation/Poster award to be given annually at the convention. Fourth, several members are actively working on the publications side of Division 49. Tisha Travaglini and Leann Terry are serving as Student Editors for *The Group Psychologist*. Additionally, Bambi agreed to work with the editor of *Group Dynamics* to implement a student reviewer program for the journal. Finally, the committee agreed to the proposed changes to the bylaws. Leann continued working on this with Gary Burlingame, President-Elect, and the outcome is in this newsletter. Please see the section in this newsletter for the proposed changes. Please vote!

As you can see, the work of the committee wouldn't happen without these wonderful members. If you know them, or see them at the convention, please thank them for their dedication and work!

If you want to get involved, either at the convention, or in the Student Committee, please contact Leann at ljterry@indiana.edu.

Treasurer's Report

Fiscal Stability Goals for Division Treasury

Lynn Rapin, Treasurer

While Division 49 is coping with challenging financial times, we remain fiscally sound as of April 30, 2009. The Division Board is working on long term strategies to increase revenue streams (including exploring a Division 49 Foundation, generating more products to market) while reigning in expenses.

Our two main sources for operating capital are member dues, with a total of $8317.00 collected through April 30, 2009, for the 2009 membership year; and income generated through our journal, *Group Dynamics: Theory, Research and Practice*. Net journal income for 2008 was $76,747.00, with half of the proceeds coming to the Division ($38,374.00). We received $30,600.00 of the journal proceeds on April 2, 2009, with the balance to be deposited to our account upon final APA audit.

In addition, Division 49 has a modest $25,286.63 in short term investments. Our goals are to increase our investment reserves over time and to refrain from tapping into the reserves.

The required Midwinter Board meeting was held this year at an Atlanta airport hotel in order to maximize travel convenience and conserve expenses. The Board was able to decrease the costs from 2008 and previous years by $1800.00.

We will continue cost-saving measures. Here are some ways you can help the Division to remain fiscally sound: encourage colleagues and students to join Division 49; donate a portion of scholarly proceeds to Division 49; volunteer to produce Division 49 training and demonstration tapes; assist with the formulation and endowment of a Division 49 Foundation. The Board encourages you to engage with us in preserving and nurturing the fiscal health of the Division.

Interactive-Behavioral Therapy (IBT): Group Treatment for People with Intellectual and Psychiatric Disabilities

Daniel J. Tomasulo, PhD, and Nancy J. Razza, PhD

Daniel J. Tomasulo, PhD

The interactive-behavioral (IBT) model of group psychotherapy has evolved over the past twenty years through work with individuals who are diagnosed with both intellectual disabilities (ID; the current preferred term for people diagnosed with mental retardation) and psychological disorders. The model's theoretical underpinnings, as well as many of its techniques, are drawn directly from psychodrama as originated by J. L. Moreno (Blatner & Blatner, 1988; Marineau, 1989; Tomasulo, 1998; Razza & Tomasulo, 2005a, Razza & Tomasulo 2005b). Certain adaptations to the model have been made to enhance its efficacy with the intellectually disabled population and have been elaborated on elsewhere (Razza & Tomasulo, 2005a, Tomasulo & Razza, 2006b). These modifications, as well as research on IBT, are discussed below.

The theoretical formulations of psychodrama have much to offer the treatment of people with intellectual disabilities. Moreno, like Freud, believed that an individual's early experiences were responsible for their psychological development. He differed from Freud, however, in his ideas regarding the most effective ways to help people get better. Moreno believed that therapy ought to engage the person as completely as possible; interactions between therapist and patient should not be limited to simply thinking and talking. Thinking and talking are cognitive activities; the individual is only engaged cognitively. Moreover, in the case of people with ID, the therapeutic process remains dependent on the patient's least well-developed skills. However, if you add action, if the individual is invited to get up and demonstrate the problem, he is being engaged behaviorally, and ultimately, emotionally. In this manner, more of the sensory modalities are stimulated, and memory for therapeutic change is enhanced (Hurley, Tomasulo, & Pfadt, 1998; Tomasulo, 1998; Razza & Tomasulo, 2005a, Razza & Tomasulo, 2005b).

The IBT Model for Intellectual and Psychiatric Disabilities

A typical psychodrama session has three stages: (1) warm-up, (2) enactment, and (3) sharing. (Tomasulo, 1998; Razza & Tomasulo, 2005a, Razza & Tomasulo, 2005b). The three stages allow for group members to prepare for interactive role-playing, take part in

an enactment of the issue being explored, and then reflect on the process just experienced. Due to the cognitive limitation of people with intellectual disabilities, we found the traditional stages unworkable. We therefore experimented using various readiness techniques and action methods at different times during the group process. What emerged was a four-stage format specifically modified for patients with intellectual and psychiatric disabilities. The four stages are: (1) orientation, (2) warm-up and sharing, (3) encounter, and (4) affirmation (Tomasulo, 2000).

Nancy J. Razza, PhD

We added a new first stage, which we call the *orientation stage*, to help people with cognitive impairment develop skills needed for successful group participation. Many people with intellectual disabilities are unfortunately accustomed to people not listening to them and will continue to talk whether others are listening or not. They are also individuals who often struggle with secondary audiological and visual disabilities.

As a result, many are not in the habit of listening when others talk, particularly when the other is a peer. People with cognitive disabilities have learned to devalue their peers (and themselves) and tend to talk over each other, clamoring for the facilitator's attention.

The *orientation stage* is designed to alter this pattern. When one member is speaking, the facilitator interrupts and asks him or her to indicate who is listening. The facilitator then asks the member to choose another member to check whether the other member heard his or her statement. We refer to this process as *cognitive networking*.

If the listener heard the communication, the facilitator then has an opportunity to reinforce the listener verbally for attending to the peer and to reinforce the sender for communicating clearly and being aware of who was listening. If the listener did not hear the communication, the sender is to choose another member. If that member also failed to receive the communication, the sender repeats his or her statement and tries the checking process again. In this way, members are taught to speak so that others understand them and to listen attentively to what others say. The facilitator's attention is

IBT: Group Treatment...

(Continued from p. 13)

typically a powerful reinforcer, and through judicious use of praise and acknowledgement, the facilitator can shape the group members' behavior toward adaptive interpersonal behavior. Once the facilitator has these norms well established, as in long-term, ongoing groups, the facilitator's direction in this regard can be attenuated. The first step in activating therapeutic effect is to be sure the members of the group are ready to interact with each other; the orientation stage facilitates this process.

We move from the orientation stage into stage two, *the warm-up and sharing stage*, in which members deepen their level of disclosure and choose a protagonist. We collapsed the warm-up and sharing stages from traditional psychodrama into this second stage because we found that typical sharing in non-intellectually able adults was not possible with this population. Instead, the second stage, warm-up and sharing, allows for a shift from horizontal self-disclosure (typically person to person, but with little emotional content) to vertical self-disclosure (a more personal divulgence with more emotionally laden material). This is also the point in the therapy when the content of the group comes to light from a particular curriculum (e.g., anger management issues, sexual education, etc.) or, if it is an psychotherapy group, the agenda for each member is set by each member, in turn, verbalizing the concern he or she would like to address in the day's session.

We then move into the third stage, *the enactment stage,* in which traditional psychodramatic techniques increase emotional engagement of the members (Hurley, Pfadt, Tomasulo, & Gardner, 1996). It is during this stage that role-playing and deep action methods are employed as primary means through which therapeutic factors (discussed below) are likely to be activated. This stage is the central feature of the IBT model, and techniques employed are modifications derived from psychodrama (reflecting issues unique to an individual's life) and sociodrama (issues which reflect a collective concern). Prior to the development of the IBT, the primary use of role-playing was for role training. More specifically, these techniques were used almost exclusively for social-skills training rather than for the purpose of facilitating therapeutic interactions. The teachers in these groups fostered interaction between themselves and the participants rather than between and among the participants. Since the emphasis was on teaching a skill, the attention had to be focused on the teacher/ trainer. In the interactive-behavioral format, the emphasis is on interaction between the participants for the purpose of creating a therapeutic environment. As part of the IBT process, a protagonist (the individual whose issue is reflected and can be supported by the group membership) emerges. As such there is a major shift from a teaching/training model to a peer support/interaction model where behaviors having therapeutic value are reinforced as a way of strengthening a viable group processes. It is during the enactment stage that techniques such as the *double* are used.

Supportive Interactive Techniques: The Role of the Double

The primary vehicle for the protagonists' evolution in the group is support. Towards this end the action method of the double is particularly well-suited. Typically, the person playing the double is positioned behind the protagonist and slightly to one side. This arrangement allows the emotional expression, emotion support, or reorganizing of perceptions to emerge more naturally. If the double can create an atmosphere in which the protagonist feels supported and understood, the opportunity for change is greatly enhanced (Tomasulo, 1999a; Tomasulo 1999b). As facilitator, the therapist can arrange for the protagonist to be seated (most often in the center of the group if it is agreeable to the protagonist) and for the double(s) to stand behind his or her chair. When the double stands behind the protagonist, it is representing a non-confrontational and more supportive position. A contra-indication for this position is when it increases anxiety, as it usually does with people who are paranoid, or when the resistance or shame of the protagonist is too great. A modification for this could be a seat or a space to stand alongside the protagonist for the double. This allows for the protagonist to watch and hear, rather than the activated double being out of sight. The choice of who will be the double can happen in one of several ways:
1. The facilitator can choose the double.
2. The protagonist can choose the double from the group.
3. A group member can volunteer.
4. The facilitator can do the doubling.
5. The protagonist can double himself or herself.

Doubles may be single, in pairs (to allow for contrast, amplification/restatement) or in multiples (usually done to help protagonist's experience such therapeutic factors as acceptance and universality with their fellow members). The emergence of a protagonist within the group indicates that one person has presented a problem that is significant enough for exploration within the group. In most cases the protagonist has presented a situation that reflects a deficiency, interpersonal friction, or intra-psychic conflict. This deficiency or conflict is often the central issue of the drama. The protagonist is more likely to be able to change his or her behavior in the group if he or she is adequately supported. If not, it is unlikely that the member will be able to carry over any newly learned behaviors into his or her environment. The solution to this dilemma may come from using one or more forms of the double. A supportive atmosphere is probably the most important condition the facilitator can foster. The double can help create this ambiance for the protagonist.

It is best to think of the double as a person who understands the protagonist's thoughts and feelings. Once someone is in the role, the facilitator may ask the double how he or she thinks the protagonist feels. It may be necessary for the facilitator to prompt the double to speak in "first person" in order to reflect the protagonist's feeling state. The facilitator can do this by instructing the double to say "I feel…." and then asking how he or she thinks the protagonist feels. In the beginning the facilitator may have to do this several times in order to orient the people who are doubling. As an example, a woman who recently had a fight with her boyfriend because he was trying to force her to have sex with him might be doubled by the facilitator in the following way: "I am angry at him for doing this to me. If I say 'no', that should be the end of it. I'm really angry at him." It also may be important to demonstrate how the doubling is done in an effort to show the chosen double more accurately what to do. However, once this becomes part of the regular routine within the group, the members will spontaneously offer "I" statements from the double role.

Often when it is necessary to create significant support for a protagonist, the facilitator may use a *multiple double* technique to enhance the depth of support in the group. In this manner the facilitator can invite several people to stand behind the protagonist, usually in turn, and say what they think he or she feels. This allows the protagonist to feel the support of the group as members try to understand the feelings of the protagonist through the double role.

Each of these statements may be a portion of what the protagonist is feeling. Some may be more accurate than others, and some may be wrong (see the section on correcting the double). In any case the array of feelings now explored is significant. The protagonist is able to select from those doubles the one (or two if it will be a paired double), and the therapist may ask the protagonist to continue with the line of thinking they have just brought up. In this way the protagonist can more readily experience the depth of the support.

The double is of unique importance for use with people of intellectual disabilities as their emotional development often generates a high degree of egocentrism. As such, the protagonist coming to the center of the group would seem to exacerbate the problem. However, by having the protagonist listening rather than speaking, and employing multiple doubles in the service of empathic awareness, the issue of egocentricity is mediated by having the protagonist engaged in the passive-receptive mode of listening, and the doubles taking center stage for the purpose of attempting empathic resonance.

To return to the example of the woman who had been pressured by her boyfriend, multiple doubles might say something like this:
- "He does this to me every week; if this happens again I'm going to dump him."
- "I wish he wouldn't do this; how many times do I have to tell him?"
- "I still want to go out with him, but he has to respect me more."
- "I hope he will still be my boyfriend if I don't have sex with him."
- "I do want to have sex, I just don't like being pushed into it."

Using a multiple double format has the distinct advantage of helping the protagonist feel understood and accepted by the group. This technique will activate therapeutic factors related to acceptance, cohesion, universality, and instilling of hope within the group. In using multiple doubles the facilitator has the protagonist present his or her story and then ask who in the group understands the feeling. As members volunteer, the facilitator invites them to stand behind the protagonist and say the feelings they believe the protagonist would have in the described situation. Again, it is important to check back with the protagonist to make sure that what is being said "fits" with the protagonist's internal experience. If not, there may need to be a correction. Once this is accomplished, the next group member is invited up, followed by the next, and so on. It is very often the case that a protagonist who presents a conflict to the group is better served by simply being understood through the use of the multiple double rather than through acting out potential resolutions to the conflict. Adding this type of action to an existing group will undoubtedly enhance the attention and interest of the group members. If the facilitator is using action already, then deepening the involvement of the members through the use of multiple doubling will strengthen

feelings of being supported. If there are opposing thoughts or ideas, a pair who will each take obverse perspectives may best serve the double function. This is referred to as "paired doubling."

While it may seem contraindicated to have *paired doubles* verbalize internal conflict, it is usually a show of support for the protagonist to experience his or her struggle being understood by peers. If a pair is playing the double, it is best to have one person behind the protagonist to the left and the other to the right. Very often a member of the group will play one half of the pair, and the facilitator or co-facilitator will play the other, but this need not be the case. Two group members can do this quite effectively. A pair can more accurately reflect conflict situations and those fraught with ambivalence. Reflecting this internal struggle back to the protagonist has the advantage of perhaps helping him or her become more aware of his or her true feelings. If the conflict portrayed is not reflecting the internal conflict, it will allow for a correction and as a result a clarification for the protagonist. Such a technique has been particularly helpful when dealing with people whom, in addition to psychiatric and intellectual disabilities, struggle with alcohol abuse. A paired or split double can introduce an issue to the protagonist, which may be difficult for him or her to accept.

Our example might continue with two people playing a paired double:
- "I like him but I don't like when he does this kind of thing. It scares me."
- "Maybe if I don't give in to him he will go out with someone else."

If the protagonist is acting as his or her own double, he or she is asked to reverse roles with the space behind the chair. In this role, the protagonist may make statements about feelings, which the facilitator can then ask him or her to amplify, restate, or alter in some way to enhance the clarity of the feeling. This is particularly helpful when others in the group need more information on the protagonist's feeling or if some clarification is necessary. This does not preclude other forms of doubling. The therapist may still wish to do a single, paired, or multiple double after the protagonist has acted as his or her own double. The value of playing one's own double comes from the clarification, awareness, and acknowledgment that often comes from playing this role. As an added benefit it provides a prescriptive model for others in the group to deepen their understanding of the protagonist when they double for him or her. In this way the protagonist can prescribe the role prescription for those who follow.

Sometimes people playing the double can get the feeling wrong. There are two primary ways that a double can be corrected. First, the person playing the double can adjust previously made statements when it is realized that they do not match the internal state of the protagonist. Or, the protagonist may reverse roles with the double to clarify the statements being made. When a double says something to the protagonist, the facilitator must check it out. Saying something to the protagonist like, "Does that sound right to you?" gives him or her the chance to clarify what was said. If the double has made an error, he or she may correct it by trying again with a modified statement.

IBT: Group Treatment...

(Continued from p. 15)

If the protagonist then agrees, the enactment moves on. If not and a modification is not forthcoming, ask the protagonist to reverse roles with the person playing the double and correct the statement. This again should serve as a role prescription for the person playing the double. The therapist would then ask the protagonist to reverse roles (back to original positions) and the double would now repeat what the protagonist said. These reinforcements ensure that the feelings will be on target, since the protagonist has identified them during the role reversal. In this way, the protagonist is teaching both the double and others in the group what he or she is feeling, and group members (as multiple doubles) are then able to more accurately indicate the protagonist's feelings. Sometimes it is necessary for the protagonist to repeat this process.

Doing the role reversal with the double significantly enhances the clarity of the protagonist's feelings. It is important to remember that the people who are playing the double position will use projection to try and place themselves into that role. In doing this, they run the risk of not accurately understanding the protagonist's feelings and merely projecting their own. Correction through role reversal is the way the double can more precisely identify with the protagonist's feelings.

Although only certain group members may take part in the enactment, the entire group's focus of attention is on the action taking place. The double has several purposes. It can provide emotional support, give emotional expression and/or reorganize perceptions. The process and techniques used in doubling include speaking the unspoken (what the person needs to say but is not saying), exaggerating, minimizing, introducing alternatives, restating, amplifying (highlighting the key part of the statement), verbalizing the resistance (why the person doesn't want to say something) and introducing paradoxes. There are additional techniques that are used during the enactment stage including the empty chair, role reversal, and a representational drama. While it is beyond the scope of this article to provide an elaboration on these other techniques, an example will help to illustrate their use.

A protagonist too frightened to seat themselves in the middle of a group could still benefit from a multiple double with the use of an empty chair in a representation setting. First the facilitator would support the protagonist's decision not to go into the center of the group as an act of assertiveness rather than resistance. Following this the facilitator would, with permission from the protagonist, place an empty chair in the middle of the group to represent the protagonist. The doubling techniques described above could then continue with the protagonist having experienced both a sense of control over their limitation while still gaining support from the group. The fourth and final stage, like the first, reflects a deviation from standard psychodramatic practice. We call this the *affirmation stage*. Following an enactment, we ask the members to say what was good about what the protagonist just did or what they liked about it. We seek this affirmation for the protagonists because of the vulnerability they experience in exposing themselves through enactments, and also because it is an opportunity to reinforce in protagonists

therapeutic factors such as self-disclosure, self-reflection, increased self-awareness, behavior changes through trying out a new role. We then make a point of reinforcing each member for any efforts that represent growth and verbally acknowledge each one individually. This helps the session end with all members feeling good about themselves and their efforts, and with all members consciously taking in a new cognition to challenge damaged self-beliefs.

We move into the *affirmation stage* rather than the more traditional sharing stage because we have learned that many members with intellectual disabilities have difficulty with abstract thinking and cannot always relate analogous experiences from their own lives. Some members, however, can and do acknowledge life experiences or emotional dilemmas similar to the one presented by the protagonist. We encourage those members who are moved to share a related concern for their own lives to do so, and they are then affirmed as well. As session's progress and members become attuned to the group process, the facilitators encourage members to provide affirmations to each other as well. This further encourages members to attend to each other and increases each member's value in the eyes of his or her peers. Members take increasing interest in each other as a result and are more likely to offer spontaneous support and to experience a healing sense of universality.

For persons who have intellectual disabilities, membership in an ongoing group has the further advantage of allowing them the unique opportunity to be genuinely helpful to others. In much the same way that veteran AA members with many years sobriety continue to gain through their work in supporting newcomers, veteran group members with intellectual disabilities gain a valuable sense of self-efficacy through their ability to help new members. (This is particularly important in light of the effectiveness of AA membership in the Consumer Reports study (Seligman, 1995) and its relevance to a recent IBT study identified below.) As facilitators, we encourage their support and feedback to new members. We especially encourage them to share their own experiences of self-growth. We frequently defer to the long-term members in working with new members, acknowledging them for their ability to understand and share with the new members in ways that we cannot. People with intellectual disabilities have almost no opportunity to feel competent, helpful, or valuable to others; ongoing groups offer them a unique and powerful dose of this therapeutic factor.

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The Group Modality Focusing on Genre Specific Music Stimulates Mentally Ill Geriatric Populations: Soothing the Soul with Music

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Have you ever heard a song and immediately, as well as vividly, recalled a person, place, or event? Chances are that you have, and not by coincidence. Research data and observational data give strong support to the theory called the "*Reminiscence Bump,*" a concept suggesting that autobiographical memory is best recalled from the adolescent to young adult years. Experimentation with the theory in a group setting is currently being conducted by this author at the Sheridan Shores Care and Rehabilitation Center in Chicago, IL under the supervision of Dr. Arthur Freeman. The group intervention has five main goals: (1) decrease isolation, (2) increase socialization, (3) encourage communication, (4) stimulate cognitive function, and (5) enhance therapeutic alliance. The following literature further explains the concept of the reminiscence bump within the group environment.

The life review process has often been described as a form of reminiscence (Hausman, 1980). However, for Butler (1963), the life review process and reminiscence are not synonymous. While the life review process may account for greater reminiscence in old age, the process represents more than just a look backward. The life review process is seen as essential to the final reorganization and integration of the personality (Woolf, 1998).

Reminiscence therapy is a direct outgrowth of the life review hypothesis and this therapy consists of having the individual reflect on his or her life (Butler, 1980). Through this reflection or reminiscence, individuals are postulated to resolve conflict, deal with past painful experiences, and thus be better able to deal with the present. The terms reminiscence and life review are used interchangeably in literature, however, reminiscing is a technique employed to think and talk about an individual's life. Critics would argue that reminiscing can be structured or unstructured and conducted individually or in a group environment and targeted at any event or memory. Life review is structured and directed toward an individual, targeting specifics of an entire life span. This may be best done within the context of a one-to-one setting or even in dyadic counseling with couples. Consequently, reminiscing lends itself to group settings

The Group Modality…

in areas such as nursing homes, where group activities are often a part of daily activities (Stinson & Kirk, 2005). In the context of supporting people with intellectual disabilities, reminiscence work has been described as a meaningful activity for this population. Life story work has become popular with support workers as a means of helping those who cannot easily speak for themselves to remember their past and compile a life story, not an entire review, based on this interactive experience of helper and resident (Puyenbroeck & Maes, 2006). Another modality to assist in recalling cognitive deficits is music therapy (Gold, Heldal, Dahle, & Wigram, 2005).

Music therapy is an interpersonal process in which the therapist uses music and all of its facets (physical, emotional, mental, social, aesthetic, and spiritual) to help clients improve or maintain their health. Researchers from the Institute of Music and Music Therapy, University of Aalborg, Aalborg, Denmark conducted work with patients who had schizophrenia or schizophrenia-like illnesses and found positive results for using Music Therapy. They suggested that the therapy is a therapeutic method of using musical interaction to help people with serious mental illness develop relationships and address issues they may not be able using words alone (Gold et al., 2005).

Autobiographical memory is a personal representation of general or specific events and personal facts. It often refers to the individual's memory of his or her history, although not necessarily a precise account of the circumstances, contexts, and persons involved inasmuch as an individual does not remember exactly everything that has happened in one's past. Autobiographical memory is constructed and reconstructed as an evolving process of a reflection of one's past history. People tend to recall many personal events from adolescence and early adulthood with this effect being called the *reminiscence bump*. The reminiscence bump is the effect in the temporal distribution of autobiographical memory that was first described by Rubin, Rahhen and Poon (1998) postulating that people tend to recall more personal events from adolescence and early adulthood (10–25 years) than personal events from other lifetime periods.

One of the reasons to explain this phenomenon is that this time period is critical in the development of our identity and is closely associated with Erikson's psychosocial developmental stage of Identity vs. Identity Confusion, occurring from puberty to adulthood. Erikson suggested that this is a time when an adolescent attempts to discover his or her identity and place in society by trying out many roles in order to answer the question, "Who am I?" This early exploration of identity is, according to Erikson further developed in young adulthood within the context of a primary relationship (Bukatko, 2008). It primarily concerns the ways in which we see ourselves in relation to the rest of the world. The recognition of the importance of this period in the development of one's identity has led it to be termed the "critical period" of human development (Rybash & Monaghan, 1999). Assuming that our identities and ideologies are directly tied into our political beliefs and behaviors, it should come as no surprise that these become solidified at the same time. For example, it is widely acknowledged that a person's partisan beliefs, which are fairly elastic at an early age, become stable after the "bump period" (Alwin & Krosnick, 1991) as cited in Rybash and Monaghan (1999).

In a 1998 research project led by David Rubin, the team attempted to replicate earlier findings that for older adults the period from 10 to 30 years of age produces recall of the most autobiographical memories, the most vivid memories, and the most important memories. It is the period from which peoples' favorite films, music, and books come, and the period from which they judge the most important world events to have originated. Their research suggested some compatible reasons why the reminiscence bump occurs. The first is a cognitive explanation that events from early adulthood may be remembered best because they occur during a period in which rapid change is giving way to relative stability. Second, an account based on an inflection in cognitive abilities or their neutral substrates show that the rise and fall of cognitive abilities taken alone is insufficient to explain the bump. The observed pattern could account for the bump, however, if there was a more complex, nonlinear, relation between abilities and amount learned or if the cognitive account was used to supplement the cognitive abilities account. Third, an account based on identity formation, in accordance with Erikson's developmental stages, suggests that events during this period will be more likely to be organized and incorporated into an overall story or view of self and thus benefit mnemonically from all the advantages of such a schematic organization as well as from increased spaced rehearsal (Rubin, Rahhal & Poon, 1998).

Given the evidence that Reminiscence Therapy, influenced by the Life Review, can be a therapeutic instrument for intervention, and the success of music therapy in activating the brain areas responsible for emotion, memory, and executive function, it seems plausible to speculate that if all therapies were combined, their might be a synergy that would help clients to adapt more successfully to their setting, their stage of life, and be useful in developing effective interpersonal interactions. In addition, Durham and Whittemore (1991) recommended the use of Golden Age radio musical programs as beneficial and therapeutic for residents in nursing homes and further suggests a similar benefit for retirement community residents. Reactions noted in their study indicated that this time period of music may evoke memories and encourage reminiscence in the lives of the present elderly for whom this music was a part of their formative life experience (Durham & Whittemore, 1991).

Application of Genre Specific Music

In September of 2008, the author experimented with genre specific music when asked to develop an activity for the geriatric residents living at a large rehabilitation and nursing home setting, with the intent of creating some cognitive stimulation because the residents were completely inactive from breakfast until lunch. Music was the choice of stimulation, but not just any kind of music. Genre specific music was hypothesized as being the best choice due to music being recognized as generational in nature.

The residents were all housed on the same "geriatric" floor in the building, sharing a dining area, double-occupancy rooms, and had access to psychological, nursing, physical rehabilitation, social services, as needed. The average age of the residents was seventy-five and mixed male and female. Given the age of the client group,

music from the Forties' Era was chosen as the best place to begin. The first presentation was announced and scheduled for the lounge/dining area of the unit. Prior to the music sessions, many residents remained in their room and the nursing staff had to deliver meals to the various rooms, creating a roadblock in delivery of the meals to the residents. Furthermore, most of the residents on the geriatric level rarely left the floor and stayed within the confines of their room. Given that the residents were all on the unit, it was easy to approach each room and encourage attendance at the musical presentation. The first presentation consisted of the author playing a CD that was titled, "The Greatest Hits of Glenn Miller." The response from the six residents who attended this initial session appeared to be a favorable one. The reception to the specific genre of music encouraged the author to expand and enhance the music selections and presentation technique. A turntable and several albums of music from the 1940s were easily obtained at the local Goodwill store, as another hypothesis was that how the music was presented and heard might be as important as the type of music played. It should be noted for the reader that the local Goodwill or Salvation Army Thrift Stores have hundreds of LP records, many in sets, and many appearing as if they were never played given their pristine appearance. The presentation hypothesis proved to have some substance as the group related to the vinyl records from their personal past and experience, and the group quickly expanded to ten members and then to fourteen and as high as eighteen residents at a group session. Because the sessions were conducted in the dayroom/dining room one hour before lunch, there was strong participation of the nursing staff to encourage attendance at sessions because this allowed for ease of distribution of lunches at the end of session. As the sessions progressed, albums were continually purchased at the Goodwill store, as well as albums, CDs, and cassettes obtained through the internet. On numerous occasions, music from the era of the Fifties and Sixties was introduced, but the residents continued to ask for music from the Forties, not only by name, but by artist. For the first time, there appeared to be interest, motivation and even "hope" developing.

Several weeks into the group sessions, it became apparent to the author that most residents did not know the names of the other residents, given their previous isolation. To encourage a "universality" and "identification," the author made name placards for each of the attendees and as he passed them out, he introduced each member to the group. Although there was not immediate acknowledgement to and for one another, there was a sense of importance and recognition by each one of them as they saw their name in print. As sessions continued to progress, the author purchased some Mitch Miller "sing along" albums (for the uninitiated reader, Miller had a TV show and made numerous albums wherein the listener or viewer was given a song's lyrics and encouraged to "sing along") and when the music sheets were handed out and the music began to play, the most of the group members began to sing, tap their feet, and/or clap their hands. From that point on, the author selected titles that would stimulate the group to be played at the beginning of session, i.e. marches (sometimes passing out drums, tambourines, and other instruments), then go into Forties music, then into sing along music, and end sessions with some of the group's favorite Forties' tunes.

Although progress was slow, it was decided to increase the face-to-face meetings with residents from one session per week to three sessions weekly. Although the new situation caused some apprehen-

sion, for it was not known whether it was the novelty of the music that captured the interest of the residents or whether the music was a bonafide compliment to their current life style. It was decided that after lunch an album would be played, in the dayroom, with a few residents with no structure. This change brought an interesting response from the residents. It was as though the music modality changed from a directive structured format to an unstructured relaxed design, it created an environment, perhaps reminiscent of their past, that allowed them time to remember pleasant memories. Some examples of this behavior change: one by one, residents would enter the room and sit down, listen to the current music and call out a title or artist they wanted to hear; residents started spontaneously telling their life stories to the other residents in the group; and residents who were easily agitated appeared calm and soothed, as well as communicative. Those residents who initially sat quietly or appeared either psychologically or even organically removed were now engaging in the sessions, and most surprisingly, bedridden residents were now being brought to the session. With these interesting and positive results the afternoon sessions were extended from one hour to three hours. Upon looking at the behavioral changes there were several components that contributed to this: pure enjoyment of music from an earlier time in their lives; authenticity of the music; cognitive stimulation; diversion from isolating; and a safe and comfortable environment.

Surprising to the nursing staff, some of these residents had not, to that point attempted to verbalize, began to engage and even try to talk and attempt to communicate. On several occasions, when the music director left the room, members of the group would talk to one and other; and this appeared to be the beginning of group "cohesiveness." It became visible that as one resident engaged in music genre specific music memorabilia it gave permission for others to share and listen as well. It encouraged and allowed residents the opportunity to be heard, recognized, and validated.

Summary

Arguably, one thing that can occur with elder patients in long term facilities is a sense of isolation. The isolation tends to create an environment of hopelessness and despair and with hopelessness and despair, it is inevitable that depression would ensue and perpetuate the cycle of isolation, hopelessness, despair, and depression. Current results suggest that a genre specific group modality can create an enjoyable experience, a trusting environment, and a therapeutic alliance. Furthermore, social isolation is reduced and socialization is re-kindled for many residents.

The power of the genre specific music modality might best be explained as defined in Webster's Dictionary: **1**. a class or category of artistic endeavor having a particular form, content, technique, or the like. **2**. painting in which scenes of everyday life form the subject matter and are usually done in a realistic manner (Webster's, 1999). The first definition accounts for the era of the specific type of music but it may be the second part of the definition that provides for the power of the modality. It is hypothesized that the music can "paint a picture" in the residents' mind and the "realistic manner" of presentation can lead to cognitive stimulation and this effect may account for the decrease in isolation and the willingness to engage with the

The Group Modality…

(Continued from p. 19)

therapist and other residents. Because the residents, in effect, are prescribing their own therapeutic plan through selection of preferred music and artists, resistance is minimized, trust is enhanced, and the therapeutic alliance is maximized. Unlike many other modalities that might seem intrusive or foreign to the resident, music from a time in their lives when identity was being shaped appears to be more in sync with the rigid thought process of so many geriatric patients.

Although there are multiple and seemingly refractory psychological disorders, e.g., Schizo-Affective Disorder, the music experience may not have the effect of improving the positive and negative symptoms of the schizophrenia profile but can increase the individual's human interaction to a point where the quality of life can been improved. It has been said that "music soothes the soul" and "music can tame the savage beast," and it is contended that chances of successful therapeutic results are greatly enhanced by genre specific music, music that a person can relate, music that can stir the "reminiscence bump."

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Grief Groups with Children and Adolescents

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This article explores the use of support groups with children and adolescents. A general need for interventions are discussed, including highlights of current statistics regarding mental health treatment. Group work is particularly valuable with children and adolescents. The author's personal experience at a community organization provides examples of the usefulness of a support group modality for this population.

The sophistication of modern society has children coming into contact and being exposed to adult themes earlier than in the past. Faced with the task of integrating this acquired knowledge into their worlds, sometimes without being developmentally ready to do so, children being exposed to such themes and other day-to-day life events can result in the development of externalizing behavioral problems or mental health concerns. The National Survey of Children's Health (2003) reported that 9.2% of youth ages 6–17 currently have socio-emotional health concerns that are moderate or extreme; parents of boys more frequently indicated concerns than parents of girls.* Adolescents, specifically ages 12–17 were identified as being more likely to receive mental health treatment; parents voiced the most concern with older children as opposed to younger children in terms of socioemotional concerns (U.S. Department of Health & Human Services, 2003). A possible explanation for these statistics describes the adolescent years as being a turbulent period as children struggle to develop their identity through interpersonal relationships with others (Riva & Haub, 2004). Clearly there is a need to help these younger members of society; however with more children requesting treatment than in the past, the question remains of what is the modality through which to deliver these services.

Group work with children and adolescents is still in its beginning stages due to a lack of research and support for its effectiveness (Riva & Haub, 2004; Shectman, 2007). However it is still a viable solution; when examining adolescents, group work is no less effective than individual treatment (Shectman, 2004). It is suggested that group work is especially beneficial for children/adolescents experiencing certain difficulties. Group work provides a modality where adolescents may express their desire to "fit in" with others, while also maintaining their individuality. Using group work as a method of refining social interactions and accepting/using feedback from others can be beneficial to the development of self-identity (Shectman, 2007).

Although group work can be an invaluable learning experience for children when run by licensed, trained professionals, such settings may not always be readily available. Perhaps, to counter this lack of groups run by trained professionals, self-help support groups have risen to fill the need. These groups differ from traditional group work in that they are run by leaders who may have similar problems or difficulties as group members. As a graduate student, I have found

myself in volunteer roles at various organizations involving group work, such as hospitals and community centers. Most of these activities have involved the latter type of group discussed above, support groups, where individuals come to meetings rallying around a certain cause or experience.

One such experience was within a non-profit organization run by community members who have personal interest in helping others though the grief process. During my time at this organization, I was a co-facilitator for two separate groups: a pre-teen group (ages 11–13) and a children's group (ages 8–10). The premise of this particular group was to facilitate the healthy expression of grieving between many families going through similar loss. Children and adolescents were separated typically by age, and placed with peers who were at a similar developmental level. Group leaders, like myself, underwent an orientation and training where we learned policies regarding the center as well as basic literature about grief and group work. Volunteers were not required to be in a medical or mental health profession; thus no traditional therapy or counseling occurs during sessions. Despite this, during sessions I have seen Kubler-Ross' stages of grief come up in various ways as well as seen links to therapeutic group work.

Dr. Kubler-Ross, best known for her book published in 1969, *On Death and Dying*, spent the majority of her life researching and conducting extensive work with individuals facing death, as well as its aftermath for those they left behind. Her book originally described five stages that she believed all people facing death go through, while not everyone necessarily progresses through them in chronological order (Kubler-Ross, 1969). Her theory was later adapted to include family members and others whom are left to grieve after the person's death (Kubler-Ross & Kessler, 2005).

While these groups are fundamentally "support groups," I am amazed at their impact on the children. True to traditional process groups, I have seen children go through the stages of group development while also seeing some of Yalom's 11 therapeutic factors come up during group time, such as universality and instillation of hope (Yalom & Leszcz, 2005). Shectman et al. (1997) identified group cohesiveness, catharsis and socializing skills as being the three most important therapeutic factors with adolescents. While less therapeutically cathartic emotional release was observed, a simple support group for these children has seemed to do wonders in promoting their development of social skills and group cohesiveness. A child attending group who finds out that other children have also had their father die, or lost siblings in a tragic manner, share a similar experience and akin to a light bulb going off, the child is drawn into the group activity or topic of the day. Even children who are reluctant to share or contribute to the group activity/discussion are seemingly engaged in the process as group members become comfortable, disclose more about themselves, and share their individual and unique loss. This results in normalizing the individual child that he/she is not alone in experiencing grief. It is also helpful to have constructive outlets that facilitate discussion about the loved one and the child's loss, such as craft activities or games.

I have also witnessed Piaget's developmental stages apply widely to support group work. In my experience, younger children resort to expressing their thoughts and feelings about their loss through play and are sometimes unaware of the loss as being a permanent outcome. Older children/adolescents are more able to understand and accept the permanence of the loss. Through examining their anger and denial, they can learn how it impacts their worldview through a more sophisticated viewpoint. Regardless of a child's developmental level, I believe the social experience of participation in any type of group can be helpful. Placing children within a modality for expressing feelings and thoughts about the loss of a loved one with their peers may help them in dealing with personal grief in constructive ways. It is possible that more serious mental health concerns may be thwarted or minimized, resulting in less disruption in the child's life overall by participation in such support groups.

While the support group framework may be less conventional than other more structured groups, I feel these groups are beneficial. More conventional psychological interventions may be mandated in many cases for more serious problems. However, I believe that support groups can supplement traditional psychological work and help the child adjust and apply newly gained knowledge to his/her daily interactions with others. Support groups can help children and adolescents cope with life and loss while also giving them support for the present, and hope for the future.

*The 2007 data was unavailable at the time this article was written, but is expected to be released in late Spring 2009.

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Book Review

Group Interventions in Schools: Promoting Mental Health for At-Risk Children and Youth
by Elaine Clanton-Harpine, Publisher: Springer

Reviewed by Arthur M. Horne
University of Georgia

Harpine's new book, *Group Interventions in Schools: Promoting Mental Health for At-Risk Children and Youth* is a very concise book, but one that has excellent coverage and is very readable. She has developed the book for practitioners and others who are interested in a very direct and compressed overview of approaches to conducting group work with children and adolescents, and she is extremely successful in presenting very useful guiding principles and strategies to facilitate impactful groups in schools and other community agencies.

In just 95 pages of text (plus additional pages for references and index), Harpine presents a model for group centered interventions. The model extends the four-level approach that has been advocated by the Association for Specialists in Group Work. The ASGW model identifies task/work, psychoeducational, counseling, and psychotherapy groups as the predominant approaches used in group work. Harpine, on the other hand, posits that the group-centered intervention approach she uses does not fit neatly into any of the ASGW categories but incorporates a number of features of the ASGW standards.

Harpine's model begins with the assertion that all school based group intervention programs should begin with an academic emphasis; that is, to be considered effective, the groups should have a positive impact on academic performance. She presents a number of sample group models that she has developed in order to illustrate the power of groups to positively influence academic learning while also having a positive impact on other aspects of children's development, including their social interactional skills. For example, Dr. Harpine's "Camp Sharigan" is a group that meets with elementary school aged student for two hours a day for five consecutive days. She advocates for this level of intensiveness in order to have the students have an engaged period of time to address both academic and interpersonal development. In the group students are actively engaged with a number of props such as a fishing pole with a magnet that they take to "Lake Read" so the students can hook new books to read. They also use additional props, such as "Camp Stop Sign" where students have to stop and read a book as they travel the Read and Hike Trail that leads students to hidden books. They practice "capturing" wild words—words that they could not previously spell or pronounce, but once the words are captured, belong to the student.

A second major component of Harpine's approach to group intervention is an emphasis on building, or re-building, self-efficacy on the part of children. So often children begin their academic careers engaged, enthusiastic, and encouraged, but then often become discouraged or lose a sense of accomplishment. In order to establish well-functioning students who are engaged and enthusiastic about their learning, they must believe in their ability to be successful, and the learning group activities provided by the group facilitator leads to this increased sense of self-efficacy.

Tied with self-efficacy, Harpine advocates that students need to be self-motivated, rather than extrinsically directed, and this requires that the group process builds the student's sense of inner direction to become successful, both academically and interpersonally. Group interventions are developed to assist students in being successful in their efforts, to learn from their challenges, and erase failure through their personal drive to thrive in unfamiliar learning environments.

The fourth element of Harpine's group intervention program is building upon the power of the group to facilitate the academic and interpersonal growth of all participating students. In her model a strong element is for all students to be collaborative learners who encourage the learning and development of all students, including being a cohesive group that engages in group problem solving and team building rather than employ highly competitive acting out with one another using a or "beating down others" approach to group activities.

Harpine provides a number of illustrations of groups she has developed for elementary, middle, and high school settings. The majority of the examples related to upper elementary school settings, but they seem to be readily adaptable to a variety of age levels, based upon the inventiveness and creativity of the group facilitator. Some of the groups are presented in detail, including learning outcomes, time required, physical props or equipment needed, and questions to guide discussion following the group sessions.

The text presents useful information on group process and change, including a brief overview of core conditions of effective group practices, such as hope, universality, and altruism. There is also discussion on structuring groups for children, adolescents/teenagers, and working with family members. A very helpful component of the text is information about determining the need for a group, evaluating what should be made available in an intervention group, designing activities based upon student needs, and engaging students in the process. Harpine provides a number of vignettes and brief case studies in which she illustrates ways of having students become engaged and connected with the groups, as well as procedures she has used to maintain ongoing participation with the group over time.

Overall, this is a very useful and informative book. It provides ample illustrations of intervention groups in the school setting and describes a number of very specific groups she has devised over the years that have been particularly impactful with students. It will be a helpful, beneficial guide book for beginning group leaders looking for a positive and encouraging model that incorporates building upon strengths with the power of group cohesion. For others, the specific

interventions described will be particularly helpful. There is a concise but helpful presentation on ways of implementing groups and then how to effectively measure the impact of the group, including process evaluation and outcome evaluation steps to be taken.

My only concern with the book is that it would have been more helpful had it been longer. Harpine has packed an enormous amount of information into less than 100 pages, and it would be good to have her explicate the model in more detail and provide more in-depth discussions of some of the applications she recommends. On the other hand, sometimes "more is better" because it requires the reader to fill in the blanks, and when developing innovative and creative groups for children, perhaps that's exactly what we should be doing. This is a highly recommended book.

Prevention Corner

Elaine Clanton-Harpine, PhD

The School-Based Mental Health Group Interventions committee will be devoting the summer months to exploring the group needs of school counselors and school psychologists. We want to know if group training, ready-to-use evidence-based programs, or in-class interventions are foremost on school lists. We invite you to share your ideas and experiences: clantonharpine@hotmail.com

We are also getting ready for our fall conference, October 8 and 9. The conference will provide an opportunity for researchers and school workers to meet together in search of answers to common problems in the schools. Plan to join us in October for a hands-on workshop developing, designing, and using group skills. This will be an opportunity for all school-based group workers to come together. Submit your current research or program. You may, of course, attend even if you are not submitting a paper; so come, plan to join us in the fall.

Elaine Clanton-Harpine

Second Annual School-Based Mental Health Group Interventions Conference: Call for Papers

Deadline: August 28, 2009
Submissions are now being accepted for the Second Annual School-Based Mental Health Group Interventions Conference. Division 49 and Division 27 (SCRA) of the American Psychological Association and the University of South Carolina Aiken are once again working together to sponsor this two-day conference, to be held on October 8 and 9.

Academic Failure
Our focus this year is on academic failure but papers may be submitted for any evidence-based group prevention program in a school-based setting: before-school or in-class programs, traditional counseling, after-school interventions, programs in community-based organizations working with schools. School programs include pre-K through university. Topics such as bullying, school violence, smoking, alcohol, drugs, sexual behavior, high school dropouts, academic failure, ADHD, autism, peer influences, suicide, depression, effects of divorce and family issues, stress, grade retention, multicultural influences, diversity, or other group interventions are invited. Descriptions of evidence-based prevention programs are welcome, as well as theoretical and experimental studies.

Competitive Paper
Session: We are seeking school-based and community-based research papers alike. A three-page summary or abstract may be submitted by e-mail on or before August 28. Competitive categories are: (1) an evidence-based group prevention program, (2) an evidence-based group treatment program, and (3) graduate student papers, which may examine either prevention or treatment. One paper will be selected from each category for an award and oral presentation at the conference. The graduate student category will include a free registration scholarship.

Poster Session
Our poster session will be Thursday evening after the keynote speaker. Refreshments will be served. The session will be a wonderful opportunity to explore new programming ideas. Invited poster presentations will be selected from the abstracts submitted for the competitive paper session. We will have equipment available for slide presentations during the poster session, so please note in your abstract if you have pictures for a slide presentation.

Special Journal Issue
Top papers will be considered for two special journal issue proposals. These will be peer-reviewed submissions in journals publishing school-based mental health research. A published conference report is also being planned in which selected papers will be included. Our goal is to emphasize the work being done in school-based mental health while increasing the visibility of evidence-based programs.

Who Should Attend?
This conference is an opportunity for anyone who works in schools or in community-based organizations to network and problem solve with others working in school-based mental health. Our hope is to bring researchers, practitioners, local school staff, and community leaders together to search for answers to the many problems which threaten the mental health of our nation's children and youth. This conference is intended for psychologists, counselors, researchers

Prevention Corner

in school-based mental health, social workers, administrators, parents, teachers, after-school coordinators, mental health workers, community leaders, graduate students, and anyone who works with children, youth, or college students. Participants will be able to work in small groups to develop programming skills and design group interventions that work. CE credit is available and a step-by-step program design workbook is included for all participants.

Keynote Speaker

Dr. Keith Herman, Associate Professor in the Department of Educational, School, & Counseling Psychology at the University of Missouri will be speaking on the topic, "The Role of Academic and Social Competence in Youth Depression, Implications for Group Interventions." Dr. Herman chiefly teaches doctoral coursework in the areas of parent behavior management, developmental psychopathology, and research design. Originally trained as a counseling psychologist at the University of Florida, Dr. Herman retrained in school psychology at the University of Oregon and also completed postdoctoral fellowships at Brown University and Johns Hopkins University. Most recently, he was a faculty member in the School of Medicine at Johns Hopkins University. His research takes a prevention science approach to understanding, preventing, and treating child depression. He has developed a conceptual model describing social developmental pathways to child depression with emphasis on modifiable aspects of schooling and parenting that contribute to children's risk. Dr. Herman will be available both days of the conference.

Register Today

The weather in South Carolina is inviting, air transportation is convenient, and special conference hotel rates have been arranged.

The conference will be held at the University of South Carolina Aiken on October 8 and 9. For more information, please contact Elaine Clanton-Harpine, PhD, at elaineh@usca.edu or **Fax:** 803-641-3698. Make checks payable to University of South Carolina Aiken. **Send to:** USCA, School of Education, Conference, 471 University Parkway, Aiken, South Carolina 29801.

Special Registration Discount for Early Registration. We appreciate early registration so that we can reserve classroom space. Register to attend both days or select the one-day option. The session on Thursday, begins at 9:00 AM and ends at 5:00 PM. Friday's session begins at 9:00 AM and ends at 3:00 PM. Early registration fee for 2 days is $55.00 and includes continental breakfast and lunch both days. If your schedule cannot accommodate attending both days, choose the one day option; the fee is $50.00 for either day and includes continental breakfast and lunch. CE credit is available (attendance both days required); fees include CE credit and handout materials. Registration will be confirmed by e-mail. **Take advantage of early registration discount**; after September 7, the two-day fee is $75.00; one-day fee after September 7 is $65.00. Hotel information and discounts available.

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Consultation Corner

Envy, Jealousy and Competition in Groups

Scott Conkright, PsyD

After attending a very rewarding 2-day Institute, which focused on issues of envy and competition in groups at the American Group Psychotherapy Association annual conference in Chicago this past February, I decided to ask one of the group leaders to write on something about the subject for this column. Envy and competition are difficult topics for group members to address; the propensity of most group members is to shy away from these difficult feelings, in large part because of the fear of ridicule or exposure (whether real or imagined). I believe that I can safely say that most of us are instructed early on in our lives to disavow, or at least, play down, these types of negative feelings toward each other. This is often done with direct messages from parents, teachers, and other authority figures that such feelings are either "petty" or "selfish."

Envy, which is the distress felt by someone who feels he or she does not possess the desired traits of someone else, can be contrasted with jealousy, which is the painful feeling that something or someone that you value is going to be taken away. As with all difficult feelings, the first set of tasks is to allow these feelings to be to actually felt and then to acknowledge them. It often requires other group members to enact scenarios within the group setting for them to be made visible, as in the scenario presented here by Steven Van Wagoner. The group leaders task, among others, is to get the group members to be curious about certain patterns of behavior, and about what feelings are being left out, something that Steve illustrates well in the case presented.

—Scott Conkright, PsyD

In an open-ended, long-term psychotherapy group, Sandy had expressed frustration that when she spoke, the group often moved away from her by changing the focus. The leader asked the other group members if they noticed this, and while some had an inkling of the pattern, there was little consensus about why this was occurring or if any one member was responsible. The leader asked the group to look for these moments, and over time, some members, including the Sandy, identified some instances. During one session, she thought that Stan completely shifted the focus off her and onto another group member. In a subsequent session, Emma did the same thing. When the leader attempted to get the group to explore the meaning of these shifts in focus, there were multiple theories, but no real agreement as to what was going on and why, and this often resulted in denial by the offending members. Even Sandy could identify *when* it happened, but not *why*. In one session, however, a probable dynamic emerged. In this session, Moira became angry when several men in the group were showing a great deal of tenderness to Sandy, who was in visible distress over the fact that she had not had a date with a man in several years. Moira took the men to task for showing concern only when a woman showed her softer side (this is not accurate, but her perception). She felt that society, and this group as well, put pressure on women to be "soft and vulnerable." Emma agreed with Moira, and both felt that because they more readily expressed anger, they were viewed as prickly and difficult. So what would you do in this instance?

As the group leader, I identified themes of both jealousy and envy on the part of Moira and Emma toward Sandy, and wanted to find a way to bring these feelings into the open through the group interactions. I asked Shannon (i.e., bridging) why she thought the other two women were so angry with Sandy. She identified the possible jealousy immediately. This hit home for Emma, who admitted that she wished she would get the men's attention like

Steven L. Van Wagoner, PhD

Sandy, and wondered whether it was because Sandy was younger and attractive. Moira did not think this was the issue for her, however, and I thought I knew what might be operating and suggested that she might envy Sandy's capacity for so readily displaying her emotional vulnerability without relinquishing an overall appearance of strength. This struck a chord, and she was able to identify how she felt pressure in life not to be overly demure lest she convey weakness, and this theme was particularly salient in relationship to men. While this particular session led to rich explorations around the role of envy and jealousy that are too numerous to identify here, I share this vignette to illustrate how envy and jealousy (which can lead to competition between members) can be a central component in the development of any psychotherapy group. To have these feelings identified, emboldened the other members to think about how envy and jealousy operate in their relationships, both inside and outside the group.

—Steven L. Van Wagoner, PhD, CGP, FAGPA

Dear Reader—please feel free to email any write-ups of your difficult cases and don't hesitate to suggest topics for discussion. As I learned once again at the AGPA conference, there is an abundance of wisdom in our community about running groups. I would like this column to be one of the venues for the dissemination of this wisdom. My email address is: scott@atlantatherapy.com.
—Scott Conkright

Division 49 Website

www.apa49.org

Student Corner

Reflections on the Internship Year

Leann J. Terry

Leann Terry

As I write this column in late May, I'm appreciating how the days have gotten longer and the weather quite a bit warmer! The summer session has started and the campus is mellow and almost empty compared to the busy spring semester when it felt like a bustling metropolis. The pace of life on internship has slowed down as well. I have fewer clients, I don't stay late to finish "just a few more things," and I have more time to get to the readings that I have been accumulating but have not had time to look at.

Yesterday marked nine months from when I started internship back in August. Nine months…that's an important number in human development; indeed, it's an important milestone in the process of moving from a trainee to a professional. To borrow a line from our Vice President for Student Affairs, Damon Sims, these past nine months have been like a gestational period. I've absorbed knowledge, gained experience, and grown tremendously since I started internship.

Along with the growth, internship has been a "settling in" process. I've settled into who I am as a therapist and as a colleague. It's almost like sliding into a favorite pair of jeans. You know the kind—the ones that are soft and supple, but hold up against scuffs and rough times. They are the ones that give you a sense of joy when you slide them on and take the first few steps in them. Because of this settling in, my work with clients is more fluid and responsive. Something that would have been reflected on and discussed with my supervisor earlier in the year, is now acted on in session, processing it and using it to further our work the same day.

As I look back over the past nine months, numerous memories come to mind. I recall the laughter and the impersonations as the interns took on the roles of Simon, Paula, and Randy from *American Idol*. I played the host, Ryan Seacrest, as we created a "CAPSters Idol"

during our annual winter party. Let me tell you, staff members have hidden talents as karaoke singers and dancers!

I recall the adrenaline and nervousness in my body after working with a senior staff member to hospitalize a client from one of my early crisis consultations. That's in contrast to the calm and collected way that I felt after working to hospitalize a client in the spring semester. The difference was marked and spoke to the gains in experience and confidence that I had gone through.

I recall a touching termination session with a client I had worked with for ten sessions. She had worked to overcome numerous symptoms of an eating disorder, yet still recognized she had more work to do. In termination sessions, I use a jar of small stones and ask clients to pick one. After they choose one I ask them to hold it and reflect on what they want to remember from the therapy process. I encourage them to "put" what they want to recall into the stone, so after therapy is over it provides a tangible object to help remember their gains. One of the parts this particular client wanted to put into her stone was that it represented "one pebble in the road to recovery." It's always a joy to hear clients frame our work in such a way, as our work together is only part of their process. It is a privilege to work with clients and one that I am honored to do each day.

As I continue on my professional journey, I wish you the best in yours. I recognize everyone's is a bit different…I hope you have enjoyed seeing a bit of mine.

Signing off for now…LJT

Leann J. Terry is in her 6th 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.

APA Division 47: Exercise and Sport Psychology

Presents

The 31st Annual Running Psychologists' APA 5K Ray's Race and 3K Walk

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