President's Column

Focus on Training and Supervision

Maria Riva, PhD

Hello. My focus this year is on training and supervision of group psychotherapy, both topics that need much more attention. This year, Division 49 will offer many opportunities that focus on training group leaders, research on evidence based practice, and specific methods related to leading groups. If you are able to go to the APA Convention in Hawaii, you will notice (see link on page 4) that the conference programming includes several presentations that focus on training and skill development such as sessions on using self-disclosure in group psychotherapy to enhance cohesion and responding to the client and the group process. There are other research focused

Maria Riva, PhD

presentations such as practice-based evidence that responds to client and group process feedback, and increasing group variables in research on group psychotherapy. We realize that many of you are unable to go to Hawaii for the convention and therefore, this year the convention is coming to you! Thanks to the great work of Board Members Leann Diederich (Co-Chair of Membership) and Lee Gillis (President-Elect), they have arranged for you to join them and others interested in groups for **Hot Topics in Group Research** Thursday, August

1st, 2013, 1:00-2:00 pm (HST) and **Best Practices for Teaching Group Theory and Practice** Thursday, August 1st, 2013, 2:30 pm- 3:30 pm (HST) using Google Hangout.

More information about how to connect can be found in the President-Elect Column (see page 17). I also personally want to thank Tom Treadwell, our Newsletter Editor, for his excellent work in providing information to you. This newsletter is packed with information on the current and future directions in the research, practice, and teaching of groups. As always, please let us hear your comments and consider volunteering in the Division. Have a great summer.

Click on the icon to join us on Facebook!

Inside This Issue

2013 OFFICERS AND COMMITTEE CHAIRS

Society Website:
www.apa49.org

THE GROUP PSYCHOLOGIST

From Your Editors

Thomas Treadwell, EdD, CGP, TEP, Editor
Leann Terry Diederich, PhD, Associate Editor

Thomas Treadwell, EdD

We are looking forward to APA's 121st Conference in Honolulu, Hawai'i this coming August. This is another excellent way to get reconnected, gain new skills and knowledge, and come together as part of a larger group to revitalize and enjoy each other's company.

In this issue, President Riva mentions in her column that our society will be hosting training and skill development sessions on using self-disclosure in group psychotherapy to enhance cohesion and responding to the client and the group process. This reflects the importance of providing training in group therapy and we need to keep in mind that *there is now sufficient data reported showing group therapy is as efficient and effective as individual therapy* (Burlingame, Strauss, & Joyce, 2013).

We are excited to share more about President-Elect Lee Gillis, who has the vision of collaborating with colleagues and developing a graduate training survey to locate university graduate and undergraduate programs teaching group psychotherapy in counseling, psychology, psychiatry, and social work. This vision will assist students in locating programs of study. This

Leann Terry Diederich, PhD

is indeed an area needing development to overcome the paucity of research and information. If you train undergraduate or graduate students in group psychology, please send Lee a note to his address, lee.gillis@gcsu.edu.

Finally, we are pleased to hear that the Society will be reaching out to members who cannot attend the annual convention in Hawai'i via technological means. Several events, including "Hot Topics in Group Research" with expert guests Drs. Gary Burlingame and Dennis Kivlighan, and "Best Practices for Teaching Group Theory or Practice," will be hosted on Google Hangout as well as broadcast via Hangouts on Air. The full description of these events in our suite is available online. Email us at div49group@gmail.com for more information on how to join these.

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

Reviewers for
The Group Psychologist

Letitia Travaglini, MA

Letitia Travaglini, MA, former research assistant to Aaron T. Beck, MD, at the University of Pennsylvania, and second-year doctoral student at the University of Maryland, Baltimore County's Human Services Psychology program. Student affiliates are encouraged to send brief reports, comments, and ideas to Tisha at tisha.travaglini@gmail.com.

Noranne Kocher, MA, LPC, is a Readjustment Counseling Therapist with the Department of Veterans Affairs Medical Center in Coatesville, PA. She currently works with dual diagnosis clients in an extended inpatient rehabilitation setting, but has spent several years focusing on veterans with severe and persistent mental illness.

Noranne Kocher, MA

She obtained her BA and B.M. from Oberlin College and Conservatory of Music and her master's degree from the University of Maryland/Bowie State University, and most recently completed a certificate towards Pennsylvania counselor licensure (LPC) at West Chester University.

Dennis Kivlighan, PhD
President-Elect

Jennifer Alonso, PhD
Secretary

Joe Powers, PhD
Member at Large

Sally Barlow, PhD
Council Representative

Election Results

President-elect (2014) — Dennis Kivlighan
Secretary — Jennifer Alonso
Member at large — Joseph Powers
Council Representative — Sally Barlow

Thanks to all who were nominated as we appreciate your dedication and contributions to the Society. We hope to see you in the future. Thanks are also extended to the members of the Nominations and Elections Committee.

—Nina W. Brown
Chair, Nominations and Elections Committee

Society of Group Psychology and Group Psychotherapy APA Convention Program

APA program for Division 49 can be accessed at our website:

http://www.apadivisions.org/division-49/news-events/convention-programming.aspx#poster

Or the last issue of *The Group Psychologist:*

http://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2013/04/division-convention-schedule.aspx

35th Annual Ray's Race at Convention

Join the Running Psychologists for "Ray's Island Race" by coming out to run or walk with us along the beautiful ocean shores of Honolulu, Hawaii!

Held during the APA convention in **Honolulu** on **Saturday, August 3rd, 2013,** at **7 am, at the Kakaako Waterfront Park.** Ray's Race was named in honor of Dr. Ray Fowler, former APA CEO and founder of the Running Psychologists in 1979.

Click here (http://www.active.com/running/honolulu-hi/35th-annual-running-psychologists-apa-rays-race-5k-run-and-walk-2013) to register.

Contact Heather Ciesielski (heather.ciesielski@cchmc.org) with any questions.

Hawaiian Culture Event at Convention

As the President of Division 35 (Women)/ Section 6 (Indigenous Women), I am so pleased and proud to personally invite you to attend our very special Hawaiian Cultural Event during APA Hawaii! You can find information and purchase tickets here.

Heartfelt "Thank You" to Division 35 and the Society of Indian Psychologists for their generous sponsorship.

If you cannot attend, please consider purchasing a ticket for a student to enjoy. We also welcome any sponsors interested in supporting this event.

—Wendy Peters, PhD (Native Hawaiian)

Group Psychotherapy Column

Six-Week Group Therapy Program: The Sad Lady's Group

John "Sparky" Breeskin, PhD

Somatization Disorder is a condition which is both hard to diagnose and hard to treat. For many years, I was Chief Psychologist of a large thousand-bed hospital outpatient mental health clinic and was referred many clients by the physicians. While I mean absolutely no disrespect by this comment, many of the referrals could be classified as "sad ladies." By this I mean that their medical folders sometimes numbered as many as three, each one thicker than the other. Their bodies were cross-hatched with medical and surgical interventions, all of which were futile. Finally, in a fit of irritation and despair, the defeated physician would disclaim: "Get thee hence to the outpatient mental health clinic!" As a result, these dear people would show up in my office having

John "Sparky" Breeskin, PhD

been rejected yet another time. It became very obvious to me that their numerous outpatient visits symbolically represented a need to be touched by other human beings. These women were "empty nesters" cemented into maintenance type marriages and with poor self-esteem and self-images to boot.

I quickly designed an intensive six-week group therapy program composed of both experiential and didactic components. We covered such topics as communication skills, assertiveness training, and trust-building. What happened during the first meeting of the typical group was quite instructive. The ladies introduced themselves, one at a time, and each one tried to outdo the next one in terms of the doleful, painful details of her journey. I was astonished! I told them that they were competing for "Victim of the Day" awards and that I did not want to hear what was wrong with them but what was right about them.

They did not have to gain my attention by their complaints; I already saw them as individuals worthy of my attention and concern. After we got this dreadful dynamic out of the way we launched into team-building, trust, self-disclosure, and the magic of interpersonal bonds. The ladies quickly and firmly grasped the principles that fostered change in their lives. One group of women, because the chemistry was so great, made me an honorary woman at the end of the six weeks, an honor that I will always carry with me.

Another group that I remember with great fondness, at the end of the six weeks, decided to carry on the group by themselves. They proceeded to hire an attorney, a financial planner, a personal trainer, and, of all things, a psychologist to provide them with ongoing therapy. The psychologist called me in great bewilderment indicating that the ladies had called him and were interviewing him to see if he met their criteria. He called me to ask if this was on the level. I told him it was and that he would be enormously enriched if he passed the evaluation. When I left the base two years later, the group had started an investment club, and had accomplished several humanitarian tasks. Their manifold visits to the hospital clinics had dramatically diminished.

This model can be easily replicated in many different settings. Once these powerful healing forces are energized and released, much positive change can occur. It is important for you to take this model very seriously. On the surface it looks very simple: Trust me, it is not at all. The twin concepts of kinship and reciprocity are central components of the theoretical model, together with the ever-present mystery of agape.

Group Psychology and Group Psychotherapy Diversity Column

Multicultural Competence and Social Justice Across Borders in Group Counseling

Eric C. Chen, PhD, Chair, Diversity Committee
echen@fordham.edu
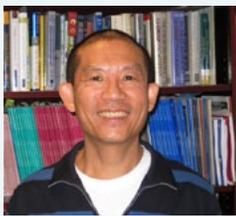
Eric C. Chen, PhD

At the 2012 APA convention, the Diversity Committee decided to develop a symposium for the APA 2013 convention that could be sponsored by other APA Divisions (e.g., Divisions 17, 35, 44, and 45). In accordance with Division 49's conference theme of "Group Psychology and Group Psychotherapy Around the World: Research and Practice," and in response to the Hawaii context where the 2013 APA convention will be held, this 50-minute symposium aims to examine "border crossing" within the group counseling context.

Multicultural competence and social justice are inextricably linked through their shared purpose of removing institutional, systemic, and social oppression. This interdependence of multicultural competence and social justice mirrors the interdependence of micro-level and macro-level systems within the lives of oppressed individuals. Multicultural competencies operate on the intra-personal and inter-personal levels, whereas social justice issues exist within the extra-personal level (Chen & Androsiglio, 2010).

In the context of group counseling, multicultural competence and social justice are important dimensions of our work. Group counseling, with its therapeutic power of instillation of hope, universality, and imparting of information (Yalom & Leszcz, 2005), provides a milieu for affecting lasting social change. As group psychologists, we thus need to expand our professional activities and roles to include social justice and advocacy work to better serve our culturally diverse clientele. To this end, this 50-min. symposium is scheduled for August 3, 2013, at 9 a.m., and consists of four paper presentations and aims to highlight the complex process of "border crossing," with special attention to the interplay of multicultural competence and social justice within the context of group counseling.

The first presentation, "Themes on Multiculturalism and Social Justice in Group Counseling Research," by Jill D. Paquin and Joseph R. Miles, will identify best practices and research themes in the group counseling literature. All counseling groups can be considered "multicultural" in the sense that group members bring with them multiple, different, and intersecting identities (Chen, Thombs, & Costa, 2003). It is thus essential that group psychologists have the knowledge, skills, and awareness necessary to lead effective and ethical groups. The authors aim to uncover the themes of the extant multicultural group counseling research. Recommendations are then offered for future directions in multicultural group research, best practices for multiculturally competent group counseling, and for the training of group practitioners.

The second presentation, by Rick Trammel and Patrick K. Kamakawiwoʻole, is titled "Multicultural Groups and Social Justice Issues with Transgender Native Hawaiians" and will highlight how group counseling could be utilized to assist transgendered Native Hawaiians in addressing perceived difficulties and marginalization in the workplace. This presentation intends to conduct a focus group interview of local Hawaiʻi transgendered individuals to shed light on their needs and challenges with respect to the interplay of their life and work domains. Group counseling offers a supportive milieu for transgendered individuals to help deal with issues of rejection in life and in the workplace.

The final two presentations will focus on group counseling with undocumented immigrants from legal, ethical, and clinical perspectives. The third presentation, by Allyson Regis, Kourtney Bennett, and Eric C. Chen, is titled "Ethical and Legal Considerations in Group Counseling for Undocumented Immigrants." In light of the Deferred Action for Childhood Arrivals (DACA) policy temporarily suspending the deportation of young adults residing unlawfully in the U.S., undocumented students may become more visible on college campuses as the legality of their presence is no longer disputed. In this context, the goal of this presentation is to outline some of the ethical and legal considerations that group psychologists serving undocumented college students should keep in mind. The presentation provides an ethical and legal understanding of how psychologists might better work with this population in the counseling group context from both multicultural

competence and social justice perspectives.

The final presentation, by Gary Dillon, Jill Huang, and Eric C. Chen, is titled "Group Counseling with Undocumented College Students: Prospects and Challenges." Nearly two million school-aged youth living in the United States are undocumented immigrants (Passel, 2005). As these youth assimilate, they realize that their undocumented status affords them fewer opportunities than their American counterparts (Gildersleeve, Rumman, & Mondragon, 2010). Of particular importance is access to higher education: For most undocumented youth, college is deemed inaccessible due to their lack of citizenship, the cost of tuition, and a lack of advocacy and support on their behalf. This presentation will utilize findings from individual interviews with undocumented college students to highlight the clinical and training implications for group counseling from both multicultural competence and social justice perspectives.

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Brief Article

Group Therapy for Bereaved Adolescents: If You Are Old Enough to Love You Are Old Enough to Grieve

Debbie Dartnell, MS
West Chester University of Pennsylvania

Abstract

Bereaved children experience elevated levels of mental health and adaptation problems in the two-year period following a parent's death and express more anxiety and fear over time. Frequently, their caregivers/parents are mourning the same loss. This article provides a brief overview of how death affects children and adolescents and presents a two-component group intervention model for teenagers ages 14-18 who have lost a loved one through death. The model is based on cognitive behavioral therapy with the goals of promoting in the teens a better understanding of themselves, increasing their self-worth, and improving coping skills. A format for an eight-to-ten-session bereavement support group is detailed.

Debbie Dartnell, MS

People die every day—mothers, fathers, brothers, sisters, grandparents, and friends. In many cases, the death of an individual will affect one or more children (Stewart & Sharp, 2007). Social Security Administration data indicate that approximately 4% of children under the age of 18 have experienced the death of a parent (as cited in Sandler et al., 2003) and Stewart and Sharp (2007) report that 90% of high school students have experienced a loss of someone special through death. A literature review conducted by Sandler et al. (2007) finds that bereaved children experience elevated levels of mental health and adaptation problems in the two-year period following a parent's death. Research cited by Stewart and Sharp (2007) has shown that bereavement is associated with clinical depression, anxiety, social functioning, and physiological changes. The difficulty with children and adolescents grieving

a death is that they are likely to have different understandings of loss depending on their developmental levels. In addition, the grief they are experiencing can vary in its presentation, confusing caregivers who are likely dealing with their own grief following the loss of a loved one. Helping a child to understand and accept the loss and adjust to the changes in his or her life is of critical importance to their future development.

Cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT-A) have both been shown to be effective for treatment of depression in adolescents in individual and group settings (Clarke, Rohde, Lewinsohn, Hops, & Seeley, 1999; Harrington, Whittaker, Shoebridge, & Campbell, 1998; Mufson, 2010; Sandler et al., 2007; Young, Mufson, & Davies, 2006). While IPT-A compares favorably with CBT, there is a greater body of research on the efficacy of CBT when used as an intervention for adolescent and childhood bereavement. This paper, therefore, will focus on a cognitive-behavioral approach to group therapy (CBGT) to help adolescents cope with grief and loss following the death of a loved one.

"I'm 16! I shouldn't have to deal with this!" These words were spoken by a young woman who was watching her mother die of cancer; later, at the funeral, she appeared to be disconnected from the scene at hand. Her grief had begun more than a year before when she became one of the primary caregivers for her mother. She had been acting as a mature adult for a long time and seemed to be in control of herself, something adults often admire in teens and older children. The problem, as Morgan and Roberts (2010, p. 209) point out, is that "teenagers become vulnerable to a personal crisis that may not be readily apparent to the adults in their lives" and often try to behave as if everything is okay, keeping adults at bay. Struggling with questions about the fairness of life and death, their own mortality, and the meaning of life, teens often lack what Morgan and Roberts (2010, p. 209) call "the conceptual framework" to deal with these issues. They often have a distorted perception of how unique their situation is and believe that no one can help them because no one else understands how they feel. The onslaught of emotions that accompanies a death may threaten to overwhelm them and they may be reluctant to voice those emotions to others, particularly their surviving parents or caregivers. Because most children and adolescents have not had significant exposure to death, they are vulnerable to confusion and maladaptive responses. Worden's research indicates that bereaved teenagers express more anxiety and fear over time, perceiving themselves as inferior to those around them (as cited in Stewart & Sharp, 2007). Providing an opportunity for teenagers to come together

with a group of their peers who have suffered similar losses can help them to understand that they are not alone in their grief, help them to navigate the grief process, identify their feelings, and develop positive coping strategies.

Group Therapy for Bereaved Teenagers: A Model

Morgan and Roberts (2010) and Stewart and Sharp (2007) offer models of groups designed to address grief and bereavement in children and adolescents; Clarke et al. (1999) have researched the use of group treatment with booster sessions for the treatment of adolescent depression. While each methodology has merit on its own, this paper presents an approach utilizing aspects of each.

Size and Composition of Adult and Teen Groups

Family members and caregivers are an important source of support for children and adolescents in the bereavement process (Sandler et. al, 1999; Stewart & Sharp, 2007); therefore, this design is for a two-component group intervention for bereaved teenagers. Parents/caregivers and teens will meet in separate groups for eight to ten two-hour group sessions. In addition, two individual family meetings will be held to plan and review the program and the use of skills presented. Groups can be mixed gender and should be no larger than ten people, with an ideal target of eight. Sessions will be co-facilitated by two therapists, a male and a female.

Assessment

Stewart and Sharp (2007) emphasize the importance of individual assessment prior to offering group therapy to a client. The assessment interview serves both to ensure that group therapy is appropriate for the individual and that he or she is ready for it. Standard assessment tools such as the Hogan Inventory of Bereavement and Jimerson Youth Common Grief Reactions Checklist, as well as those designed to assess symptoms of anxiety, hopelessness, depression, anger, and behavioral disturbances should be used to more accurately identify the issues the person is experiencing (Stewart & Sharp, 2007). In addition, the assessment interview affords an opportunity to begin developing rapport and to explain the group process and goals of the group. Follow-up assessments using the same instruments will be conducted to evaluate the effectiveness of the group intervention. A reduction of symptoms, as reported by the individual group members and their family members, will also serve to assess the effectiveness of the group intervention.

Session Outline for Teenage Participants

Stewart and Sharp (2007) recommend a brief review of the week prior to each session, perhaps using a "best thing/worst thing" approach, to set the stage for sharing thoughts and feelings and to encourage dialogue. Weekly homework assignments will also be discussed in the group, providing an opportunity for further sharing based on a specific topic and can demonstrate how skills learned in the sessions can be applied to everyday occurrences. A different topic will be addressed each week and will be the primary focus of the session. Teaching the group the principles of mindfulness meditation offers an additional tool to reduce feelings of depression; practicing it before closing the group provides a way to release emotional energy brought up by the discussions (Johnson, 2010).

Suggested Session Content for Teenage Participant Group

The information on the content and group process is based primarily on an outline for bereavement groups presented by Masterman and Reams (as cited by Stewart & Sharp, 2007) with additional input based on the work of Clarke et al. (1999), Morgan and Roberts (2010), and Sandler et al. (2003). The model presented here details eight sessions; additional sessions may be added as needed.

The first session will introduce the group process and set the stage for future meetings. To engage all, group norms should be developed collaboratively by group members and facilitators. Topics to be covered in future sessions should be previewed and facilitators will introduce the cognitive triad. Helping the participants to understand the connection between thoughts and feelings is an important baseline element in understanding how CBGT can be used to help resolve difficulties present in social, academic, emotional, and psychological functioning due to grief. Likewise, it is important that the participants understand how unresolved grief can impact their ability to successfully move forward. Members should recognize that a better understanding of themselves, increased self-worth, and improved coping skills and strategies are built on completed homework assignments, self-disclosure, and feedback in the group.

Session 2 serves to begin the discussion of the teenagers' loss and the emotions associated with it. Each participant should be encouraged to talk about their deceased love one, describing them, the circumstances of their death, how long ago it was, and other details that they would like to share. Participants may help each other, either in the group as a whole or in dyads, to name the emotions that they are feeling. Preparing a memory

book to share at the next session would be an appropriate homework assignment.

Session 3 seeks to provide an opportunity to normalize thoughts and feelings, particularly about the funeral rites and rituals. Talking about each member's participation in planning and attending the funerals, their feelings and concepts of death and after-life can serve to raise a wide spectrum of feelings and can be used to demonstrate that all feelings are valid; there are no "right" or "wrong" feelings. In addition, an in-session memorial service can be conducted where each member can safely express their grief in a community sharing the same experience.

Session 4 addresses how the death has changed each teen's family. Here, the goal is to identify how the death has affected each member in ways beyond the actual loss of their loved one. Members may feel that, not only have they lost a father; for instance, they have lost a mother as well because she is working more, dating, or depressed. This session focuses on identifying which changes are most difficult and the emotions they trigger. Problem solving skills are introduced and homework may include expressing feelings about the changes with other family members.

Session 5 deals with the desire to have the loved one back and the difficulty in accepting the loved one's absence. Through sharing thoughts and feelings with the group, the members may support each other by sharing the common bond of loss; feelings that members believe that they cannot share with others can be spoken in a safe place. Anger at losing the person and suicidal ideation may emerge as discussion items in this session.

Worries about the future are addressed in Session 6. Worries may include the teen's own death or the death of others close to him or her, changes in the family's living conditions, remarriage by the surviving parent, or forgetting the loved one. The facilitators should be attentive to the issues of betrayal of the loved one to explore them for distorted thinking and to discuss more functional perspectives.

Sessions 7 and 8 address termination of the group. The termination stage is comprised of two parts: the consolidation of acquired learning and the integration of feelings of loss that accompany the ending of the group's time together. An effective method of ending the group, while capitalizing on skills presented throughout the sessions, may be a collective story about the group, its members, and the learning that each member will take with him or her; alternatively a mural could be created depicting methods learned to correct maladaptive

thoughts and behaviors and better cope with grief. Closing activities should include a celebration of the members' willingness to share their stories in ways that contributed to the well-being of the group.

Session Outline and Suggested Content for Adult Participants

When a child loses a loved one, particularly a parent, it is likely that other adults are grieving the same loss. Helping the child, then, becomes more difficult and tensions may escalate, placing strain on the relationship between adult and child. A parallel but separate course for parents/caregivers of the teens participating in the bereavement group would serve to support the adult in his/her grief, challenge maladaptive thoughts and behaviors, and provide the adult and teen with a common language and skill set. In addition to working in tandem with the outline detailed above for teen participants, greater discussion on how the death has changed the family is warranted, especially in areas regarding boundary setting, decision-making, and communication with the teen. Opportunities should be taken in the group for role-playing around each week's discussion topic and homework that would support open dialogue with the teen.

Booster Sessions

Although the research conducted by Clarke et al. (1999) did not show a reduction of the rate of recurrence of adolescent depression, it did find a positive correlation between the booster sessions and accelerated recovery for those who were still depressed at the conclusion of time-limited group therapy. Research has shown that 21% of bereaved children showed evidence of depression two years following their parent's death and that 30% of depressed adolescents experience a recurrence within two years after treatment (Worden as cited in Sandler et al., 2003; Lewinsohn as cited in Clarke et al., 1999). Given these statistics, it is wise to include reunion-type booster sessions for group participants at 6-, 12-, and 24-month intervals following the termination of the group. Coping and problem-solving skills, cognitive reframing and other skills of particular interest to the group could be reviewed. Success stories should be shared and stumbling blocks examined.

Discussion

The death of a loved one has profound impacts on children and adolescents throughout their lifetime. Group therapy based on cognitive-behavioral theory can be an effective treatment to address the loss in the here and now as well as a source of skills that can be utilized to support an individual's growth

throughout the lifecycle. The combination of psycho-education, homework, and group exercises which has been detailed in this paper provides a potential application of CBGT which will benefit teenagers grieving a loss due to the death of a loved one. The companion group for parents/caregivers of the bereaved teens serves to support the recovery from grief for both the adults and children in the family.

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Prevention Corner

Elaine Clanton Harpine, PhD

After-school programs are no longer just childcare or a safe place for children to play while parents are at work. Our letter comes from a teacher who has just been presented with the task of organizing an after-school program with a prevention focus.

Elaine Clanton Harpine, PhD

EDITORIAL QUESTION POSED:

Dear Prevention Corner:

I've been chosen to set up a new afterschool prevention program at my elementary school. We have received a small grant, and our program must include "prevention objectives and strategies." Our grant states that if our program does not help "prevent a problem confronting students" that we will not receive funding. My principal also demands that the program somehow increase end-of-the-year test scores. Parents and teachers want us to help the students do their homework. After a quick glance on the Internet for prevention programs for schools, I'm totally lost. I heard you speak at a recent conference, and I'm hoping you can help.

Signed,
Desperately in Need of Help

RESPONSE

Dear Desperately in Need of Help:

I agree that a quick glance at prevention programs for schools on the Internet can be totally baffling. Bullying, violence, guns, suicide, obesity, drugs, smoking, alcohol, and even drop-out prevention are just a few of the topics listed. You need to be

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If you have interesting ideas to share, we welcome your participation. We invite psychologists, counselors, prevention programmers, teachers, administrators, and other mental health practitioners working with groups to network together, share ideas, problems, and become more involved. Please send comments, questions, and group prevention concerns to Elaine Clanton Harpine at clantonharpine@hotmail.com.

careful though, especially if your grant has specific stipulations for prevention objectives and strategies, because not every program labeled "prevention" is actually a true prevention program. The term prevention has become very popular and therefore many organizations tack on the prevention label without adhering to prevention standards.

Let's begin by defining terms. Prevention programs in schools are by nature typically group programs—school-wide, classroom-based, grade level, or small group pull-out programs. Most after-school programs are also group programs, possibly with a mixture of ages. Therefore, your first requirement is to design an effective group program.

Simply gathering students together in a group does not constitute an effective group program. Gangs, dysfunctional families, and peer groups who tease and bully others are groups, but they do not result in positive effects or necessarily in a state of well-being for the participating individuals. You want to design an after-school program that brings about positive change.

Since your assignment is to design a prevention program, we need to ascertain what is needed to make your after-school program a true group prevention program. In a special issue of *Group Dynamics: Theory Research and Practice,* group prevention was defined in very specific terms. The definition is long, but I think worth repeating.

> Prevention groups utilize group process to the fullest extent: interaction, cohesion, group process and change. The purpose of prevention groups is to enhance members' strengths and competencies, while providing members with knowledge and skills to avoid harmful situations or mental health problems.... Two key ingredients for all prevention groups are that they be directed toward averting problems and promoting positive mental health and well-being and that they highlight and harness group processes (Conyne & Clanton Harpine, 2010, p. 194).

Your after-school program in order to be classified as a prevention program must include group interaction and positive group cohesion (a feeling of acceptance and unity). If students are sitting at a desk or at tables doing their homework, that is not group interaction. Being collected together in a large

group listening to someone talk is also not group interaction. Demonstrations or even role-plays that involve only one or two students are not a form of group interaction. Therefore, if you turn to the Internet for suggestions, you must filter through programs labeled "prevention" which display children sitting in large assemblies listening to a speaker, students sitting and watching a video, or even children watching a demonstration. There is no interaction and consequently no effective prevention with such a program. Group prevention requires that students be involved in the learning process. Simply sitting quietly and listening is not interactive involvement or engagement. Many researchers have found that children learn best through hands-on learning. You may want to set up an after-school program where children can explore answers and also work together as equal partners to solve problems and create projects together as a group.

There are approximately 8 million students who attend some form of after-school program across the United States, but many of these programs have been shown to be ineffective. In a special issue of the *American Journal of Community Psychology,* researchers stated that homework help, recreational activities, and reliance upon reward-based prizes and incentives simply were not helping students improve academically or effectively teaching positive social skills (Pierce et al., 2010; Shernoff, 2010). In light of such research, you may want to steer clear of the traditional homework help approach. If one of your goals is to improve test scores, reduce academic failure, and reduce the number of students dropping out of school before graduation, then you must explore and use methods that actually work.

As you look for help on the Internet or from after-school planning manuals, search using descriptive terms such as *after-school group prevention programs for at-risk students.* By adding the term *at-risk students*, you will find programming suggestions with more evidence-based or research-based support. Evidence-based programs are very popular and sometimes even stipulated by grant agencies. One caution with evidence-based programs is that an evidence-based program only gives you evidence-based results if you use the program as it was designed. If you change an evidence-based program, add a little here or take out a thing or two, you have actually changed the program and will no longer receive the same results predicted by the evidence-based research. Therefore, if you want to use an evidence-based program, don't change it. Use the program exactly the way it was written.

If you are designing your own program, some thoughts to keep in mind are:

Step 1: You must decide on the focus of your program. Will you stress academics? Reading and math are essential components of a strong educational base. Since homework and worksheets have been proven not to work with students who are struggling in the classroom, you will need to find other instructional approaches. Phonological awareness has been shown to be essential for at-risk readers and hands-on manipulatives are very helpful for students struggling in math. Look for hands-on approaches to use in your after-school prevention program.

Step 2: Behavior is often an issue with after-school programs. If you develop a group atmosphere where all students feel accepted and can work together cohesively (no one is teased or bullied—everyone is seen as a valuable member of the group), then through the process of working together as an after-school group you have the potential to bring about positive change with your students. There are several books and programs available for developing positive group interventions. Creative group interventions (using art, crafts, or music) have been shown to be very successful with elementary students.

Step 3: Your prevention objectives and strategies need to measure improvement and positive change. If your focus is academic as suggested by your principal, your objective may be to prevent failure, grade retention, or dropping out of school early. This does not mean that you cannot work with children who are already struggling or failing. It may mean that you're trying to remediate existing problems and prevent future problems.

An after-school program gives you the opportunity to help children learn in a way that is different from the daily classroom routine. This does not mean you cannot include homework assistance in your plan, but research does tell us that you should not rely on homework to help you achieve your prevention goals. Unfortunately, the student who is confused in the classroom will not suddenly understand the concept simply because you sit down beside them and help them work through a homework worksheet. You will need to incorporate some form of skills training or instruction in your afterschool program. Hands-on learning centers work very well. Remember, you want your program to be interactive. If you do not have group interaction, you do not have a prevention program. Traditional classroom style teacher-to-student direct instruction is not a group prevention technique.

Group prevention programs need everyone in the group to be interacting together.

Let your after-school program be a time in which children can explore new and different ways of learning. Be brave. Don't be afraid to try something new.

References

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Pierce, K. M., Bolt, D. M., & Vandell, D. L. (2010). Specific features of after-school program quality: Associations with children's functioning in middle childhood. *American Journal of Community Psychology, 45,* 381-393. doi: 10.1007/s10464-010-9304-2

Shernoff, D. J. (2010). Engagement in after-school programs as a predictor of social competence and academic performance. *American Journal of Community Psychology, 45,* 325-337. doi: 10.1007/s10464-010-9314-0

Treasurer's Report

Rebecca MacNair-Semands, PhD, CGP, Treasurer

Rebecca MacNair-Semands, PhD

The 2013 proposed budget was submitted and approved by the board in January. Our projected 2013 income was $41,335 with projected expenses of $33,007, including our $12,000 contribution to the Foundation, Midwinter and convention meeting expenses, newsletter and journal costs, and administrative services. Each year, the board attempts to budget for 80% of the projected income in expenses.

Some positive news this year included that the Society's royalty payment for *Group Dynamics: Theory, Research, and Practice* exceeded projected amounts by over $10,000 and in April totaled $47,812 in income. Congratulations to our fine editorial staff for their hard work and contributions that have shaped such a quality journal! Midwinter meeting expenses also came in under projected costs by over $1,500. Additionally, investment assets totaled $43,597 by the end of March 2013. For full details, please see the division website.

Early Career Group Psychologist Column

Jennifer Alonso, PhD

Jennifer Alson, PhD

On June 10, 2013, the ECP committee hosted its third conference call, with the topic focusing on "Teaching Group Therapy Courses." The committee was joined by 34 attendees who participated from various locations, including California, Florida, Georgia, Indiana, New York, Ohio, Pennsylvania, Tennessee, Texas, Utah, Virginia, and Washington, DC. The call was tailored to address questions attendees had submitted in advance. This helped create an energetic and engaging experience in which attendees offered a variety of ideas. The call identified a variety of texts, supplemental readings, and video references, including *Critical Incidents in Group Therapy* (1999) by Donigian and Hulse-Killacky. This book provides case vignettes and includes a commentary about how different theoretical orientations would handle the situation. See below for a list of all the resources shared.

Callers also described various didactic and experiential learning components. One didactic activity included utilizing personal development exercises from *Becoming a Group Leader* (2009) by Brown. Common experiential activities allowed students to participate in a group, whether as a process observer, observer of an open self-help community group, or as a co-leader in an in-class group. In-class groups may include the use of problem solving or structured activities (e.g., mindfulness) to model activities, or assigning students specific roles (e.g.,

silent member), dilemmas (e.g., scapegoating) or themes (e.g., upcoming group termination) which they act out and co-lead. Students were commonly asked to write reflection papers after experiential exercises. *Contact the ECP committee at Div49group@gmail.com if you would like to receive the notes from, or a copy of, the recorded call.*

We hope you will join us for the **next conference call on "Integrating Mindfulness into Group" held on August 27, 2013 at 12:00 pm EST. RSVP at Div49group@gmail.com.**

Continue to "Like" us on Facebook, where you can receive the "Wisdom on Wednesdays," a weekly group therapy tip written by the ECP committee members.

Membership Update

Leann Terry Diederich, PhD

Leann Terry Diederich, PhD

Since January 2013, we are happy to welcome 35 new members (including 24 students) to the Society. So glad you are joining us! If you have appreciated how you can benefit from the Society, why not pass along our information to a colleague or student? You can find out more information on how to sign up or renew your membership at: http://www.apadivisions.org/division-49/membership/index.aspx.

The Membership Committee has been working on providing new services to Society members. Through our work with the Early Career Psychologist sub-committee we have offered three conference calls so far this year. The first was on groups in college counseling centers, then on research (with special guests Drs. Dennis Kivlighan and Gary Burlingame), and finally on teaching group. We are excited to continue offering these with our upcoming call on August 27th at 12 pm (EST), entitled "Integrating Mindfulness into Group Therapy." Email us at div49group@gmail.com for information about how to join the conference call.

We recognize that not everyone can make it to Hawai'i for the annual convention coming up. Thus, we are pleased to offer two events that members can join via Google Hangouts (to pose questions or interact with our speakers) or watch later via Google Hangouts on Air. We will be hosting a talk on our two most popular conference call topics: research and teaching. Check out the schedule online and email us at div49group@

gmail.com for more information on how to join.

Finally, we'd like to introduce the newest member of our ECP sub-committee, Tracy Thomas (Counselor & Group Psychotherapy Coordinator, Counseling and Psychological Services, Stony Brook). Here's a bit of her story:

Early in my clinical training, hungry for new clinical experiences, I requested to run an inpatient group with individuals with Severe and Persistent Mental Illness. At this time I had no group training (formal or otherwise) ... I entered the room with 8 patients (in hindsight who may have been coerced into being there) and envisioned facilitating a "process" group. As you might expect, the group decompensated; one member stormed out, another walked around the room, etc. I learned quickly that group takes a lot of nuanced knowledge and skill. Although my first experience with group could be considered a disaster, it sparked my appreciation for the intricacies, challenges, and rewards of group work. It wasn't until my internship year that I developed a better understanding of group and its therapeutic applications. Currently, as a psychologist and group coordinator at Stony Brook University Counseling and Psychological Services, a large diverse state university, I have many responsibilities including seeing individual clients, running 3 groups (ranging from support to process like groups), supervision of interns on both individual and group treatment, teaching a biweekly group therapy seminar to trainees, and the logistical responsibilities of developing and growing a group program. I am also able to incorporate my other clinical passions, for working with individuals who have manifestations of complex trauma and characterlogical disorders, into my group work.

Being an early career psychologist is a constant balancing act. I am constantly balancing the assertion of myself as a professional (with much to offer) and the need for continued growth and mentoring. It can be tricky knowing when, where, and with whom you can allow yourself to share your needs for further development as well as your strengths. This is just one of the many challenges faced by early career psychologists. The Early Career Psychologist sub-committee of the Society of Group Psychology and Group Psychotherapy, along with other training and networking organizations, provides the much needed space for me to both support and learn from others.

Currently, my next source of renewal will come from outside of work as I prepare for a much anticipated trip to South Africa.

We look forward to seeing many of you in Hawai'i at our convention activities, whether in person or through Google Hangout!

Teaching Group Therapy Courses

Joe Miles, PhD

Conference Call, June 10, 2013, 10:00 AM EST, hosted by ECP Division 49, Society of Group Psychology and Group Psychotherapy

~~Obtained consent for the call to be recorded and~~ made available to others. To obtain access to listen to the conference call recording, please email us at div49group@gmail.com.

Joe Miles, PhD

Based on the survey sent out ahead of time, we reviewed the topics that were of interest to members. Thanks to each of you who participated!

Administrative—Texts and resources used for teaching group

General course texts

Bernaard, H. S., & MacKenzie, K. R. (Eds.). (1994). *Basics for group psychotherapy.* The Guilford Press.

Rutan, J. S., Stone, W. N., & Shay, J. J. (2007). *Psychodynamic group psychotherapy*. The Guilford Press.

Yalom, I. D. with Leszcz, M. (2005). *The theory and practice of group psychotherapy.* Basic Books.

Supplemental readings from articles and other book chapters

Alonso, A., & Siller, H. I. (Eds.) (1993). *Group therapy in clinical practice*. American Psychiatric Pub.

Beck, J.S. (2011). *Cognitive behavioral therapy: Basics and beyond* (2nd ed.). The Guilford Press.

Brown, N. W. (2011). *Psychoeducational groups*. Taylor & Francis.

Corey, G. (2012). *Theory and practice of counseling and psychotherapy*. Thomson Brooks/Cole.

DeLucia-Waack, J. L., Donigian, J., & Hernandez, T. (2004). *The practice of multicultural group work: Visions and perspectives from the field*. Belmont, CA: Thomson/Brooks/Cole.

Donigian, J., & Hulse-Killacky, D. (1999). *Critical incidents in group therapy*. Wadsworth Publishing Company.

Karp, M., Holmes, P., & Tauvon, K. B. (1998). *The handbook of psychodrama*. Routledge.

Klein, R. H. (2009). *Leadership in a changing world: Dynamic perspectives on groups and their leaders*. Lexington Books.

Kleinberg, J. L. (Ed.). (2011). *The Wiley-Blackwell handbook of group psychotherapy*. Wiley-Blackwell.

Motherwell, L., & Shay, J. (Eds.). (2004). *Complex dilemmas in group therapy: Pathways to resolution*. Routledge.

Roth, B. E., Stone, W. N., & Kibel, H. D. (Eds.). (1990). *The difficult patient in group: Group psychotherapy with borderline and narcissistic disorders*. International Universities Press.

Video references

Yalom, I. (2006). *Understanding group psychotherapy: 3-Video Set*.

Corey, G., Corey, M. S., & Haynes, R. (2005). *DVD for Core/Corey/Haynes' Groups in Action: Evolution and Challenges.*

TV Show Monk (Mr. Monk Goes to Group Therapy, Season 8, Episode 8)

TV Show Go On (numerous clips)

(The latter two can include tips of what not to do.)

Administrative—Assignments and tests

- Have students develop a group to lead, including information on all the decisions necessary before beginning a group

- Present ~~chapers~~ from Nina Brown's *Psychoeducational Groups: Process and Practice* to the class

- Midterm exam—4 essay questions based on Yalom group theory (8-10 pgs)

- Half of class didactic and half of class process group. Require students to write a reflection paper that combines the didactic piece with what occurred in group that week. Final project is a paper that requires the student to apply a model of group development to the process group.

- Allow students to choose one of the following: (1) Book review, (2) Research review (3 articles), (3) Multicultural (review 3 articles or chapters), (4) Group proposal.

Experiential

A popular method for combining experiential components included spending half of class on didactics and then breaking into a process group for final half of class. The course instructor led the group in some groups while others allowed students to rotate the role of co-leaders. Videotapes of the sessions were used to provide feedback to students regarding interventions and theory. In addition to videotapes, having set periods of debriefing after each group was suggested.

How to handle ethical issues of dual roles, boundaries, and confidentiality:

- Discussing the reality of dual roles, confidentiality, boundaries, etc. within the experiential group. Allowing group members to determine their own boundaries.

- Students sign informed consent that addresses confidentiality, videotaping, etc.

- Have students serve as co-leaders for a mock group where the roles, identifying information, and issue are assigned.

- Provide students with a specific theme or dilemma for that experiential group.

- Use vignettes to provide group roles and themes.

- Structured activities (yarn).

- Lead group in various problem solving activities (undergrad group class).

- Move from lower risk to higher risk activities.

- Encourage students to obtain experiential experiences outside of class (AGPA, other regional resources).

- Have students go to open self-help group in the community.

- Have students be a process observer.

Resources that provide examples of experiential experiences

Brown, N. W. (2009). *Becoming a group leader.* Merrill.

Conyne, R. K. (Ed.). (2011). *The Oxford handbook of group counseling.* Oxford University Press. (See N. Brown chapter).

The Journal of Small Group Research is expecting to publish a special issue on teaching group psychotherapy within the next few months.

Also participants mentioned that having a set place where information such as teaching syllabi could be shared would be useful. Options were briefly discussed and included sharing of syllabi among conference call attendees only or disseminating the information more broadly on either the AGPA Counseling Center SIG http://www.cc-sig.org/ or Division 49 http://www.apadivisions.org/division-49/index.aspx websites. Stay tuned for these resources to be posted online.

It was agreed that a summary of the call would be sent to all participants and that due to the interest and breadth of discussion another conference call on this or a similar topic is warranted.

Call participants were encouraged to "like" Society of Group Psychology and Group Psychotherapy on Facebook.

INTERNATIONAL JOURNAL OF GROUP PSYCHOTHERAPY

Writing on inpatient group therapy

As editor of IJGP I am interested in receiving submissions on the difficulty of leading therapy groups in the inpatient setting, where so many groups take place. Often there is no stable core membership, and there are huge differences in ability to function interpersonally. Revolving door therapy is one of the politer descriptive terms. Theory is very difficult to apply here, even for those who have been well trained in leading groups. I am interested in developing serious articles—with appropriate lively discussion—based on scholarship, best practices, narrative experiences, thoughtful proposals, and grim warnings. In such settings "group therapy" may even elicit professional and patient cynicism. I think this situation presents a great opportunity for AGPA members to make proposals that guide group therapists who do this important work. I would be happy to discuss proposals and queries, Grundyd4@earthlink.net

—Dominick Grundy
Editor, IJGP

President-Elect's Column

This president-elect update on projects will intersect with what is happening with both the Early Career Psychologists (ECP) and the Student Affiliate group simply because we have been collaborating!

Using social networking technology, the following two events will take place at the APA convention and be "broadcast" on Google Hangouts located at Society of Group Psychology and Group Psychotherapy.

1. Hot Topics in Group Research
Thursday, August 1, 2013: 1-2:00 p.m.
Division 49 Hospitality Suite

Hosted by Leann Terry Diederich, PhD (Penn State University) & Lee Gillis, PhD (Georgia College)

Join us in the Division 49 Hospitality Suite (in person or via Google Hangout) to meet Drs. Dennis Kivlighan and Gary Burlingame, who will focus on current hot topics in group research. Join us to:

- Assess your interest in conducting group psychotherapy research at your current setting.
- Speak and network with other group psychologists and students with similar interests and questions.
- Learn from leading experts in the field of group psychotherapy on how to get started.
- Share your ideas about research and how we can support one another in the process.

If you are not in Hawaii for APA, please connect with us for this session via Google Hangout. For more details on how to connect, please email us.

Via Google Hangout: 4-5 p.m. (Pacific) 5-6 p.m. (Mountain) 6-7 p.m. (Central) 7-8 p.m. (Eastern)

2. Best Practices for Teaching Group Theory or Practice
Thursday, Aug. 1, 2013, 2:30-3:30 p.m.
Division 49 Hospitality Suite

Hosted by Lee Gillis, PhD (Georgia College) & Leann Terry Diederich, PhD (Penn State University)

Via Google Hangout: 5:30-6:30 p.m. (Pacific) 6:30-7:30 p.m. (Mountain) 7:30-8:30 p.m. (Central) 8:30-9:30 p.m. (Eastern)

Lee Gillis, PhD

Working with colleagues in the Society on identifying graduate training in groups, Sean Woodland and Rosamond Smith supported by Leann Diederich and myself have been collaborating on a survey to find out where group psychotherapy is being taught in psychology, counseling, and social work graduate programs. We have gathered in Google+ hangouts for "face to face discussions" on how to focus this project to gather the most useful information. We are using Fuhriman, A., & Burlingame, G.M. (2001). Group psychotherapy training and effectiveness. *International Journal of Group Psychotherapy, 51,* 399-416 as a basis for the survey and are currently discussing ways to include students and faculty in the data gathering since the Furhiman & Burlingame article used only clinical directors.

Finally, anyone in the Society with interest in or practice of activity-based group psychotherapy please contact me. I am working to expand the list of our membership who use experiential activities in their group psychotherapy sessions for collaboration.

And, as I said in the earlier column, please feel free to contact me at lee.gillis@gcsu.edu with suggestions, questions, or anything that excites or concerns you about the Society in general or my vision in particular.

AGPA Partners with OQ Measures to help improve treatment outcomes: Toolkit for Promoting Optimal Group Selection, Process and Outcome for Group Therapy

The Group Readiness Questionnaire (OQ®-GRQ) identifies clients who are ready for group therapy or guides therapists to better prepare clients to participate in the group therapy.

The Group Questionnaire (OQ®-GQ) measures the members' perception of the group relationship and cohesiveness. It looks at the positive bond, positive work and negative relationships between the members and the group leader(s).

http://www.agpa.org/OQ%20Measures%20Partnership%20Program.htm